WEAPONS OF AMBIVALENCE & THE MASK OF GRIEF:  
THE BATTLE OF LOSS

By
JANELLE MEFFORD

A clinical case study
Submitted in partial fulfillment
of the requirements for the degree of

DOCTOR OF PSYCHOLOGY IN CLINICAL PSYCHOLOGY

MERIDIAN UNIVERSITY
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This clinical case study has been accepted for the faculty of
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Vice President of Academic Affairs
Dedication Page

For Single Mothers and their Sons

For Blake:

Thank you for teaching me all that you have on our journey together.

For Jewell:

You were here with me in spirt as I wrote about the loss of loved ones.
ABSTRACT

WEAPONS OF AMBIVALENCE & THE MASK OF GRIEF: 
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The topic of this Clinical Case Study, *Ambivalent Grief*, explores how the impact of grief and the resulting emotional experience can sometimes be managed by ambivalent strategies. The study suggests how processing one’s grief can be an innately ambivalent one. The means of evaluating how bereaved individuals process grief through the lens of phase or stage models is explored. The framework for the research draws from studies on contemporary bereavement models which inform the concepts presented: That grief is a normal reaction to loss, and when loss is unrecognized, it can lead to complicated grief. The concept is that grief is a process that affects both emotional and physiological functioning. In this study, the experience of grief is viewed as an ambivalent process as shown by the responses a person has to adjusting to loss such as those methods prescribed in grief models. The study looks at denial, bargaining, acceptance, and adjustment to loss through these five psychological lenses: biological, cognitive behavioral, psychoanalytical, sociocultural, and imaginal approaches.

In terms of ambivalent grief, a correlation is drawn between the client’s unrecognized grief and her ineffective coping strategies that overlapped into her
role as a single parent. The subject, a mother and widow, was unaware of her unresolved grief. The study describes how the client’s indecisiveness about asking her adult son to move out was a defense strategy. She was stuck in the denial and bargaining phases of grief which kept her immobilized in terms of healthy decision making. The subject can be identified as someone who is ambivalent in terms of relationships and even toward herself.

The outcomes of the study provide insight into the mythic implications of how grief is a battle where the enemy is oneself and the culture. The story of Eris the Goddess of Strife and Discord and her children (Chaos) provide a backdrop for the mythical implications of grief and sorrow. Each one of her children bring elements of the deep pain that comes from loss. The myth shows how the power of revenge, anger, and suffering, are enacted. The study delves into the mythic elements of stuckness in relationship to suppressed grief. The archetypal images that are introduced represent grief as an internal struggle of being at war with oneself emotionally and physically.
## CONTENTS

**ABSTRACT**  ................................................................................................................................. iv

**Chapter**

1. **INTRODUCTION**  ....................................................................................................................... 1
   
   Clinical Topic
   
   Exploration of Topic/Subject Choice
   
   Framework of the Coaching
   
   Confidentiality and Ethical Concerns
   
   Client History and Life Circumstances
   
   Progression of the Coaching
   
   Learnings
   
   Personal and Professional Challenges

2. **LITERATURE REVIEW**  ........................................................................................................... 22
   
   Introduction and Overview
   
   Biological Perspectives on Ambivalent-Grief
   
   Cognitive/Behavioral Perspectives on Ambivalent-Grief
   
   Psychodynamic Perspectives on Ambivalent-Grief
   
   Sociocultural Perspectives on Ambivalent-Grief
   
   Imaginal Approaches to Ambivalent-Grief
   
   Conclusion

3. **PROGRESSION OF THE COACHING**  .................................................................................... 69
   
   The Beginning
   
   Planning the Coaching
The Coaching Journey

Legal and Ethical Issues

Outcomes

4. LEARNINGS ........................................................................................................... 102

Introduction

Key Concepts and Major Principles

What Happened

Imaginal Structures

Primary Myth

Personal and Professional Development

Applying an Imaginal Approach to Coaching

5. REFLECTIONS ...................................................................................................... 134

Personal Development and Transformation

Impact of the Learnings on My Understanding of the Topic

Mythic Implications of the Learnings

Significance of the Learnings

The Application of Imaginal Psychology to Coaching

Bridging Imaginal Psychology

Areas for Future Research

Appendix

1. INFORMED CONSENT FORM ........................................................................... 151

NOTES ............................................................................................................................ 153

REFERENCES ............................................................................................................... 166
CHAPTER 1

INTRODUCTION

Clinical Topic

Grief is one of the most difficult experiences a person encounters in their lifetime, and easing this pain occurs over an undetermined period in which the ultimate outcome is to achieve relief from the distress. According to Colin Murray-Parkes, after a major loss, such as the death of a spouse or child, up to a third of the people most directly affected will suffer detrimental effects on their physical or mental health, or both. John Archer, et al., found that grief responses vary in intensity and duration depending on the individual and circumstances.

Another distinctive feature of grief is that while not one person experiences it in the same way, the pain of loss is an unavoidable inevitability. John Bowlby refers to this experience of grief as being the price humans pay for love, and without this attachment, there would be no loss. According to Christine A. Bruce, grief manifests as intense suffering from any kind of significant loss. This neuropsychobiological response manifests as psychological symptoms where a person experiences what is an unbearable disequilibrium brought on by the changes of loss.

Most researchers would agree that grief is a normal reaction to loss. However, their opinions differ on whether the response to grief is intrinsically pathological, particularly when an individual does not resolve or overcome their grief. Sidney Zisook and Katherine Shear suggest, that for some individuals, grief
is an adjustment period to the initial emotional affects that emerge from loss which diminish in frequency and intensity over time. George Bonnano and Camille Wortman suggest some individuals struggle with adjusting to loss because of the amount of time it takes to process loss is indefinite and the affects are unbearable. When this period is prolonged, then it becomes identified as complicated grief.

Research on grief and ambivalence are presented in this study to show the relationship between two affects, one being sadness and the other contempt. Bonanno and Mardi J. Horowitz have made significant contributions in the field of bereavement and the study on the effects of grief. One of the key elements discussed by Bonanno’s and et al., research is how grief relates to ambivalence and is presumed to prolong grief. Even Freud made a connection between ambivalence and grief resolution, he “originally proposed that ambivalence interferes with grief resolution by producing guilt, and self-reproach, thereby increasing the depressive aspects of grief.” The client had experienced significant losses, but it did not point to why she was struggling because the death of her husband occurred fifteen years ago. As the work continued with this client, it became more clear grief was still in the forefront of her life.

The concept of Ambivalent Grief as presented by Bonanno, Shaver, Parkes, et al., describes the understandable inclination a person has to resist letting go of the connection they had with the person they loved. In an attempt to avoid facing the uncomfortable emotions that rise up, they cling to the person who died. As suggested by Nigel Field, the clinical writings of Bowlby
describes the inclination a person has to resist relinquishing ties with the deceased because their attachment style plays a significant part of grief resolution. According to Maciejewski, Prigerson, et al., the issue of attachment is relative to evaluate, but it is also crucial to address what a person goes through as they come to terms with the loss. Several bereavement scholars such as; Bowlby, Parkes, Bonanno, Kubler-Ross, Wortman and Silver introduced the concept that the psychological response and adjustment to bereavement occurs in a progression of stages. The research presented in Chapter Two supports the concept that ambivalence is an intrinsic part of the resolution of coming to terms with loss.

In order to clearly support the concepts presented in this study, it is relevant to point out the definitions of the words ambivalence and grief individually. Defining ambivalence is necessary because inferences are made in the study about the affects of sorrow, contempt, anger, and surprise as being ambivalent responses within the grief process as described by phase and stage models. Another reason to define the terms is that the words are combined together and Ambivalent Grief is referenced throughout the study. The concept of ambivalence to grief emerged out of the work of Freud and Bowlby. Attachment theory has contributed to an understanding about the nature of unresolved grief in that individuals who are ambivalent about relinquishing ties with deceased loved ones or who avoid expression of emotion could be characterized as ambivalently attached.
The first way in which the term ambivalence that is used throughout this study is to describe an attitude of resistance or avoidance toward imposed change. The study intends to show that the experience of bereavement is similar to ambivalence, because loss forces a person to face an unwelcome event. According to Kaltman, Kaplan, et al., they define ambivalence as an attitude where a person has a strong reaction to positive and negative feelings toward an object. Shaul Oreg, et al., suggest that when an experience is perceived as unpleasant, the stronger the emotions, the higher the ambivalence. One can surmise from Oreg’s concepts about ambivalence, that grief becomes an ambivalent response because it is the catalyst for the person’s internal cognitive dissonance that results from losing someone they love. Bonanno, et al. suggest the intense emotional experience of grief produces an automatic reaction where an individual is forced to face the significant changes that happen, and as the pain sets in, ambivalent individuals are more inclined to avoid accepting the person they love is gone.

Secondly, for the purpose of this study, grief is understood to be a universal experience amongst individuals and cultures. The concept is that any type of loss manifests intolerable symptoms whether ever so slight, or significantly powerful in terms of the pain and anguish a person feels. According to Richard Gross, the ambivalent features of grief are marked by “the energy of grief, generated by the tension between wishes to remain in the past and reality of the present, is felt on many levels – physical, emotional, cognitive and spiritual – and expressed in a wide range of observable behaviors.” This means
that a person’s discomfort may result in them being caught in a cyclical pattern where they vacillate between feeling the painful emotions, or avoiding them all together.

This study proposes that the coaching client, “Nancy” (pseudonym) was unaware of her grief, and as such, was unable to identify with it. As evidenced by the subject’s story, her prolonged and unrecognized or denied grief impacted her healing and led to a significant life crisis. The subject’s ambivalence was reflected by her negative coping strategies, and how these strategies became destructive and complicated her relationships.

The topic “Failure to Launch” is briefly mentioned because that was the first area researched and why the subject of the study was originally interested in participating in coaching. Including a discussion of the first topic is relevant because the client’s ambivalence about addressing her son’s delayed maturation significantly influenced the reason the topic changed. The client backpedaling about her desire to work on changing the dynamics in their relationship became an indicator that the lens of the case study was shifting focus. The way the new subject unfolded is explained more explicitly in the Framework of the Coaching and the Client History and Life Circumstances sections.

The focus on Ambivalent Grief more accurately represents the coaching experience, and presents evidence to support the conclusions drawn about the client and new topic. The client’s ambivalence was an underlying factor to the level of attachment she had with her adult son. She became unwilling and unable to look at his delayed maturation because she was still grieving losses of
the primary men in her life who she indicated were her greatest supporters. She was afraid that her son would die too because he had a near death experience from alcohol poisoning. Her losses activated an ambivalent response to avoid sadness and fully let go of bond she had with her son. As a coping strategy, she avoided making any changes that might prompt her son to leave her.

Also, the subject of the study decided that she did not have enough time or the energy to focus on the problems with her son and her emotional stress. Nancy said the reason she did not want to proceed with the coaching was because she felt too overwhelmed. Her decision to end working together seemed abrupt because we had only met twelve times, and I thought she started to notice there was a benefit to receiving coaching. As I started to write the case study, I began reflecting on the conversations that I had with Nancy which prompted me to re-evaluate her situation. Through my analysis, I was able to identify the prevalent, but unspoken issue, that deep sadness about losing her husband and father was buried inside of her.

The literature review sections explore Ambivalent Grief through four lenses. The first section identifies Biological Perspectives that drive ambivalence and explores how grief is a physiological component of neurological functioning. The second section will draw from Cognitive Behavioral Perspectives. Psychodynamic Perspectives will be introduced in section three and the stage and phase models of grief are presented. In section four, Sociocultural Perspectives are reviewed. The final section introduces Imaginal Approaches. Each of these psychological areas of research explain the principle of Ambivalent Grief and
theoretically identify what unfolded during coaching sessions and support the
assumptive findings that the subject of this study’s ambivalence was a conduit to
her grief and stuckness.

**Personal Exploration of Topic Choice**

Initially, the topic focus was “Failure to Launch” a study based on my
interest in the population of young adults who were still living at home. Another
reason for selecting the topic of “Failure to Launch” is because it was personally
significant at the time, and perhaps why I was drawn to it. My own son who was
23 at the inception of the study was still living at home, and he appeared to have
no set goals for his future or plans to leave home anytime soon. My peers and I
were experiencing a similar reality and feared our children were at risk of
aimlessly wandering through life and would not find their way toward
independence.

Our situations were unlike our own generation because we had left
home at eighteen and were expected to become self-sufficient. The difference
between our experiences as young adults, and the behavior of our children’s
generation, went against what we considered the appropriate time to leave home.
We felt responsible for their lack of direction and motivation, and in the eyes of
society, it was our fault. As for my own son, I believed that I was responsible for
his perceived laziness and immaturity. I harshly blamed myself for not providing
enough resources to support his navigating the waters into adulthood, and I even
felt guilty that somehow I had let him down.
Listening to Nancy’s and numerous peers’ complaints about their children’s laziness and their failed expectations of them being more driven, I noticed a common thread. Our children had experienced the loss of a parent due to death, divorce, and an illness that resulted in emotional absence. In the case of my son, his father left when he was six years old, and at age 19 he found out I had cancer which made him fear being abandoned. I started to wonder if the losses in their lives influenced their transition to becoming young adults. I was interested in finding out why they were not expressing more initiative in terms of pursing their career options or leaving home. Were they slackers or was there another plausible explanation? Unfortunately, this was not the area of research that became the focus of the study.

The study shifted focus in order to address what was relative to the client, Nancy herself, which was her immobilization due to grief and ambivalent feelings. What was emerging as the crux of my work with Nancy, was her grief over losing her husband and father, and the potential of possibly losing her son. The issues and influences of trauma, grief, and loss then started coming into view. This realization about Nancy’s issues will be discussed in depth in the Learnings Section. The new topic solidified, and what emerged was a study about Ambivalent Grief.
Framework of the Coaching

The coaching was done in a non-clinical setting because we did not have a therapeutic relationship. I met the client through a professional colleague who introduced us. She learned that I was a graduate student studying psychology and researching the dynamics of adult children who were living at home. This intrigued Nancy because she disclosed she was dealing with a similar issue with her son.

The first time I met Nancy was at a colleague’s event. She immediately began telling me the details of her home life and began to cry. I expressed empathy and shared a very brief insight about the cultural phenomena of “Failure to Launch,” or more recently named “Emerging Adulthood.” She expressed what I perceived to be excitement and relief. She told me she felt validated that someone cared and that she was not alone. I mentioned I would like to talk with her more and discuss my ideas about the relevance of her circumstances to my project. She told me she would like to talk again and thought it would be helpful for her.

At the time this seemed like a serendipitous meeting because I was already researching the topic “Failure to Launch” and was searching for a client. After meeting her, I approached my course instructor about my idea of working with Nancy since she appeared to be a good candidate for the project. I obtained approval from her to proceed with working with Nancy.
A few months passed before our mutual colleague was able to assist with reconnecting us. Our first conversation was a phone call where I reintroduced myself. I asked Nancy if she would be willing to meet with me to discuss the study and her potentially participating. She was agreeable to this proposal and asked if we could meet for an informal lunch to further discuss the details of the study and what her participation would entail. After we talked, Nancy told me she wanted to think about it more, so I asked her to call me to let me know her decision. The next day she called to tell me she wanted to participate because she felt it would benefit her and her son.

The location of our meetings was based on the needs of the client. Our first official meeting was held at a local coffee house close to her home because she liked the setting. It had a private room and Nancy told me she felt comfortable there. Since, this was a time for her to sign the consent form, and my opportunity to build a rapport with her, I agreed to meet her there. At that time, I explained the importance of us having a quiet and private space for future visits. She understood and requested we meet close to her work which we were able to arrange. Then I reviewed the consent form with her, and she asked if she could take it home and read it, I was agreeable to her doing so. We scheduled the first coaching session for the following week.

Since Nancy worked full time, she decided her lunch hours would be the best time. I secured access to a private conference room at local hotel. Due to her time constraints, we structured the appointments to be a combination of in person and over the phone. The phone sessions were set up as a check-in to
review the prior week’s progress. During these calls we discussed how taking steps toward setting boundaries with her son was going, or the results of trying to reach the goals that she set, and how implementation of the action plans were working for her. The calls were also used to discuss homework, or her practice of self-care activities. She was also provided an opportunity to connect with me by e-mail me in between the scheduled times if she had questions, or if she needed assistance with the homework assignments or reflective activities. She was provided a journal, colored pens and pencils, a sketch pad, and a workbook on parenting adult children. Each of the coaching sessions were 45 minutes long, and the phone calls were between 30 and 60 minutes, depending on what was occurring from week to week. In total, Nancy and I met 12 times in person and had five phone meetings. She unexpectedly terminated participation which will be discussed in the Chapter 3, Progression of the Treatment.

Confidentiality and Ethical Concerns

In order to not blur the lines about the nature of the study, I explained the format of the work we would do was not therapy or counseling, but it would be coaching. She indicated she was fine with the role I would play with helping her as a coach and not a therapist. I answered questions she had about confidentiality and what she would be doing when we met, and at that point, she was agreeable to share private information with me. Nancy needed reassurance about her privacy, so I explained that the only people who would read the study were the doctoral review committee and my coaching supervisor who was a
licensed MFT. She indicated that she felt more comfortable knowing who the primary audience would be.

Permission was obtained by my course instructor to be supervised by Natalie Elkin, a licensed MFT, because in addition to having a private practice, Ms. Elkin was also a high school psychology teacher. The instructor and I felt that Ms. Elkin would be a good fit based on her experience with adolescents and the nature of the study being one of coaching not therapy. Supervision was provided by Natalie at her office. There was a psychiatrist on site during some of our meetings. I met with my supervisor weekly one-on-one for an hour. Natalie would offer ways to reframe questions for the client and offered suggestions for how to shift Nancy’s resistance. She also provided input about her observations of the dynamics of the coaching relationship and the client’s lifestyle.

**Client History and Life Circumstances**

Nancy is a single, widowed mother aged 52 and gainfully employed by the State of California in administration management. Her husband, who she met when she was a senior in high school, unexpectedly died 15 years ago. Nancy did not elaborate on how his passing was affecting her. She has two children from this marriage, a son aged 29 who lives with her, and a daughter aged 24 who does not live at home. She is the first-born daughter and has two sisters who are her younger siblings. Her father is deceased, and her mother is 79 and drinks excessively. She comes from an alcoholic family where both parents and her grandparents abused alcohol. She started drinking at age 12, but does not drink
now, and indicated she stopped using alcohol after her father died approximately five years ago. She was adamant that she has stayed sober because her son had a near death experience related to alcohol abuse two years ago.

However, Nancy appeared to be addicted to food and gambling. Her gambling resulted in financial problems including filing bankruptcy and a home foreclosure. She believed her debt issues and the foreclosure were more about the loss of her husband’s income, and not her gambling addiction or mismanagement of money. She apparently used gambling as coping strategy because she was lonely, and this activity got her out of the house to be away from her son.

Nancy told me that she had a history of depression and was not seeking medical intervention and has never attended counseling. The primary reason she was meeting with me was to obtain resources to help her son who was abusing alcohol, unemployed, and to get him to move out. She told me that she was also grieving the death of her father which sent her into a tail spin and was afraid her son was going to die too because he was recently diagnosed with liver disease and diabetes.

Another reason she indicated that she was open to working together was due to her anxiety and stress which appeared to be from her living arrangement with the son, and a romantic relationship that she ended one year prior to the time we began our work together. However, Nancy said she only broke up with the man because he was drinking with her son. The third time we met Nancy mentioned that she recently started seeing him again, but she was doing so in secret because no one in her life would approve, especially her
daughter. Nancy then told me she keeps her private life hidden from people because she does not want her colleagues or friends to know about her son. She was embarrassed because he still lived at home with her and she felt self-conscious about her appearance because she had gained so much weight. Nancy also did not want anyone to know we were meeting, especially her son. She was also unhappy with her job and disliked her new manager who started supervising her about a month before we started working together.

**Progression of the Coaching**

The coaching was centered on the client Nancy who had requested my help because she learned that I was studying psychology. She had been grieving over the issues around her son’s addiction and was frustrated that his alcoholism and drug use was why he still lived with her. Her son’s problems were affecting her which was the reason that Nancy gave for seeking my support. I offered her the opportunity to participate in the coaching study as a means of providing her resources and guidance as she navigated these issues. She indicated she was eager to work with me and agreed to accept the invitation to be the subject of this Clinical Case Study. Over the course of a four-month time period, from February thru May 2013, Nancy and I met in person twelve times and had five phone conversations.

The original goals Nancy set were aimed at working on setting boundaries for herself with her son and family and reducing tension at home. She wanted to implement a plan for her adult son who was living at home to move out. During our meetings she would frequently shift from talking about her desire
to change the relationship with her son, and then turn to focus on the history of familial alcoholism, and her own addictions to food and gambling. The nature of our conversations became centered around discussing alcohol abuse and her sadness over the loss of her husband and father.

There were also conversations about fighting with her sisters because she disapproved of how they were caring for her aging mother. Nancy blamed them for allowing her mother to drink excessively, and as she put it “they should not be buying their mother alcohol.” Nancy indicated this had become another source of tension with her sisters and mother. Financial resources were another source of contention between them. Nancy’s mother gave her new car to a sister that Nancy believed was well off and could afford to buy her own car, and Nancy needed a car. She described that even as a child she felt like the relationship with her mother was strained, and she had conflicts with her sisters frequently. She became sad telling me this story. Her father had always been her ally, and he was no longer here to protect her or side with her during these tense moments.

Nancy’s conversations with me, for the most part, appeared to be superficial. During each meeting she would basically retell the same story, and even started to retract what she initially told me about her son. Her story changed from one of identifying him as being a stressor, to her telling me their relationship was not in crisis. Nancy waned from her intent to take action with her son moving out despite ongoing efforts to draw her back into participation to work on her expressed desire to create change in her life.
During the sixth session, Nancy began avoiding the subject of her son. She shifted the conversations away from talking about him to those about her family of origin dynamics instead. A few times Nancy would reiterate the magnitude of the problems with her son, but only in brief moments of vulnerability. As soon as she would let out her true feelings, she would become stoic and minimize the severity of her situation. Nancy became conflicted about whether her son should leave home, and decided it was ok for him to stay which is another reason to consider that she was ambivalent about their relationship.

The themes present in each session with Nancy was her unrecognized grief. This became evident as she avoided talking about things that made her sad or was indecisive about what she should do about her son which led me to consider she was likely an ambivalent-avoidant client. Nancy was resistant to name her state of crisis as grief or pain, and instead, insisted that her life was fine.

Her grief and ambivalence were most apparent in the way she masked her pain, deflected shame onto her son, and blamed him for the cause of her problems. She appeared to be stuck in the “bargaining” stage of grief as she reasoned with herself why over eating and gambling were not addictions. These behaviors indicated she was in denial about her grief and her sadness which became more evident as she spoke about her relationship with food and gambling. She described her tendency to over indulge as attempts to bring her joy, and in her eyes, it made it okay to overeat and over spend. Her behavior also presented as ambivalent regarding goal setting and making changes. Her emotional state was most apparent by her expression of grief related to loss of her husband, father, and
her son almost dying. There appeared to be a strong effort on her part to minimize how severe these losses were and how they influenced her high-risk behavior and coping strategies.

**Learnings**

As the topic solidified, it became clearer that Nancy was depressed and in the throes of the stages of grief. She began scapegoating her son and hiding her shame about her fear that she was enabling him. She also used his addictions as a means of clinging to him. He in return became dependent on her, and this co-dependent relationship could be looked at as a bargaining strategy on her part to stay stuck and deny her grief. These strategies mirrored those of co-dependent behavior. Her over eating, gambling, and lying, were ambivalent-avoidant strategies that reflected how she suppressed her grief and excused her addictions as being appropriate ways of coping.

Nancy was unable to face her pain and adapt to loss, and therefore expressed ambivalence to grief. She was struggling with detaching from her son which was likely attributed to her husband and father dying. Nancy was not able to discern between seeing her attachment to her son being a problem because of her fear of losing him like she had lost the other bonds with primary men in her life. She saw his dependency being the issue and believed it was him being overly reliant on her versus her being overly attached to him. She did not recognize that her loneliness was creating an interdependency.

Her behavior did not match her expressed, ongoing desire for change. She was unable to remain consistent with making decisions or implement
effective solutions that would shift her outlook toward her circumstances. Based on observation, her resistance was in part a normal reaction to grief which was attributed to her unwillingness to address her afflictions. The long-term effects of her suppressed feelings were a detriment to herself and her son. Her behavior was a combination of denial and anger coupled with sadness and an unwillingness to adjust. Nancy’s strategy to refute her pain and not identify herself as someone who was still grieving the loss of her husband, indicates how traumatic it is for individuals to embody the emotions associated with grave losses. Stroebe and Shut believe this avoidance and repression of pain is particularly problematic when a person is ambivalent about the lost relationship. Their ambivalence prolongs their anguish because they are unable to relinquish ties with the deceased.

The reality about Nancy’s relationship with her son was that he was a scapegoat because by blaming him for her discord, she did not have to focus on her own issues. By projecting anger onto son, she was able to avoid talking about her emotions and addictions. This resistance to delving more deeply into what she was feeling about her losses indicates the manifestation of her denial because she was still fighting against being stuck in the throes of grief. Even though she was frustrated with their relationship, the thought of losing him to his adulthood kept her bound in behaviors that were less than effective in helping her and him.

An assumptive deduction of this study was that she needed her son to stay with her because he was filling a void she felt. Sustaining this relationship with her son kept her from feeling completely lonely.
Personal and Professional Challenges

Nancy chose to withdraw her participation from the study. This prompted me to consider why she terminated and take into consideration what was the catalyst for her behavior. This was not easy for me to do because I was so passionate about the original topic. I had considered another client who was in the same situation, but I personally knew her, and it would have been unethical to pick a close friend who was more like family to me than merely an acquaintance.

The greatest challenge was accepting that she no longer wanted to be a participant of the study. As I reflected, I considered that I could have handled this situation better in terms of evaluating what it meant at the time for Nancy. I realize now, I was grieving the loss of working with her and what this meant in terms of the study. I was disappointed and realized I was bargaining with myself, “if only I had been more experienced, I could have helped her” which is unlikely because she already had both her feet out the door. If I were less vested in my topic when I started the actual coaching, then I might have noticed the nuances that occurred that could have been addressed, and it possibly would have prompted her to continue working together. The “I should have” came swiftly, and I wished I had asked her to hang in there and encouraged her to express more about why she made the decision to terminate. At the time, I do recall asking her why, and she was adamant that the timing was off, and it was too overwhelming for her to work on the crises. I felt I had to accept what she was telling me, but I still wonder if I had dug a bit deeper, she might have stuck with it.
Another challenge was how to meet the goals for the study and the needs of the client especially when the sessions at the time seemed to be off topic. As previously stated, the initial coaching was set up to address the mother’s concerns about her adult son who lived at home with addiction issues. Since this was the area where my passion started for the case study, shifting away from this was a struggle and made it more difficult to release my own target for research once I began writing. The plans I had for the sessions, may have detracted from Nancy’s needs versus my own. However, I never disregarded what she shared as being relevant to her life nor did I push her into working on the issues about her son. Even though I attempted to draw her back to focus on his delayed maturation and how this affected her, she was unable to re-center and detracted conversations away from the subject.

It was apparent after the first few meetings Nancy waned from her intent to set boundaries and timelines for her son’s departure, but the coaching study was geared toward helping make that happen. However, since we were still building a rapport, I was trying to meet her where she was at in terms of what was presented as immediate in terms of her family history, and stress around her son. Attempts were made to work with her around the dynamic between her and her son, while offering her safety and space to explore other areas of crisis in her life which at the time seemed appropriate. I know I was excited about working with her, and this enthusiasm might have made it hard for her to share her sadness because she may have felt responsible to rise up with the same eagerness instead of being honest about how hard it was to participate. This was a significant
challenge especially in terms of having to accept her leaving and realizing I still needed to complete my own work to fulfill the course requirements which should have been a secondary purpose.
CHAPTER 2

LITERATURE REVIEW

Introduction and Overview

The literature review will explore aspects of grief and the nature of ambivalence within the grief process. There is consensus among scholars and clinicians such as Freud, Bowlby, Rando, Archer, et al., that the death of a loved one is a painful and often overwhelming experience. Almost since its inception as a formal discipline, psychology has held as the core assumption, that successful recovery from loss requires completion of the “work of mourning.” According to Colin Murray-Parkes, attempts to deliberately avoid grief processing have been viewed as leading to delayed manifestations of grief or to masked grief that manifests in the form of somatic symptoms. Both clinical and academic disciplines are investigated and theories on biological, cognitive behavioral, psychoanalytical, social-cultural and imaginal approaches are presented and applied to the concept of Ambivalent Grief.

From a psychological perspective, the symptoms of grief are thought to be “primarily [an] emotional (affective) reaction to the loss of a loved one through death. It is a normal reaction to loss: As John Archer expressed it, ‘Grief is the cost we pay for being able to love in the way we do.’” Although grief is understood to be primarily a negative-affective reaction, it also results in diverse psychological-somatic manifestations.
The masking of grief and the complications that result in a depressive syndrome are presumed to be both psychological and physiological. An individual’s avoidance of processing their grief is linked to cognitive, emotional and neuropsychological conditions. It is a complex syndrome, within which a variety of symptoms may be apparent. The symptom picture, however, is understood to vary considerably from one bereaved person to another, from one culture to another, and across the course of time even for a single grieving individual.

There are contradictory opinions about the nature of the grieving process. Perspectives differ between clinicians and researchers as to how long grieving lasts, and about how attachment to the loss itself prolongs emotional healing. Theorists from the psychoanalytical orientation, such as Freud and Bowlby emphasize the importance of a person accepting loss by working through their experience. However, empirical researchers such as Archer, Bonanno, Stroebe, Henk, and Shut, suggest attachment theory alone does not address the importance of measuring the outcomes.

According to Ruth Malkinson, “the focus of intervention based on CBT-REBT is to facilitate a healthy adaptation to loss following death. A distinction is made between rational (adaptive) and irrational (maladaptive) grief processes.” She compared grief studies on CBT and evidenced-based studies for PTSD, complicated grief and Cognitive-behavioral therapy – Rational-emotion behavior therapy (CBT-REBT). These grief studies attempt to include the analysis of methods aimed at looking at how a person compartmentalizes loss in a way that
meaning and adjustment occurs. These studies focused on aspects of grief work that “…underlie a successful working through [such as] thinking about and expressing the thoughts, memories, and emotions associated with the loss.” The outcome of these studies did not support the presumption that more extensive processing and the expression of grief resulted in salutary benefits. The ongoing work of understanding what prolongs grief, and what approach is most effective to help bereft individuals minimize the complications from losing a loved one, continues to be studied. The strategies that are presumed to be the most effective depends on the theoretical perspectives and methods used to inform studies and report research findings. However, collectively, the one salient and cohesive element about grief that researchers agree upon is that it happens to everyone as a response to loss, and one either moves through the process of recovery or avoids the pain of facing the heartache with negative coping strategies.

In terms of a biological response to grief, the concept is there is a physiological system in place that activates a person’s coping strategies. The way a person reacts to loss is in part because of their preexisting schemas. The way a person processes the experience is based on pre-established thought patterns. When feelings are incongruent with what is familiar and comfortable, the response is likely to be avoidance. When individuals experience loss, it activates fear and feelings of abandonment. A person who has strong ties to a person who dies experiences a threat to their emotional safety, and the security they felt in the relationship, that is activated by the fight or flight response system. The thoughts about accepting loss are incongruent because the feelings the individual had about
the person who died have not diminished. The thoughts of letting go does not match what they desire. Those individuals who resist the feelings associated with loss are the ones who struggle with integrating new information because it conflicts with what they believe to be true or threatens their perceptions about how life should be.

The first section begins by looking at the neurobiological findings about how the parasympathetic and autonomic nervous system are activated by a person’s grief reactions. According to Mardi Horowtiz, et al., and Daniel Hill, both physiological and neurological processes are brain functions responsible for activating ambivalence towards grief because the experience of grief induces stress. This stress causes a person to shut down the emotional pain and avoid thoughts which is an automatic response modulated by the brain. The reality is that death is inevitable and out of a person’s control. An ambivalent individual has a hard time accepting the death occurred because it is something they did not choose which is why there is resistance on their part to accept the loss or face the resulting emotions. They try to deny the reality that the death happened because something they do not want to accept has been forced upon which is why there is resistance to embrace it. The experience of loss cannot be avoided, which leaves an individual who presents this way with no choice but to readjust their memories and manifest new decisions for their future.

The second section in this chapter explores Cognitive Behavioral Perspectives (CBT) and an examination of the treatment methods used to provide interventions for complicated grief. The research introduced explains the
methodology behind the end goal in treatment which is to create behavioral change. Cognitive behavioral theory posits that conscious and unconscious behavior underlies how feelings and emotions are related to early experiences. This therapeutic approach recognizes that ambivalence, based on the internal conflict of the person, is related to ego, relationships, development, attachment, and environment.\(^9\)

Findings suggest that cognition impacts the reasoning an individual may employ to make decisions. Aaron Beck, the founder of CBT focused on shifting negative thinking and irrational thoughts resulting in new belief systems.\(^10\) His premise is that the client can develop realistic thinking and coping strategies. Albert Ellis, another leader in this approach, focuses treatment on teaching clients to monitor unhealthy patterns of thinking, so they can become self-actualized problem solvers.\(^11\) Change in thinking and behaving are the elements that offer a client a foundation to create a personal action plan. Many researchers believe CBT to be one of the most effective bereavement intervention strategies.\(^12\)

In section three, the concept of Ambivalent Grief is explored by looking at grief through Psychodynamic Perspectives. Researchers such as Paul Rosenblatt, John Archer, et al., attempt to identify the effects of bereavement on individuals and have made connections between attachment theory and grief processing. Psychoanalytic theorists developed a framework for describing the process of grief that arose from Freud and Bowlby’s work about the effects of losing an attachment figure. What this perspective suggests, is that a person
attempting to avoid accepting the loss of loved ones is marked by their attachment style and the coping strategies they use to adjust to life stressors. The way a person continues to stay attached to the loss of their attachment figure, and an ongoing association with the person in their absence, has a bearing on how long a person grieves or engages in poor coping strategies. This study considers Sigmund Freud and John Bowlby as the forefathers of Psychodynamic Theory who have contributed to an understanding about ways in which loss, grief, and bereavement are processed. Freud and Bowlby suggested that a person makes internal structural changes and external behavioral modifications as they either accept loss or resist grieving. Out of Bowlby’s work, came the development of modern phase and stage models of bereavement.

In section four, Sociocultural perspectives explore how social constructs determine the way in which individuals are influenced by cultural belief systems. The cultural implications of the ways in which grief is managed are described from a social emotional perspective. The level of support from the community, the cultural expectations about the appropriateness of ritual, and amount of time given to grieve, all have a bearing on whether an individual withdraws socially and suppresses or expresses grief. The acceptable forms of mourning vary between cultures. Sociocultural factors are relevant when evaluating the components of grief and the messages about what social norms and accepted behaviors contribute to the challenges of restoration of self.
The last section explores Imaginal Approaches to Coaching and ways to work with the individuals who are ambivalent towards grief, and the concept of soul work is introduced. The voice of the soul is the expression of the symptoms of grief. This principle suggests that by connecting to the imagined ideas about the loss of a significant relationship brings a person to their true identity as an individual without the person they loved being part of their story. Imaginal Approaches open the door to excising deeply rooted messages about loss within the heart and unconscious mind. By helping a person connect to these hidden spaces of pain, the potential outcome is the integration of mind, body and spirit. Self-awareness about how imagined perceptions of self and other imparts a wisdom that overrides any messages the gatekeeper uses to steer a person away from the pain of grief.

**Biological Perspectives on Ambivalent-Grief**

According to Mathews and Marwitt, losing a loved one is a profoundly painful experience that can shake the foundation of an individual’s sense of emotional security. The fear from the intensity of grief causes emotional and physical pain, leading to weeping, anger, sleeplessness, appetite changes, difficulty concentrating, and other symptomology. In fact, “millions of people worldwide may experience psychological pain, and enduring psychological pain may result in decreased mental well-being, pathology, and potentially suicide.” The field of psychology is not only concerned about the emotional responses to grief, but also, how the reactions are modulated by the brain. Biological approaches study how the affective responses to trauma, resulting from grief, has
on the central nervous system. This section describes the neuroscientific links between the psychological and physiological reactions and the somatic activity happening inside the body and brain of a bereaved individual.

According to Bonanno, Horowitz, et al., the limbic system is the hub of the brain where all the action begins when a person feels and expresses the initial pangs of grief. It serves as the “executive branch” of the central nervous system, and regulates emotional reactions, decision making processes, and memory functions. As the organizing center of the brain, it appraises and responds to information and the amygdala modulates the operational functions of the other branches involved in the emotional and physical responses to grief. As part of a physiological response to pain, “the amygdala is thought to be involved in evaluating the emotional importance of stimuli and appears to be especially active in response to fear” which is a significant factor in how a person attempts to refute the wave of intrusive feelings associated with grief. Together with the Autonomic Nervous System (ANS), the Hypothalamic-Pituitary-Adrenal Axis (HPA), the Anterior Cingulate Cortex (ACC), the Hippocampal region, and the Parasympathetic Nervous System, all of these core regions of the brain work together to reduce the tension a person feels in an attempt to return them and the affect regulation system to a more homeostatic state.

Daniel Hill explains further how the first stage in the neurological reaction of grief is considered to come from the “general response system,” where an increase in the stress hormone cortisol is produced by the hypothalamic-pituitary-adrenal axis (HPA). The autonomic nervous system and the HPA axis
create a visceral response to stressful situations, and “...the impact of stress on the brain...results in widespread hormonal, neurochemical, and physiological alterations.”  

The anterior cingulate cortex system (ACC) is activated when a discrepancy between thoughts and emotions occur, like when a person loses a loved one. Psychological arousal occurs when a change in the current cognitive state is threatened. Cognitive dissonance occurs because a person’s internal connection to the lost one is still there. When loss is substantially painful, the brain is triggered by the person’s sadness and anxiety. Processing loss becomes problematic because there is a discrepancy between accepting that the person who died is physically gone and the mind relinquishing the bond with the person because it is in opposition to their desire to remain attached. The pre-established memories’ influences their desire that the person who left them will return even they know death is permanent. The experience of grief requires a person to reassess their former relationship and reorganize the schematic internal structure of what this person meant to them and even to wonder how they will live without them because “the brain is a nexus between the input of an understanding that a loved one has died and the output of emotion, behavior, and thought.”

The second biological process explained by Hill is how a reaction to grief is an “attachment specific response” which is induced from losing the relationship where deep affectional bonds were once present. The prefrontal cortex regulates the release of hormones that are responsible for the drive humans have to attach and seek pleasure from these relationship connections. The emotional response is a direct result of separation anxiety.
Another example of how the brain is connected to ambivalence toward grief, can be seen when an individual expresses resistance to integrating these new thoughts. According to Frances O’Connor, et al., an individual’s hesitancy is an example of how the brain is connected to ambivalence toward grief due to their resistance in accepting the reality of loss, and the mental discomfort between thoughts and perceptions as a reaction to unwanted stimuli. Creating a change in behavior requires embracing the unwanted desire of living a new life without the person they love.

O’Connor also makes a connection between the brain and attachment theory. He suggests that humans are biologically pre-programmed to form attachments with others when they are born because this will help them to survive. When separation occurs, an automatic response occurs that signals the brain to respond to the perceived threat of survival. The reward pathways of the brain react to this distress and seek to alleviate the discomfort; “the following brain areas are most likely activated during the experience of psychological pain: ACC, PCC, thalamus, and cerebellum.” The neurotransmitters regulate the dopamine and oxytocin systems that release chemical hormones that drive humans to seek pleasure. A chemical response to grief happens due to a decrease in the levels of dopamine when a significant other dies. To deal with the low level of mood that results, the body releases oxytocin to reduce the anxiety of separation.
According to Peter Freed, et al., another biological explanation of how humans seek connections and form loving relationships is understanding how neurochemical wiring drives this desire. As part of the general and attachment response systems, the biological markers of stressful emotions are evident in how a person responds to losing a loved one. Their immediate reaction of shock and disbelief can be explained by a breakdown in the way the brain operates during this numbing phase.

Mardi Horowtiz, et al., suggests the stress response system is activated when a person becomes hyper-aroused during significant periods of life-changing events. During the outcry phase of grief, the amygdala - the alarm center of the brain - produces a rush of adrenaline, causing an activation of the fight or flight system as a result of the disruption of internal schemas, in turn causing feelings of anxiety and distress.

Marget Stroebe, Henk Shut, et al., support the concept that rumination and pinning also play a role in the grief process because a person is overly attuned to thoughts about the past and present. These painful thoughts of the memories they have about the relationship they shared, which are stored in the hippocampal region of the brain, often results in overwhelming sadness. The hippocampus mediates recording and retrieving memories. Richard Davidson, et al., explain how PET scans are used to study the functional and structural changes of brain activity in healthy women and found that these changes are affected by merely thinking about sad events. Sad thoughts increase activity in the limbic system, and rumination is likely to result in more stress due to an increase in the
hyperactive state of the central nervous system as a response to the intensity of grief.  

Findings according to Davidson, et al., demonstrate that the hippocampal region and the amygdala work together. This reciprocal relationship is important to memory because the hippocampus inhibits the amygdala to stop it from over-reacting to unwanted thoughts, and the message of what is important to remember is regulated by the amygdala. This function explains why thinking about their loved one being gone causes both fond memories but also sad ones that have a stronger effect on brain activity than happy ones. However, James Herman suggests grief is found to be a more significant emotion than sadness and “brain regions associated with actual measurement of psychological pain may be more similar to those involved in grief than to those involved in recalled sadness.”

Stephen Porges introduced the concept of the Poly Vagal System as an explanation for why a person experiences delayed recovery from grief by comparing it to the parasympathetic nervous system and the hyper-arousal of the autonomic nervous system. He describes the stages of the vagal system and the autonomic nervous system (ANS):

“Behaviorally, the first stage is associated with immobilization behaviors. The second stage is characterized by the sympathetic nervous system that is capable of increasing metabolic output and inhibiting the visceral vagus to foster mobilization behaviors necessary for ‘fight or flight’. The third stage, unique to mammals, is characterized by a myelinated vagus that can rapidly regulate cardiac output to foster engagement and disengagement with the environment.”
Consideration of Porge’s hypothesis about the autonomic nervous system is helpful because it explains why ambivalence toward grief occurs. The system shuts down when fear and stress happen. He expanded on the concept of the fight-or-flight response system. The stress of grief activates a physical response to retreat from the psychological experience of grief. The depth of pain is mitigated by the fight-or-flight response system. Porge’s theory provides an understanding about the role between the amygdala, the ANS, and the hippocampal regions of the brain.

The following summation recaps Hill’s and Porge’s concepts about how the activation of cortisol and dopamine, in the autonomic and parasympathetic nervous systems, operate as a function of coping with intense events. The ability for the body to moderate unwanted feelings of grief is a direct result of cortisol. Suppression in the production of cortisol reduces the anxiety a person feels during this avoidance and rumination process. The hypothalamus centrally controls positive and negative neurological responses as part of the affect regulation system. As a person reacts to the loss, the dorsal vagal system begins to regulate the body’s somatic fight-or-flight response. These physiological reactions represent the ambivalent elements of the grief process, such as shock, denial, bargaining, and influence restoration to a more homeostatic state. This form of recovery may serve to organize memories into a pattern of thinking about the sadness that becomes less intense over time as a person’s neurological systems calm the physical reaction as intensity of feelings diminishes.
As indicated by the evidence presented, the brain is responsible for the physiological responses to grief. As a person somatically experiences intense emotions, the message center of the brain triggers a physical response that alerts a person to protect themselves. This automatic defense system is what causes a person to avoid processing the unbearable and intolerable painful thoughts. While this regulatory function is activated when there is physical threat of harm, it is also triggered by emotions because traumatic experiences cause a visceral reaction that tells the brain something bad is happening. The dysregulation that occurs is an automatic response, and the role of the executive functioning system of the brain is to regulate the intensity of the distress into manageable symptoms. Over a period of time if a person has not attended to the stressful experience of grief, the body continues to signal the brain to shutdown which leads to depression and other physical ailments. In a sense, the biological response to grief is an ambivalent one because the brain is constantly at work trying to stop the feelings of emotional pain and simultaneously signal a person to attend to their emotions. The messages from the body to the brain, and brain back to the soma of the person, is a function intended to bring awareness of their experience while at the same time the brain reduces their stress level.

**Cognitive Behavioral Perspectives on Ambivalent-Grief**

The sorrow and anxiety felt by someone experiencing trauma from the death of a loved one has the capacity to consume a person’s thoughts as they seek to make meaning of their experience.\(^48\) For some, the onset of uncontrollable emotions is temporary and decreases over time. \(^49\) For other people, however, the
reactions to grief become pathological. In a sense, they become captives of their emotions, as if they are possessed by demons, and the task of ridding themselves from the emotive grips of the beast grief involves disempowering the stronghold it has over them. It is commonly expected that they must muster up the courage to have the will to move on, or to simply put the past behind them in an exercise of mind over matter. Although, telling a person this would come across as insensitive and oppressive because “there has been a growing understanding that the death of a loved one forces individuals to restructure and rebuild previously held assumptions about the self and the world.” Evidence suggests that Cognitive-behavioral therapy is an effective intervention for working with those individuals who struggle with making meaning of loss. Managing the thoughts associated with grief requires a person to have a balance between rumination and stoicism because these concepts are aspects of the mental and behavioral process that have the potential to affect behavioral change in terms of minimizing avoidance and fostering acceptance.

Cognitive Behavioral Theory (CBT) grief models strive to normalize the client’s loss experience and reduce negative assumptions about themselves and their beliefs. By reshaping their thinking, the individuals begin to realize they have the capacity reshape their outlook and create new pictures by building on previous strengths. A common strategy used to assist clients with restructuring their beliefs is done by comparing their trauma to similar situations and to ones more detrimental than their loss in order that they recognize the difference between destructive and constructive idealizations. Other methods involve asking
the client to reinterpret the traumatic event to draw their awareness to situations where the individual has been successful in exercising control over destructive thoughts and actions in the past. The intended outcome for bereaved individuals is that they begin to trust themselves, and through this self-empowerment, become hopeful again.

CBT theorists are interested in how to influence a person’s patterned thinking and behaving to change their cognitions. According to Beck, people respond to life events through a combination of cognitive, affective, motivational, and behavioral responses. Based on his theory of cognitive therapy, in the context of trauma, clinicians would focus on helping a person see where their shattered illusions become fragmented or distorted patterns of thinking. In order to help them adapt to what they think, and how they feel about an event, therapists attempt strategies to help individuals conceptualize new schemas. According to Malkinson, “people’s emotional consequences are not solely determined by the activating event but largely by the beliefs they have about the event,” and death is considered to be an adverse event. Evidence suggests that CBT is an effective strategy to restore a person’s ability to function and cope with loss because as their stress decreases they are able to reconfigure their mental models.

Several grief models focus on the importance of shifting a person’s thinking, and by doing so they gain self-control over their thoughts which reduces the severity of the symptoms. One such model is Rational Emotive Behavior Therapy, “within this CBT-REBT framework, the grief process is a healthy form of thinking and emoting that the helps the bereaved person organize his or her
Bereaved individuals are resistant to accept loss because it goes against what they desire and believe. This personal conflict between thoughts and emotions causes them to feel like they have lost control of their life schemas; however, many individuals eventually come to the realization they do have the power to change how they feel and what they believe. The challenge with shifting a person away from their previous beliefs is difficult because of the way the mind, body, and soul clings to images of the past. Therefore, this automatic response causes them to hold on to old feelings, memories, and foundations.

J. Beck and Albert Ellis developed a change model that is based on identifying and replacing faulty cognitions. Their cognitive-behavioral intervention strategy for bereaved individuals is systematic desensitization which is aimed at reducing “emotional flooding, increasing the person’s sense of control, and positively affecting hope in traumatized individuals” where distorted thinking interferes with how they see their life. Similar to these perceptions, many bereaved individuals believe they have been robbed of their ideals and dreams and “fear the confrontation will be intolerable and unbearable,” so they avoid confronting their emotions. The strategy suggested by this model is geared towards demystifying thoughts that interfere with the person’s ability to accept the changes associated with loss, and by the process of reducing the intensity of emotions, the individual will gain a better understanding about what the affliction means. The desired outcome eventually results in the person believing they can live life without the person they loved by having them rebuild previous beliefs.
and assumptions about their world.\textsuperscript{69} The goal of this principle is to desensitize the effects from trauma that cause a person to develop inaccurate perceptions, and by doing so, they create meaning that is more accurate.

Another therapeutic strategy developed by Meichenbaum places an emphasis on changing the narrative of the story.\textsuperscript{70} His perspective is that for a person to find meaning and purpose in their lives again after tragic events, involves the therapist help them reframe stories laden with shame, fear, guilt, and humiliation. By turning those negative schemas into solution focused stories that create new beliefs, they move from feeling hopeless and helpless towards seeing themselves as dignified problem solvers and resilient.\textsuperscript{71} The concept is that as a person reconstructs their account of the story, they can reframe it and focus on solutions for adapting to the trauma.

A similar approach to treating trauma from loss is Janoff-Bulman’s schema-based model. She believes that most humans view themselves as worthy and the world as being a meaningful and benevolent place.\textsuperscript{72} Grief threatens these assumptions because individuals need to make sense of what happened which is why cognitive interventions involve schematic restructuring.\textsuperscript{73} This technique places an emphasis on the person confronting their shattered illusions and rebuilding their sense of self by incorporating the trauma and loss into a new assumptive world where they move from being victims to survivors.\textsuperscript{74} The most important aspect of this model is to focus the individual on their self-worth so that they are able to interpret their “existential” dilemma as meaningful even though it is painful.\textsuperscript{75}
Along the same vein is Thompson’s Cognitive Restructuring Theory.\textsuperscript{76} This strategy attempts to keep the client focused on positive things that have happened to them. One way to enact the client’s attention in a constructive manner is done by introducing the concept of self-appraisal.\textsuperscript{77} This is a self-directed activity whereby a client monitors and tracks their thoughts throughout the day.\textsuperscript{78} Based on what they identify, the coach may ask them to evaluate and consider how the decisions they make come from rational or irrational thinking.\textsuperscript{79} By doing so, they can identify when they draw the conclusions that life is essentially good instead of the world being a malevolent place.\textsuperscript{80} Thompson describes techniques such as having a person reorder priorities, adapt goals that are reachable in spite of tragedy, and shift their self-image that reinforces the belief that they are coping effectively, and as they do so this becomes a new foundation for them to rebuild their perceptions about life.\textsuperscript{81}

The concept about ambivalence toward grief is primarily understood by the way Bonanno and Horwitz describe how death ends the relationship which breaks the bond between the deceased and their surviving partner. The person left behind creates an ambivalent response where they develop a fractured schema about the relationship they had with the deceased even if was not previously conflictual.\textsuperscript{82} Ambivalently-attached individuals are more bound to grief by what they think and feel about the loss of their relationships, especially when the one being mourned provided them emotional safety and personal security.\textsuperscript{83} As a result of them feeling abandoned, they feel unprotected and betrayed by the person who died. Ambivalent individuals avoid confronting the unbearable and
intolerable emotions that accompany loss and refuse to accept the reality that the person they loved has died. The nature of ambivalence in the grief process may keep a person stuck in anger, denial, and leads to poor coping strategies. When a person engages in destructive coping such as substance abuse, overeating, or gambling, they gain a false sense of happiness as an attempt to mask their grief with at risk behaviors. The longer they avoid confronting their distress, the more likely they are to have prolonged symptoms of grief.

However, in contrast to rumination and meaning making, Bolen and others in the field consider that it is important for bereaved individuals to engage in small periods of avoidance as an effective strategy. They believe when a person is in a constant, active state of pain, taking a break from confronting the emotions may provide them the reprieve they need to begin to readapt and more clearly evaluate what they are avoiding. This time out period is used as an opportunity for them to move on with day to day tasks whereby they become more inclined to conceptualize new thoughts about their past relationship and form new ones. In the cognitive behavioral realm, grief models intrinsically account for anxious and fearfully attached individuals who are more prone to prolonged grief. In order to resolve grief, they approach treatment by addressing the interrelated process of integrating memories accurately, reducing negative thinking, and treating depressive symptoms which counteracts the activation of insufficient perceptions about security in relationships.

As previously stated, the Cognitive Behavioral perspectives about the grief process suggests a person changes their thinking in order to adapt to the loss. The
bereaved person’s constant focus on trying to make sense of what happened, wondering how they will cope, and having to make unwanted changes are fragmented thoughts associated with loss. Their beliefs are shattered, and as a result, their emotions dominate their thoughts about what they wish were still true whether those desires are misconceptions about the affections toward the person were relevant to the relationship. The overall purpose of cognitive behavioral strategies for bereaved individuals is to change thinking and behavior so the trauma does not become stuck. The aforementioned ideas draw a connection between Cognitive Behavioral perspectives and Ambivalent Grief.

**Psychodynamic Perspectives on Ambivalent-Grief**

The field of bereavement is theoretically diverse, and as such, the consensus between the psychoanalytical researchers of this discipline vary and do not follow one model. Researchers describe grief “as a natural consequence of forming attachments and losing them.” 90 Ruptured attachments produce grief when insecurity and ambivalence impede a person’s ability to let go.91 Attachment theory provided a foundation for the development of grief processes. The research discussed herein explains how grief models represent ambivalence as a coping mechanism. Even though this word is not mentioned as a phase, it is an unnamed strategy that is part of the denial, bargaining, and acceptance phases of the grief process. Psychoanalytic theorist’s hypothesis on grief reflect opposing and correlative views.92 As posited by Richard Gross, more contemporary models reflect the ambivalent nature of grief, and the newer concepts suggest that overcoming loss requires more than a person forgetting or recovering from this
tragic experience. These models also support the idea that overcoming loss requires a reorganization of thinking and behaving. When this reorganization occurs, the result is better healing outcomes.

Several theorists are regarded as contributors to the field of grief work. The variations amongst such theorists as Freud, Bowlby, Archer, Kubler-Ross, Stroebe and Shut, convey theories and opinions that agree on the notion that grief is universal, but their prescribed methods for adjustment are not singular in method or context. Not one framework is accepted as the only paradigm, nor is there one theoretical classification regarding grief and mourning, but some are more dominant as a result of the evolution of research about the mourning process. Modern and contemporary theoretical views have pointed to and expanded upon Freud’s and Bowlby’s works. However, as posited by John Archer, evaluation of attachment theory was significantly influential in developing expanded grief hypothesis.\textsuperscript{93}

In order to understand the conclusions drawn about how a person is ambivalent towards grief and the development of modern grief research, a review of the origin of grief theory is important. Freud is considered the psychological forefather who first provided descriptions of the process of mourning, and his observations conclude that ambivalence is an antecedent of coming to terms with loss. Freud explains that the characteristics of “melancholia” and “mourning” resemble each other in terms of behavior and emotions. A person who is depressed and one who grieves exhibit similar attributes such as loss of interest in life activities, day to day responsibilities, and a withdrawal from the outside
world. Bereaved individuals also have a diminished capacity to deepen intimacy with another love interest and disregard themselves as deserving of compassion and lean more toward seeking a form of punishment for even considering moving forward. His perspective suggested that, even though the love interest no longer exists, a person clings to the idea of the loved one still being present.

The fundamental elements of Freud’s model stem from his belief that it is an intrapersonal experience that happens within the persona of the bereaved. According to Freud, a person is libido bound to the object. He describes grief as a time intensive process and recovery occurs slowly as one gains sight of reality. He perceived that loss of the object, and accepting it, as the conflict between the ego and rational thoughts. Freud’s opinion is that the ego becomes free and uninhibited again when the painful, displeasureable task of integrating reality by letting go of memories resolves. Freud ties mourning to the struggle of breaking away from thinking and completing the painful task of making sense of the misfortune of loss. The angst dissipates and the outcome is overcoming the loss of the object. He saw ambivalence as forces of the ego to avoid the pain, and as a determinant because it influences the length of time one mourns and the duration of their mental and physical pain. Freud’s position can be summed up by observing grief as an attempt of a person to return to a uniform life of stabilization. Many researchers accept Freud’s view that part of the grief process requires the person to withdraw from binds of affection. However, they rely more heavily on the expanded concept Bowlby introduced.
Bowlby is renowned for his attachment theory and highly regarded for his contributions to the field of mourning. His work in the field of childhood attachment was later expanded to include the premise that connections in adult relationships are similar to the way they bonded with their primary care giver the “mother” and the ensuing personality style of an ambivalent one is played out when loss of the person of interest happens. Like the insecure child, a person who has an ambivalent personality is more challenged with processing loss because of their attachment style as explained by Bowlby’s concept that secure and insecure patterns of attachment play out in bereavement. Bowlby attributed the way a person experiences grief and the way they process it is connected to their attachment style of either secure, anxious, or ambivalent. He espoused this as “a contemporary psychodynamic model of what he called the attachment behavioral system in adulthood.”

As Bowlby expanded his research, he was primarily concerned about understanding the significance of loss and how the relationship to the deceased was the guiding factor in how a person overcomes grief. His initial concept was that grief is a pathological condition where healthy mourning was displayed as anger directed at others, the self, and the person who died as well as disbelief and hope of reunification. He later collaborated with Parkes and developed a stage model comprising the following steps: One.) Shock and numbing, Two.) Searching for reunion with the person, Three.) Disorganization of the self in the form of disbelief, and Four.) Reorganization of one’s inner and outer life. This is not completely dissimilar to other models; however, Bowlby’s work was
primarily expounding on how an adult seeks to reunite to a primary attachment figure when they are working through their grief. Bowlby suggests that grief is an evolutionary process whereby a person adapts to grief by experiencing a reunification with the person of loss. He describes the “insecure child, doubtful of his mother’s good feelings towards him, may easily misinterpret events… [and his notion is that the insecure adult also has] complications in the grieving process.”

The identification of despair and depression in a child is similar to that of a bereaved adult. Other researchers’ contributions in the field of grief also explain models in the context of phases and stages. One such model is the five stages developed by Kubler and Ross parallel most closely with Bowlby. Their framework conceived that a person experiences denial, anger, bargaining, depression and acceptance. The phases they describe while listed sequentially introduce the concept that a person may move away from one stage but revert back to it. The phase models described by Bowlby, Parkes, Kubler-Ross et al., represent stages that indicate patterns of resistance marking the persistence of grief and an endurance of the level of ambivalence to the pain. They shared the concept that to resolve grief there is a “fixed sequence each individual should go through” and after this period of struggle, they will reach a place of acceptance, but they will not forget what was once part of their relationship. Ambivalence is shown in the stages that occur such as anger, denial, and bargaining. The movement between these responses are two-fold in that a person experiences the
emotional and somatic pain during the process, succumbs to the distress, and by
doing so alleviates it.\textsuperscript{111}

A person’s attachment style mediates their ability to adapt when their
attachment figure dies and is significant when their relationships are anxious-
ambivalent.\textsuperscript{112} The concept of ambivalence is present in the grief models because
of the way a person moves from one emotion to the next. A person going back
and forth between anger and denial is one way they mediate the intensity of grief.
In an attempt to adjust, they vacillate between acts of acceptance, denial,
bargaining, recovery, or restoration depending on the model applied.\textsuperscript{113} One
criticism of stage and phase models of grief offered by Gross “is that they imply
that individuals should pass through fixed series of stages.”\textsuperscript{114} Gross’s concepts
emphasize the importance for individuals to reorganize the loss through a
confrontation phase. They react to the separation and recall memories in a way
that they can re-experience the relationship with the deceased which helps them
release strong held attachments to the person who died. Then the person moves to
the accommodation phase where they can readjust their feelings and adapt to their
new world without forgetting the old life as suggested by other models. The
organization of their memories allows them to compartmentalize their history so
they can reinvest in new relationships.\textsuperscript{115}

As exhibited above, one can ascertain that the prescribed phases for
processing grief described by Bowlby’s model does not account for an
individualized mourning experience. The reason his model is not considered
comprehensive is that the model does not address the aspects of how a person
continues to remain connected to the deceased. Therefore, coming to terms with loss cannot be marked by a timeline or one set way of experiencing emotions.

Individuals who are insecurely attached have higher levels of distress, anger, and suffer longer by continually ruminating over the loss which diminishes their capacity to lessen the pain. Archer agrees “that other than shock and disbelief, the process of change over time is much more a mixture of reactions which wax and wane in relation to external events and may be delayed, prolonged or exaggerated according to the individual’s mental state and circumstances.” An ambivalent person is likely to struggle more with understanding their grief because they are already amiss with what it means to accept the loss. Their ability to navigate the prescribed stages of grief is prolonged because of the incongruence they experience with letting go of their connection to the person who died.

The goal of most grief models is to elicit an understanding of the precipitous nature of grief and describe the process of making meaning of the loss which in turn leads to either acceptance or behavioral change. Psychoanalytic researchers are particularly concerned with how a person manages coming to terms with the permanence of loss and how they will integrate their experience that results in them accepting that the person will not return. The divergence of opinions amongst psychoanalysts are primarily about their views of the steps a person takes to navigate their experience and remain on a trajectory that is perceived as either a resolution to the discomfort or a recovery of sorts.
According to Holly Prigerson, the models designed by Bowlby, Parkes, and Kubler-Ross that describe the grief process, and within them, while the word ambivalence may not be used, words such as acceptance, denial, despair, anger, resistance, avoidance, and reorganization are all terms used interchangeably to describe the processes that exhibit the potential for ambivalent responses from the bereaved individual.\textsuperscript{121}

As presented in the aforementioned analysis of grief theory, there is not a fixed progression of the stages because the process is individualized, and each person navigates the experience in their own way. However, the grief models offer a description for the steps a person undergoes to reach an expected endpoint of processing loss. The concept that ambivalence is an inherent part of the grief models is attributed to the avoidant aspects of coping such as the denial process because of the avoidance that occurs. There is a consensus among theorists and researchers that grief work is similar in affect, but agreement as to which are more important, either rumination and reorganization of thinking, or integration of thoughts and feelings that restores acceptance, is an ongoing area of exploration.

**Sociocultural Perspectives on Ambivalent Grief**

Cultural ambivalence towards grief is evident in the ways that individuals and community’s express sadness. Paul C. Rosenblatt suggested that society plays a significant role in containing the communities and individual’s responses to painful events and experiences.\textsuperscript{122} Members of modern society are challenged with how to demonstrate their feelings after a significant loss because of the
social rules that govern how they should react. He goes on to suggest that established cultural customs, rules, and norms offer individuals a container to respond to trauma and loss in a mediated fashion. These practices are an attempt to restore a person’s ability to return to normal functioning. In the eyes of many, the over expression of grief is inappropriate and discouraged. The question begs how long of a time period is enough for a person to either cry, show anger, or ruminate, that meets their individual needs without compromising the expectations their support system and community demands of them.

Society and culture set the tempo for addressing loss and defines what are acceptable and appropriate ways to express grief. However, no one can determine the magnitude of what loss looks like for all individuals because it different for everyone. Even though there are identified mourning practices that attempt to dictate how long a person can grieve, it is not possible to fully determine for everyone what the appropriate amount of grief a person should or should not express because a person may never fully overcome the sorrow of losing a parent, a child, or a spouse. Attempting to measure what is an appropriate amount of time to express grief may not be reasonable because what might be too little amount of time for one person might be too much time for another because it is such an individualized experience. Social-cultural psychology continues to evaluate the grief process and study the methods cultures have for individuals navigating and overcoming the detrimental effects of loss within a framework that is practical and manageable in terms of emotions and rituals.
Sociocultural theorists according to Nina Jacoby are interested in the influence of significant relationships and community expectations on the experience of managing and overcoming grief. Their point of view is that grief is a social emotional response “and interpersonal process because it emerges from relationships, attachments, expectations, and obligations.” The sociological model of grief focuses on looking at the relationship between the survivor and the deceased. This way of viewing grief is similar to the way attachment theorists understand “grief as an emotion is a normal response to the loss of a significant other.” According to Rosenblatt grief has an impact on the individual’s attachment system. He claims that, “threats to the attachment system often result in a heightened activation of that same system, resulting in an increased sense of vulnerability in bereaved individuals and the need to seek the safety of social support.” A person’s sense of belonging and feeling supported is affected by a change in their status when they suffer a loss.

In contemporary 21st century mainstream American society, there has been a widespread sense of ambivalence to or an avoidance of emotional expression. As such, “Western society is basically described as a death-denying and product-driven society whose foundation rests upon capitalism and patriarchal hierarchies in all significant social institutions.” This resistance to embracing anguish and prolonged periods of grieving implies there is an expectation that it’s necessary to keep a grip on one’s feelings, especially when it comes to the affect of sadness and anger. In fact, the nature of organized rituals for death (e.g. funerals and memorial services) are an attempt to contain the
intensity of the pain rather than as is seen in more traditional cultures as a means through which a community can come together and express the depth of pain and suffering that is experienced. ¹³⁴ Even today in some Christian and non-secular community’s, ceremonies are more commonly referred to as “celebrations of life” and many ritualized ceremonies for grief are prescribed by religious beliefs. ¹³⁵ This new label for funeral reinforces the expectation society has for containing sorrow a step further by implying that showing grief diminishes how wonderful a life the person who died lived. The shift in terminology from funeral to celebration of life puts a positive spin on what is naturally a sad event to encourage the focus be placed on the culmination and commemoration of the deceased person’s accolades, achievements, and milestones. The purpose is to move attention away from the sadness of them being gone towards being happy for the life they lived. A celebration of life ceremony becomes a forum that is structured as a time to reminisce about the happy moments they shared with the person who died and less about honoring ones feelings about how hard it is to say goodbye. ¹³⁶ The movement away from earlier types of ritualized funeral processions that were once considered a time for lamentation, reflects the ambivalence a person would have at even showing grief in the presence of others because of the shame they may feel if they show up at a presupposed celebratory event anything less than composed and prepared to express positive feelings toward the deceased. ¹³⁷ Funerals are more about the social functions of grief, and patterns of grieving are more about the role of how these ceremonies facilitate the emotional expression of grief and how a bereaved person resolves their grief. ¹³⁸
According to Megan Devine, there is a cost to avoiding grief and the effects of moving a person to quickly toward positivity does not absolve their pain.\textsuperscript{139}

Cultural ambivalence toward grief is present in other cultures as well. Even though showing tears or sadness may be acceptable, there are explicit parameters for the expression of heightened emotions. For example, Donald Irish, et al., state that in Bali it is presumed that one remains calm in order for the gods to hear the prayers for the deceased.\textsuperscript{140} This is considered a form of muted grief that is mediated by members of the community who were not directly affected by the loss.\textsuperscript{141} Distracting a person from their sorrow is done in a way that treats death lightly.\textsuperscript{142} In Balinese culture “emotional agitation is perceived as a threat to health, making one more vulnerable to the sorcery of malevolent people.” \textsuperscript{143}

Irish also observed a similar form of practices with the Pacifica Atoll Ifaluk people. There, the tribe determines the amount of time a person can grieve by quantifying the loss.\textsuperscript{144} Leaders equate value of the loss, and the mourning is legitimized by whether or not the death was defined as inevitable or accidental.\textsuperscript{145} The deaths that are deemed acceptable to mourn provide the bereaved a short period of time to “have a good cry and then one [is expected] to return to normal functioning.”\textsuperscript{146} In this community, one who is unable to compartmentalize their emotions is seen as someone who is unable to relinquish ties with the deceased and judged as having a pathological condition.\textsuperscript{147} Both of these communities’ practices indicate a form of ambivalence by the scripted instructions for dealing with loss.
Another comparison made by Bonanno to Western Culture, where bereaved individuals are expected to release emotional attachments and accept the finality of death, is looking at the contrast within Chinese culture where mourning practices are more about helping the deceased transition into the spiritual realm. These practices show cultural ambivalence towards grief because the focus is placed on honoring the deceased person with rituals that symbolize connectedness and less about one’s own personal and emotional expression of grief.

Cultural shame is another factor in what Darcy Harris has termed the mobilization and embolization of an individual’s ambivalence to grief. According to Harris, many people struggle with showing their true feelings that may give the perception they are too sad. These individuals also suppress their grief out of concern for how their emotions will impact others or cause others to feel pain. Some fear losing their support system if they are unable to adhere to the normalized time frame allotted to them to overcome their sorrow in terms of recovery and adjustment from loss. Concern about the appropriateness of both the personal and public display of the emotional effects of grief is evidenced by the prescribed way for the collective to contain pain. Once the container is no longer present, a person may withdraw from interacting socially. This isolation is a means of hiding their feelings and masking their shame.

Gross suggests that in an attempt to maintain their dignity and protect others from their pain, grieving individuals separate themselves from occasions that are likely to evoke memories and reminders of the person they lost that have the potential for sadness to rise up and influence the shedding of tears. Public
weeping is considered taboo in many cultures especially outside of the home, church, synagogue, or funeral chapel. Both personal and cultural judgment happens that dictates the period of time that is acceptable for overcoming grief to prevent it from lasting too long.

Society’s ambivalence toward emotional expression is also influenced by the negative stigma attached to depression. A person often avoids being labeled as such and or perceived as wallowing in self-pity. While everyone has felt sadness, the challenge is in the mixed cultural messages that are present in what is acceptable or not in showing vulnerability or grief. According to Rosenblatt, the public disdain around emotional expression is based on the concept that society decides how emotions are managed to maintain order and reduce tensions. As a result of this prevalent fear around feeling and expressing distress, a person suppresses their grief which has the potential to prolong their suffering. A person’s capacity to express themselves authentically depends on the ability of their support system to deal with the unbearable discomfort of the griever and personal intolerance of holding pain for another.

Grief models are an attempt to offer the culture a barometer to gage the level of pain a person is enduring, and an estimation of what processes take place to resolve their discomfort. Camille Wortman indicates, by psychologists and bereaved individuals having a guide to follow, about what potentially happens during the grief process, helps the person dealing with the disruption in their life reduce their anxiety about when their grief may subside. The formula of the
models is an attempt to normalize grief in the context of personal experience and cultural presumptions. The notion of stages give a person permission to describe their feelings and confront or refute them. According to Jeffery Kaufmann, the models also reflect the concept of social management of pain and the perception that a person is forced to deal with it in an organized and controlled manner.

This prescriptive method for the phases a person experiences while helpful in terms of naming the experience of grief, also represents the ambivalent features of labeling and diagnosing what is *normal grief* and *pathological grief*. This cultural framework ties into how a person remains stuck in the denial, bargaining, and anger phase described by the stage models of grief because they struggle with how to resolve their grief beyond a customary proceeding, and the social norms do not offer sufficient ways to assess the needs of the bereaved after the immediate period of loss. Navigating these phases to resolve sorrow and process loss are influenced by the individual’s subjective experience to pain and the cultural pressure to turn away from it.

Achieving a balance between what is deemed normal grief and prolonged grief is a challenge bereaved individuals face. Social structures often betray the person who is grieving by implicitly forcing them to control their emotions. There is resistance from Western culture to accept the reality that a person’s feelings are intense and recovery from the discomfort is not determinable by a scripted fashion one size fits all approach because of the premise that society is managed when bound by measurable outcomes. This principle indicates that since there is an acceptable period of mourning there is a sanctioned time for its
ending. It is as if society suggests the bereaved become responsible for the death of their loved one through an implicit understanding that suggests they be held accountable to model the appropriate responses during public mourning. Ambivalent-grief is intensified by the cultures expectations for processing and overcoming the emotional effects of loss. As presented in the analysis above, the influence of culture is significant in the way grief is defined and experienced. The freedom to express this affect is partially determined and measured by both the individual and the influence of families, employers, physicians, clergy, government, and mainstream society.

**Imaginal Approaches to Coaching**

The field of psychology recognizes Imaginal approaches as therapeutic modalities that are concerned with the psychic life of the client. Imaginal Approaches is the process of transforming unconscious images that the conscious mind is not able to grasp in an attempt to make sense of psychic reality. In order to shift a person’s subjectivities, it requires an understanding of the way they develop the thoughts they have about human experience and their notions about life.

Carl Jung is attributed as a pioneer of modern theories about the relationship between the conscious and unconscious aspects of the mind. Philosophically, Jung believed the “psyche imaginatively informs the individual experience of human experience of external reality in typical or schematic ways…[it is] the function of the unconscious” His perspective relates to ambivalent-grief in that he conceives that the unconscious attempts to compensate
for what is ignored or neglected by the conscious. When the unconscious is ignored, the defense mechanisms of avoidance and denial are attempts of the ego to refute the inner experience of grief. The role of an imaginal approach within Depth Psychology would help a bereaved person integrate the painful emotions into thoughts the psyche can manage.

The unconscious is where images are stored about memories and experiences. Working with a person to unveil how memories of the deceased or other traumatic losses are stored in the subconscious is the way to take the charge out of the intensity of the emotion in the present. For example, an imaginal approach might be where a coach asks a person to visualize their feelings. The symbol could be bodies of water where the imagery used is going from larger to smaller water passages. The first symbol would be the ocean with large waves, that become smaller waves. Then ask them to describe what they see happening as they watch the waves swell and fall. As the inquiry progresses, ask them to imagine the deep seas turning into a river, and their feelings are this river flowing away from them. The ending transition would be a river turning into a small stream and continue to diminish in size which would be based on if it would be beneficial to keep shrinking the images smaller. This use of images to describe emotions is a way for a person to process feelings into manageable thoughts.

The concept of Jung’s imaginal approach to grief is that a person can come to terms with loss as they relinquish control over their fear of separation and the need to attach purpose and meaning to their life. Jung believed it was important to use stories, rites of passage, and ceremonies as a way to symbolize
the meaning of the symptom because death is a force that is part of the collective unconscious that “has contents and modes of behavior that are more or less the same everywhere in all individuals.” The following archetypes of the hero, persona, shadow, and death are part of many stories and symbols that can shape and form identifiable experiences in order for the psyche to express grief.

Jung defined archetypes as “factors and motifs that arrange psychic elements into certain images,” and as a way to organize the condition of the self and arrange conscious material in a recognizable form. As a comparison to the concept of grief being a universal experience among humans, archetypes are “universal and inherited patterns which, taken together, constitute the structure of the unconscious.” The emotional process a person moves through as they try to make meaning out of loss is a layered experience that is informed by archetypes because the pain of grief is a process with phases or stages that may be indefinite, and loss like archetypes cannot be destroyed or removed.

Joseph Campbell developed the idea of “monomyth” represented by the hero’s journey as a way to describe the spiritual shift a person experiences when they are “called” to transform their persona. A bereft person’s experience is like the hero’s journey because of the dance with darkness that happens when a person is deeply grieving and often becomes stuck. Their surrender from torment requires a journey into the abyss because they are thrust into the spiritual world, and in order to cross from the liminal space back to the natural world, they must undergo a metamorphosis. Campbell offers a narrative structure to explain the emotional life of mortals by looking at myth as a
way to help a person see their heroic attempt to endure trials and receive gifts that
can be a shared experience to bestow on others.\textsuperscript{177}

Researchers Holland and Neimeyer compare Campbell’s principle of
the use of story to inform human experience to the stage theory of grief.\textsuperscript{178} They see his concepts as a way to create a narrative structure for grief that becomes a
cultural script. The script is a ritualized way for a person to process loss as a rite
of passage as they move from mourner to survivor because their journey begins
with a disorienting separation from the normal, “pre-bereavement world, and [an
experience] that progresses heroically through a series of clearly marked
emotional trials before eventuating in a triumphant stage...” \textsuperscript{179} These researchers
suggest that the models informing grief “stage theory [concepts] may have
functioned as the bereavement field’s own cultural monomyth,” because the
shock, denial, bargaining, acceptance and recovery phases are similar to the call,
the descent, the threshold crossing and return of the hero’s journey.\textsuperscript{180}

The movie “Collateral Beauty” is one such example of Joseph
Campbell’s monomyth. In this film, the character Howard is experiencing
complicated grief as a result of losing his young daughter to cancer. The story
portrays the hero’s journey where Howard must overcome his anger over her loss.
In this movie the bereaved father has disconnected from relationships with his
wife, friends and colleagues. As Howard retreats deeper into the abyss, his
support system is afraid he has lost all touch with reality. The story unfolds the
truth about his inner life and relationship with grief. In his attempt to understand
“why” his daughter was taken from him, he writes three letters to Love, Time, and
Death and mails them. He receives personal responses to each letter from these archetypes. Howard meets each archetype in human form and the three of them work together to help him cross the threshold. In the end, their presence helps Howard express his intense inner pain as an outward expression of grief. Howard comes to realize that even the deepest losses can reveal moments of meaning and beauty. The relationships he develops with the angels who come to visit him are the reason he was able to tap into his deep-rooted sorrow and finally acknowledge the full experience of his child’s illness and death.

The actor Will Smith who played the role of the father shared in an interview his experience with playing Howard. Smith said, “what was beautiful to me was to have an opportunity—my father was sick at the time, so I was able to share the preparation [for the role] with my father...it was that beautiful blending of art and life at the same time. And so, some of the experiences the character was having, I was living out in my own life.” 181 This movie is an example of how story can help a person express and process what is happening during troubling times when the pain may be unrecognizable. Fictional life characters can help a person make sense out of what they do not understand. Smith describes how this film helped him deal with the impending death of his father and make the most of the time they had left together that he might otherwise had not done if the script did not speak to how similar it was to his own life at the time.182

This movie also shows the ambivalence that a person has to processing and accepting grief because Howard avoids meaningful interactions with those who cared about him. He becomes emotionally lost and the evidence of his
stuckness in grief is shown by the way he shows up at his company day after day for a year. Instead of doing his work, he makes a domino maze each day to connect with his daughter because this was a game they played together when she was alive. His imaginal world with her is how he avoids confronting the reality that she is gone. It also represents how the death of a person continues to live in the imaginal realm.

In addition to those methods introduced by Jung and Campbell, Imaginal approaches to working with bereaved individuals are applicable to the phase models of grief because working with individuals on a subconscious level can help bring focus to emotions that arise from unrecognized and unacknowledged symbols of loss. Imaginal work aims to help a person work through their avoidance and denial of their pain. Grief is a powerful influence beyond the logical mind that becomes suppressed. Other disciplines in psychology name this avoidant strategy as bargaining, denial, anger, and rumination. In comparison to the linear and stage models of grief responses, imaginal work supports people in seeing beyond the conscious expression of their emotional state of being and addresses the core of their stored pain. From an imaginal psychological perspective, the expression of these unconscious images supports a bereaved individual come to understand their perceived meaning of loss. By identifying what is hidden, sorrow is transformed and becomes an integrated experience whereby all the parts of the self are attended to through a meaningful process instead of one with lingering and recurring episodic symptoms from repressed feelings.
Thomas Moore believes grief is a painful force that can transform a person at their core. It is through the process of restructuring the meaning of the experience that forces individuals to reconsider their basic views and values about life. He describes this as a process by which a person goes through re-imagining their existence. Out of the suffering that happens, as they rebuild their images, this process itself is how a person redirects their purpose.\textsuperscript{183} It is not just about conceptualizing what has changed or moving through a step by step process as prescribed by grief models. Instead the healing comes from transforming the experience in ways that can be integrated into the mind, body and spirit.

A person who is grieving experiences what James Hillman would describe as a conflict with one’s character. Each person experiences the world differently, and grief is one of those circumstances where the makeup of a person informs their response to loss. Hillman’s perspective is that “character implies a bundle of traits and qualities, habits and patterns…”\textsuperscript{184} A person is faced with adapting to loss the same way they approach other life situations as mediated by those traits and thought patterns. Their capacity to adapt is based on the images they have about what life means, and the way inner parts of themselves direct their expression and adaptation to the loss.

Robert Romanyszyn’s perspective is that the soul itself is grieving, and that imaginal work has direct relevance on everyday life.\textsuperscript{185} He sees grieving “not as cause and effect” experience, but the process of going into the depths of the soul.\textsuperscript{186} He did not specify a formula for the psychology of grief. He believed there were elemental forces in life that transcended beyond the realm of
psychology. His outlook on the concept of grief is that the griever must heal the soul, and the symptoms are a greater response to the unconscious aspects of sorrow. For the person to find a way to live amidst the intensity of grief requires them to pay attention to the soul’s own rituals for grief.

Romanyszyn also saw artful expression, especially poetry, as a way to connect to the spirit within the heart of the person. An imaginal approach based on his principle would include writing to help a person connect with their soul because he described the soul as having a voice that wants to speak about what we feel. For the conscious to hear the message of the soul, requires wholehearted listening to the voice of the soul. Giving a person ways to listen to their heart speak may minimize them only hearing the voice of the ego saying, “just get over it already.” When a person can tap into the place where compassion is offered by the voice of the friend, they can silence the negative talk and overcome where they fear expressing their feelings. Hearing the validation offered that loss is painful gives them the capacity to release negative emotions whereby the outcome is a form of transcendence beyond rumination. The denial of loss and a transformation to more peaceful awareness may happen when listening to their inner voice. This transformation brings a person into relationship with the lost parts of their soul that are silenced by the inability a person has to hold the pain of grief.

Jung also influenced the field of Transpersonal Psychology that applies to the field of coaching used in this study. Coaching draws in part from his theory which is similar to imaginal approaches used by depth psychologists. This
form of coaching helps a person see the best of themselves, so they can draw from their inner strengths. Coaches using the concept of the *inner game*, “recognize internal obstacles are often more daunting than the external ones.” A coach strives to guide a person to create meaning and purpose for their lives. The transpersonal or transformative coaching model works with subpersonalities which are like archetypes or subjectivities. This methodology helps a person access the unconscious mind by opening the superconscious realm using guided imagery where a person has the opportunity to have conversations between each of these personalities or competing parts of their persona. A coach could help a bereaved individual develop conversations to have with the person they lost and with each of the emotions themselves. This strategy is a way for a person to develop new perceptions that can be used to develop action plans for rebuilding their life and repairing their inner wounding.

In processing loss imaginatively, the purpose is to help a person understand how pain is stored on an unconscious level. A person must go below the surface of their conscious existence to tap into where their suffering is unrecognized. This relates to ambivalent-grief because it requires that a person see grief as an abstraction and separate themselves from the memories of the person they lost. The expression of grief is how an individual bears witness to the parts of herself that have been disconnected, and by letting these emotions rise, it gives voice to the suppressed and silenced feelings from the experience of loss. The ability to identify and describe how one is affected is a testament to them
working through the loss and that they are moving the inner experience of pain to outward expression.

A person’s ability to come to terms with loss is accepting the fact the loved one will not return and at the same time recognize the irreplaceability of the person. The work of mourning the loss of a primary relationship “…is as much the beginning of an imaginal relationship as it is the ending of a material one.” Freud views the reaction to the death of a loved as the process of personifying them into the imagination. Mourning is a voice that calls out to people to work out the paradox between the absence, and at a the same time, the presence of the person who died because they become an imaginal object that persists to remain psychologically. The ways of being in relationship with someone who is no longer present has changed, and the activated thoughts are they cannot imagine a life without them, but they still cling to the images of the person. By connecting a person to their imaginal life, the heart, mind, and soul is attended to which transforms their experience from a denied place of pain into the recognized parts of themselves that can move out of the deep wounding.

Conclusion

The concepts presented in this chapter show the relationship between grief and ambivalence. During loss, a disruption occurs that affects the physical and emotional state of a person both at the conscious and unconscious level. A person may become emotionally incapacitated by grief. Making decisions during this stressful state of confusion, despair, and hopelessness is unfavorable because of the counterfactual thinking that occurs because grief is an
unwelcome event, and the disappointment a person feels influences their outlook and actions. As a result of the trauma, a person’s level of distress depends on their willingness to confront their thoughts and attend to their emotions.

Grief induces a visceral response that creates somatic symptoms. These reactions are bivariate because emotions are influenced by the perception of the external experience, but reactions to the uncomfortable feelings are modulated by the brain. A person’s thought processes influence the way they consciously experience grief, and their patterns of thinking can become distorted which causes them to get stuck in the pain of loss. In cognitive therapy, the focus is on changing ineffective thinking about how sorrow and the death of loved ones is an unmanageable task. Grief models are an attempt to describe the process a person goes through as they experience the trauma of loss and relinquishing bonds with the deceased. Society and culture play a role in normalizing and controlling grief by attending to the difficulties of embracing or refuting the pain with ritualized practices. The soul or psyche is where grief lives. When unacknowledged, it leads to complicated grief, depression, and other ailments. The use of myths, symbols and archetypes help a person make sense of their loss and sorrow. The use of fictional characters, who represent real life experiences, are used to help people make connections to their own experience and by doing so, they recognize their thoughts are images that can be put into a new script or change the role they personify.
The story can be rewritten in a way that is digestible. In this manner, a person takes notice that the energy of grief comes from outside of their conscious experience, and the experience of making sense of loss is influenced by patterns from the subconscious realm.

The perspectives in these fields of psychology described above: Biological, Cognitive Behavioral, Psychoanalytical, Sociocultural, and Imaginal Approaches, offer explanations for the experience of loss and prescribe methods for treating grief. The consensus is that grief is overwhelming and has the potential to become a psychic and physical crisis. The various perspectives between these disciplines demonstrate that there are numerous ways to influence positive outcomes to help a person reduce the tension of grief by reducing emotional reactions and incorporating these responses into the conscious and unconscious life of the person.

Each theory offers insight in how to work with bereaved individuals. In alignment with the concepts and principles taught at Meridian, the use of imaginal approaches in coaching is explored in Chapter Four. The application of myth is used to compare the client of the study to a mythological story about Eris and her children. The gods, goddesses, symbols, archetypes and spirits are described to show how the human experience is an ambivalent process.
CHAPTER 3

PROGRESSION OF THE COACHING

The Beginning

The Coaching was centered on the client, Nancy, who had requested my help because she learned I was studying psychology. Nancy had been grieving over the issues around her son’s addiction and his living with her. I offered her the opportunity to participate in the coaching study as a means of providing her resources and guidance as she navigated these issues. Nancy expressed an eagerness about the topic and accepted the invitation to be the subject of this Clinical Case Study.

The first conversation was a phone session where I explained the context of the research study, her involvement and my role. I informed her there would not be any fees associated with her participation. I clarified that coaching would be the approach for our sessions, and that my work was not clinical counseling or psychotherapy. Nancy appeared ready to participate, and at this point had not expressed concerns about the format, approach, or location for meeting. I asked her what she would like to gain from her participation. Nancy stated, “my hope is to develop autonomy and better self-care.” I asked her if she could elaborate on what this meant for her. Nancy responded that “autonomy” meant she wanted to live alone without her son as one of her initial goals, and “self-care was losing weight and setting boundaries.” During that phone call we set our next meeting for the following week.
Nancy requested a more informal meeting for our first in person coaching session. I agreed, seeing this as a safe way for her to get to know me, and for me to observe her in an environment where she felt comfortable. She inquired again about my interest in the topic. I shared that I knew several single mothers in similar situations and reassured her that I understood her circumstances. I told her I was also a single mom, and my adult son was living at home as well. Upon hearing that there were other mothers in the same situation, she seemed to relax her body a bit and the conversation began to flow a bit more smoothly. She expressed that it felt good to know she was not alone and comforted by the idea that I might be able to help her. She was particularly interested in learning strategies to deal with the judgment she felt from friends, family, and society.

That first day when Nancy arrived, her demeanor was pleasant and somewhat friendly. Even though she was smiling, her body language gave the impression that she was nervous. I noticed that Nancy was overweight and walking with a limp. When I greeted her, she seemed to be out of breath, and it took her a moment to speak. It was obvious sitting was difficult for her because she shifted back and forth from one hip to the next. It was evident she was in physical pain.

After Nancy seemed to settle in a bit, the next thing we discussed was her consent, confidentiality, and her role in the study. Nancy confirmed she understood the purpose of us working together.
She asked questions about who would read the study as she was needing reassurance that her story would remain confidential. After outlining the process, Nancy gave her consent and signed the form.

As we continued the conversation, Nancy indicated she was depressed and believed that it came from her son living with her because she felt like she had no privacy or space of her own. Her perspective was that her son was immature for his age. She was afraid he would never separate from her. Nancy was tired of parenting him, but she was convinced he would not survive without her oversight. Nancy also indicated she felt stuck financially. She did not believe she could afford to get a larger home to accommodate the two of them living together where she would have a place to retreat to when she needed space from him.

It was at this point in time that Nancy initially told me she wanted her son to live independently in his own dwelling. However, after a few meetings, she mentioned that if they moved into a larger house together it would keep him from leaving home. In her eyes, this meant she would be able to keep tabs on his drinking. Over the course of our meetings, she continually went back and forth between wanting him to go and at the same time wanted him to stay. Nancy told me she did not trust that he could manage a budget or afford a place of his own. She has been financially responsible for him for most of his young adult life. Nancy believed she made attempts to help him focus on career goals and moving out, but she felt unsuccessful in her efforts.
The second time we met, which was two weeks later, Nancy shared concerns about her inability to set boundaries with her son. She admitted she felt like a failure as a mother and woman. She knew she probably should do something about him living with her and his low motivation. However, she indicated that she had stepped back from telling him what to do to prevent fights between them. She believed withholding how she felt was better than honesty because telling him the truth had not served her well. Nancy did not think he would listen to her anyway and that their hostile dynamic would escalate. She proceeded to tell me that conflicts between them occurred frequently and escalated anytime she tried to discuss her concerns about his drug and alcohol use or mismanagement of money. She seemed angry with herself and him. Nancy believed this was her time to be living her own life, not parenting an adult child. It was evident that Nancy was conflicted about what she should do about her son. However, she was not able to be more decisive with her desire and ask him to leave.

As we continued to talk, she stated she was ignoring her own needs, denying her desires, and hurting herself emotionally and physically by receding to a place of complacency. Nancy wanted to be assertive with her son but did not believe she was capable. She seemed to realize it was time to start taking care of herself and living her own life. However, she felt trapped and was too fearful that her son would not ever become responsible and healthy enough to leave. After telling me she felt like she had neglected herself, she went back to talking about her son. Nancy informed me her son had a near death episode three years ago.
Upon the advice of the emergency room physician treating his condition, she began planning for his funeral because the doctor told her that her son was not going to survive. She said his hospitalization was due to liver failure from his alcohol abuse. Nancy told me that she has reached breaking point with this situation and was physically and emotionally exhausted. She worried constantly about him and his addiction problems have prevented her from taking care of her own physical and mental health.

Nancy proceeded to tell me that she controls her son’s money, so he does not have the ability to buy alcohol. She told me she is tired of fighting with him about his alcoholism and his unemployment. At this point, Nancy seemed open to the idea of developing a plan that would result in her not supporting him anymore. Even though Nancy agreed it would be good for her to take a step back, she was too afraid to let go. This was where her ambivalence became evident. Nancy saw that there was a problem, and she was torn about acting on resolving it. On the one hand, she was focused on the immediacy of her desire to transform her life and take better care of herself. On the other hand, she was afraid if she followed through with cutting the cord he would not survive without her help. Ultimately, Nancy was afraid he would die.

Nancy also told me she was overeating and gambling. She described these “as pleasant indulgences, an escape” and even went as far to defend them as gratifications she deserved to enjoy. I sensed that Nancy was not ready to identify these destructive behaviors as addictions. The impression she gave was that she approved of what she was doing even though she admitted they were not healthy
behaviors. She would say “I enjoy eating, but I use food to punish myself.” Nancy justified over eating as being a safer vice than drugs or alcohol. She told me she recognized this was creating health problems for her and was embarrassed by her obesity. Interestingly, even though Nancy did not remain focused on other goals she set, she was consistent with her desire to lose weight.

During that session, Nancy admitted her gambling had caused her problems. I used her disclosure about gambling as an opportunity to take a risk to discuss with her the possibility that gambling might be a problem. This inquiry prompted her to inform me that she had a grip on it and it really was just about being around people. She justified going to the casino because it was the only social outlet she had after her husband died. At that point, I sensed this was not something she wanted to talk about. Nancy was quick to tell me that she limited the dollar amount she would take to the casino, and now she left her debit and credit cards at home. She indicated it was serving a purpose for her, but that she did not go as often. Her point of view was that since she did not spend money frivolously on clothes, cigarettes, booze, and vacations, she could indulge in this “guilty pleasure.” However, she had already admitted that as a result of this activity, a few years earlier, she lost her home and filed bankruptcy. She did not identify with the notion that gambling might still be a problem for her.

Nancy was all over the place, and even though I sensed I needed to move slowly because I was noticing resistance, she quickly shifted from one issue to the next.
Her jumping around increased the pace and shortened the amount of time that was spent on each problem she discussed. In hindsight, this was indicative of ambivalent behavior.

The next time we met, I noticed that Nancy seemed angry because of how tensely she sat, and she appeared agitated even though she “said hello with a smile.” I asked about her week and she proceeded to tell me she had a fight with her son the night before about the television remote and her having to cook dinner. As she was speaking to me, she stopped herself, and tried to deflect attention away from her story by asking me about my week. I told her I appreciated her asking, that I was doing well, but I wanted to hear about what happened. As she went back to her story, her vulnerability melted away her smile, the tears began to flow, and her face became flushed. Instead of going back to talking about their fight, she declared the whole problem with their relationship was her fault.

It was visibly noticeable that Nancy was frustrated, and her irritation was building. I acknowledged that I could tell she was upset and asked her if she would like to explore what was coming up for her. Nancy explained that she was thinking about the past and how she handled her husband’s death. She was angry with herself for not paying more attention to her son when his father died. She also shared that she should have keyed into the fact that, at fourteen-years old, he might have had typical teenage problems on top his father dying. She felt she overlooked how losing his father might have been a bigger issue for him than she thought.
Nancy then began to explain her thought process about her son’s behavior during the first year after his father died. She said, “from where she sat, he seemed fine because he was getting good grades, and that was the gauge she used to assess his stability.” She began to tear up again as she recalled that time in her life. Nancy shook her head in disbelief for her assuming he was fine and admitted she checked out on her kids to seek her own life. Her tone was pensive and mournful, and she spoke softly and sighed frequently. She told me she did not seek to offer grief or any other form of counseling for her children, and she did not seek therapy for herself. In a self-accusatory manner, she indicated she felt shame and guilt for her inability to mother her children after her husband’s death.

It was interesting to see her express denial and acceptance of her situation simultaneously.

As she continued to talk about what happened, her voice became elevated as she reflected on the past and described how frustrated she was that she felt forced to ignore her own grief. Her tone was somewhat snappy in the way that she said “I used all of my energy to manage my emotions, so I could provide for the family. When was I going to find time to get help for myself, or even be able to notice he was in trouble?” After this brief moment of expression, her affect changed back to a more reserved state. This struck me at the time because I could tell she was mad based on the way she blurted out what she had just told me, but the way she composed herself gave the impression that she did not feel comfortable telling me what she had said. I observed what seemed to be her drifting into her thoughts of guilt. As I attempted to probe into what she was
thinking about, again, she was eager to change the subject. This was another moment where I saw a discrepancy with her story and fear about expressing her feelings.

This seemed like a good opportunity for Nancy to practice being assertive. So, I guided her back to the conversation about the fight she had with her son over the issue of who was going to control the television remote. Nancy told me she had been frustrated for a long time about not being able to watch her favorite programs, and in her eyes, her son was dictating what they watched. We strategized on how she could approach the situation in a way that would not turn into a heated argument. The plan we came up with was that she would ask him what his favorite shows were, and share with him what hers were, to see if there were shows they both liked. Nancy decided this would be a good way to start the conversation because it would give them both an opportunity to say what they wanted.

The next time I saw Nancy I asked her how the conversation went with her son. She expressed how happy she was that it had gone well. She said she got the courage up to tell him she would like to have the TV remote on certain days and times and reached a compromise on what shows they would watch. She told me she even took the conversation a step further that night to talk him about expectations around who prepared meals. She expressed to him she was often tired after work and asked how he felt about cooking one or two times a week even if it was a simple can of soup and sandwiches. She was glad she brought it up because he agreed to do it. This was a win-win for them both, and it led me to
think that her success would open the door to try implementing new ways to communicate and take care of herself.

The fourth time we met, Nancy began avoiding talking about how to heal her heart from losing her husband and her concerns about her son. It was likely she feared coming undone, and this was not something she was willing to do or let happen during our coaching together. Nancy was unable to acknowledge how emotionally dependent she was on her son. She began to shift from wanting intervention when it came to him.

Our conversations were no longer about their relationship, but other problems she was having. Sometimes she talked about her mother and sisters. Other times she talked about secretly seeing her boyfriend. She even started to talk favorably about gambling. She claimed that gambling was acceptable because no one knew her at the casino anyway and it was where she felt alive and connected. She also believed that her sneaking away with the boyfriend on the weekends validated her needs as a “grown woman” and made her feel she was still loved and attractive. Her justification for these escapes was that they kept her from losing it and offered her relief from her depression. Ultimately, the sessions became attempts on her part to convince me that what she was doing was a cure for her feelings of loneliness.

When Nancy would tell me about her activities, I believe I did my best to let her know that I understood. I would mention that I was concerned and even gently suggested that hanging onto the pseudo boyfriend was keeping her tied to a part of her life that held consequences for her son. At one point, I even tried to tell
her that when we stay in relationships that are not exactly what we hope or desire, we are preventing ourselves from being able to find and form connections with a better suited partner who will commit to us. I wanted to speak about my concerns from a collective sense, so they did not come across like I was shaking my finger at her. Even though I wanted to point blank tell her she was making bad choices, I held back. However, on the inside I was concerned that she was in trouble. Part of me was surprised that she was letting me into this secret life she was living. I felt the need to be careful with how I responded to her which made it hard to find the right words to say that I was worried about her without coming across as judgmental.

### Planning the Coaching

After our first interaction and phone meeting, I began to strategize and prioritize the relevant issues to approach Nancy with. I already had possible ideas surfacing and discovered multiple options for sessions. Because Nancy had expressed concerns that she had little control of the outcomes of her life, I wanted her to feel empowered, so I included her in this process.¹

Nancy and I then discussed appropriate strategies for our work together. The techniques introduced to her were goal setting, education, journaling, and expressive arts. Even though she had never tried these activities before, she was open to them.

Another area that appeared relevant to her situation was an expression of co-dependency and enabling issues that were not initially considered when I selected the CCS topic. Concerns about her and her son’s addictions came up that
I believed would be important to approach with her. So, I searched for information on this subject.

I briefly told her there were many books written about the topic “Failure to Launch,” and that I would share these books and other tools to help her. Sharing my intentions and offering her resources seemed to peak her interest about the subject matter even more. I was cognizant of the possibility of counter-transference due to the similarity of our living situations since we were both living with our adult sons. I took great care to continue to keep her centered on her own process.

Since Nancy indicated she wanted to find her voice to reclaim herself, and make it clear to her son that she was no longer going to support him, I helped her strategize how she might be able to do this and to feel like he heard her. My input was to offer her a means of self-inquiry, and created an activity similar to ones used in the book *Taming Your Inner Gremlin.* This book was modeled after CBT, but I modified the structure where the focus was more about identifying the problem and not having her focus as much into what caused the emotions, but the facts about what happened, how she responded, and how she wanted to respond in the future. This seemed like a good strategy to limit the amount of time spent on looking at aspects of her crisis in a way that would be considered therapy.

I believed education would help Nancy develop a greater understanding about her son and his needs. I prepared materials to teach her about emerging adulthood, parenting adult children who live at home, co-dependency, and addiction. At the time, I was pleased with the tools and resources I discovered
and shared. For example, I found poems and stories to read to her to prompt her to identify their relevancy to her own desire to manifest change. I also continued to find and introduce resources for counseling and support groups. I provided her with a tool kit to use during our sessions that included a workbook specific to parenting adult children, a journal, and a few art supplies.

I also gave her a box with 50 transparent blue marbles. I chose the number based on her age. My suggestion was she use the marbles to validate the accomplishment of one goal she achieved or as visual symbols of what she was able to see as positive in her past, present, and future. I also suggested she determine for herself what the best use of the rocks would be. She chose to use the marbles for her goal of losing 50 pounds and said, “I will put one marble into a jar for every pound that I lose.”

To help her with her feelings of low self-esteem, I also provided her daily affirmations, and blank cards to create her own positive messages. We decided she would bring the tool kit to our meetings. We also agreed homework would be a good way to accomplish more from our sessions due to our short bi-weekly meetings.

She chose the chapters in the workbook *Setting Boundaries with Your Adult Children* that she determined were most relevant to her relationship with her son. She used the journal to process her feelings, track her progress, and set goals. She also used it to write letters to herself and to her husband and father to tell them how angry she was at them for leaving her alone.
Nancy seemed touched by me giving her these tools because she smiled a little, but also seemed on the verge of tears. She shared it was rare that someone did thoughtful things for her or gave her gifts. She told me she was excited about the book and skimmed through it while we were sitting there together. I sat quietly as she looked at the chapters. She then told me she thought this book would be helpful to her and that she looked forward to reading it.

After each meeting, I contemplated how to best address the layers of Nancy’s concerns. I was already researching the topic “Failure to Launch” and the effect on mothers and their adult children who were still living at home. Since this was a focus of the study, and she indicated it was important for her to change the dynamic and role she was playing, I planned an educational session on Erikson’s stages of development. I found a resource that described the application of Erikson’s Stages of Development relative to mental health recovery to guide my teachings. She said this session helped her gain a newfound understanding of her son’s development.

From my perspective, goal setting seemed the best way to include Nancy in the process of the study, and it seemed like a safer strategy to get her to take responsibility for herself and develop self-reliance and build resiliency. Initially, this approach seemed to work, and it opened the door to use handouts and encouraged her to be self-directive. Based on what she chose to work on from week to week, I would develop activities that were in alignment with her goals.
One area of focus for her was learning ways to talk with her son that would prevent conflicts from escalating. We practiced strategies to help her feel confident to communicate in assertive ways with him.

**The Coaching Journey**

The Coaching sessions started out with Nancy being open to exploring the dynamics with her adult son who was still living at home with her. However, during subsequent sessions, she often shifted focus away from talking about him, and turned attention to herself. Nancy would begin to tear up as she talked about her husband dying. Nancy proceeded to describe that his death was when everything in her life went downhill.

She told me she shortly after his passing, she fell into a depression and checked out as a parent because she was so distraught. She said, “You know, he was my best friend, and was my first true love.” As quickly as the tears trickled down her face, she began searching for a tissue. As I watched her, I got the impression she was uncomfortable with shedding tears in front of me. She began to fidget and laugh and told me how silly she felt for crying. I wanted Nancy to know that her tears were valid, so I told her that her sadness seemed reasonable because he was so special to her. I explained that recalling painful times and even happy memories can trigger stored feelings of sorrow.

I tried to reassure her that even though she felt it was too long ago for her to feel sad, it seemed plausible she was possibly still processing her losses. I mentioned to her that perhaps because I was the first person she was being open
with about what her pain looked like back then, it was possible that she was still sad. She seemed to consider what I said because she sat quietly for a moment.

After Nancy heard this, I noticed her take small breath, and as she started to talk, I saw tension beginning to build again. Her voice trembled as she told me how angry she was that her life was so hard and that her son was making everything worse. I asked her how was he doing that? She described how he was drinking too much, was unemployed, and made her worry. Then, she stopped herself, she said “it really is my fault that he is this way.” I asked her to tell me more. She went back to telling me about how she disengaged as a parent. She blamed herself for not noticing his pain over losing his father. At that point in our session, it was almost time for us to close, so I told her I thought this was a good place to stop. I suggested she write in her journal about what we had discussed.

It became a pattern during our conversations for Nancy beat herself up for her mistakes, then she shifted back to telling me she resented her son for being so difficult because of his alcohol abuse. It was evident she was very worried about him, but also frustrated and angry at him. She vacillated between shame about her failures as a mother, and bitterness for the losses she had experienced and the hardship it created in her life.

One thing was sure, Nancy was conflicted about considering her primary concern should be her health; because she felt she should be responsible to support her son. She seemed to believe that if her son moved out it would solve all her problems, but, at the same time, she told me it would make her feel
guilty like she had abandoned him for a second time. Nancy believed that her lack of self-care was because she had to take care of him. She then blamed her son for the way she was neglecting her health. Nancy seemed to be on the fence about whether she should claim her need for privacy and harmony in her home. She seemed adamant about no longer being willing to sacrifice her emotional wellbeing for her children and continuing to overlook her desires to find love for their sake, but she was unable to act on what she desired.

Nancy seemed angry at her children because she had put them ahead of herself for too long. This is when Nancy begins to shift blame onto her children for her stress. She told me they were sucking the life out of her and that she was tired of them needing so much from her. When she talked, the inflection in her voice rarely changed tone, but I noticed when her breathing would become shallow, she would hold her breath. I gauged her increased level of stress and noted how she controlled expressing her emotions by her breathing.

During our conversations, her expressed desire to make changes and motivation to do so did not coincide with her story or actions. Nancy initially described herself as a mother who abandoned her children’s needs after their father died. After she told me this, she got quiet, and I sensed she drifted back to what it felt like when her husband died. I could tell she felt guilty as she described how she would go to bars and drink, then she discovered Thunder Valley Casino which became her solace and social outlet. She quickly said, “I had to do something to be around people. Otherwise, I would have sat around crying all the
have seen the warning signs that her son was not coping well.

As I got to know Nancy, I began to see the discrepancy between what she told me about how she supported her children when their father died, and the actual way she was coping. I sensed that she needed to cover up her guilt about the way she, “checked out as a mom.” However, at the same time, Nancy told me how she had betrayed herself by putting her children before herself. She felt that by doing that it caused her to miss out on finding love and enjoying life. Her perspective was not consistent with what she originally told me about retreating into her own pain and ignoring her children after her husband’s passing. She originally portrayed herself as the one who had betrayed them.

The second time Nancy and I met, one of the first elements we explored, were the layers of issues between her and her son. As she described their relationship, she was weepy, but stoic. This was the first indicator that she was ambivalent about showing grief. I noticed that she was struggling, and something was manifesting around the subject over losing her husband and father. This hinted that her sorrow was not resolved, however, she would not go too far into depth or would retract her words and pull her emotions back. Nancy seemed to be in denial that she was still mourning their deaths. Another reason I sensed she was in denial was the way she kept a tight grip on her tears.

There were moments in our sessions, when Nancy would lightly laugh and say how silly it seemed to be so emotional; because she felt she had dealt with her pain. She stated she had a good marriage and that was why she felt robbed of
her happiness when he died, but that she was over it now. However, this did not appear to be the case based on how frequently she mentioned his passing and how often she shed tears.

During one of our meetings, Nancy briefly told me that her relationship with her mother was distant. She said they had never been close, and her father was the only person in her family of origin who she felt loved her and accepted her without casting judgment. Nancy seemed sad as she talked about the way she felt her mother judged her for not having the money she once had when her husband was alive. She also felt like her mother liked her sisters better than her. Nancy told me when she asked her mother for help, she felt unsupported and was even scolded by her for asking.

Losing her father and husband was extra challenging for Nancy when it came to her relationship with her mother because it made her feel even more lonely and reinforced the feeling that she was an outcast in her family. According to Nancy, her husband and father both had been her personal allies within the family unit, and she did not see her mother as a supportive resource or as ever being on her side.

As I recalled Nancy’s journey, my assessment is that her ambivalence kept her stuck, and she remained in a hyper-aroused state that often presented as anger and confusion. During these moments of expression, I would wait quietly to see what she would say or do next. Sometimes, to hold back her tears, she would turn to humor and chuckle in a dismissive manner and say, “Gosh, their deaths were a long time ago, I should be over it all by now.” Whenever Nancy made
comments like this, it prompted me to point out that she appeared to be minimizing her feelings. Since she appeared to be disconnected from her grief, I would let her know that what I witnessed was deep sadness and validated that it seemed like a reasonable response to the losses she had experienced. After I attempted to normalize her pain, Nancy would take deep breaths.

When Nancy would talk about her son, I would use that as an opportunity to guide conversations to help her identify what she wanted to happen with him. In the beginning, it was somewhat easy to gather detailed explanations about her primary concerns about her son. She told me about his drug and alcohol use and how she wanted him to get help. However, as time passed, anytime the topic of her son came up, she would pull back. If she happened to cry, she would compose herself and change the subject. Most of the time, her body language and verbal communication did not match.

After the first few sessions, Nancy started to imply she had given up on her son, but this was inconsistent with her outward expression of sadness. She shifted away from her concern about wanting him to get help. After the third time we met, I noticed more signs of her ambivalence towards her son, but her resistance to talk about their dynamics was stronger the last two times we met. During those final sessions, I sensed that Nancy’s desire and beliefs were incongruent because she could not bear the thought of a tear in their relationship. It became evident that the mere mention of his leaving was a trigger for her, so she started to avoid the subject and shrug off the possibility that it was in both of their interests for him to go.
As much as Nancy became resistant to talking about her son, she tended to direct conversations away from talking about her husband’s death, her gambling and family conflicts. She would change the subject back to her son. As I reflected on what was going on with Nancy, it seemed like she used him as a shield to deflect attention away from herself. At the time, I sensed that her problems with addictions might be just as significant as his. It was as if her strategy was to talk about him to keep from talking about herself. It was evident that she wanted to hide from the shame of her addictions because she was curt in how she mentioned them. Talking about her addictions was only mentioned in passing, and I could tell she did not want to explore the subject.

I sensed she was uncomfortable telling me about her private life because when she did her facial expression changed and she stopped making eye contact. Additionally, she would tense her body, and her vocal tone became terse which was different from the monotone way she typically spoke. When it came to trying to develop or enact an action plan, she quickly changed the subject away from talking about specifics around personal coping strategies, to telling me how mad her son’s drug use made her. My observation was that she felt embarrassed when telling me about gambling and overeating and tried to cover this up by talking about her embarrassment about how her son was a failure.

Since my role with Nancy was a coach, it was difficult to address her emotions and what I perceived as risk factors in her life. Even though I trusted I would respond to her appropriately, it was not a therapeutic client relationship. I felt like I had to dance around her emotional state in order to not overstep the role
as coach, while still trying to balance attending to her emotions without crossing the line into therapy. This was not an easy task because my natural tendency was to offer her solace from the empathetic stance of a counselor’s chair. In my mind, a coach would not enter the emotional arena in a way that would evoke reflexivity in the same way that a psychotherapist would. I never ignored her emotions or closed the door to expressing them, but I did find it hard to balance holding space for her to express and not take off the coaching hat to become a therapist when that would happen.

It was an ongoing back and forth process about what issues Nancy would decide to either ignore in one conversation or acknowledge as problematic the next. Her continual self-bargaining and justifying why she could dabble in high risk behavior was ongoing. I sensed that discussing my concerns about her gambling and the relationship with her boyfriend were off limits because before she told me about the circumstances, she prefaced her disclosure, by saying she would not give either of them up. I knew I had to be honest with her, but I was afraid it would push her further into denial about how this affected her emotionally. I had to tread lightly with addressing concerns about her son too because she began to defend him and make justifications for his lack of motivation, his pot smoking, and verbal outbursts when he was angry with her.

During the coaching meetings, I shifted the focus with her, but in my head, the topic had not changed. I still considered the topic to be “Failure to Launch” and tried to steer back to this subject, not only for the sake of the study, but because this is what Nancy indicated was important to her as well. As I
evaluated my experience with Nancy, I see why she was not able to face the possibility of her son leaving, and I did not recognize that grief was a much bigger issue. As we explored the relationship with her son, I was focused on helping her achieve her original and distinct end goal for him to move out. The problem was that I unknowingly prepared myself for aligning her with the topic of the research because I thought this would help her. In hindsight, I recognize I lost the opportunity to address what truly emerged for her which might have helped her attend to her unacknowledged grief.

I attributed her guardedness, in part, to the impersonal aspect of not being face to face for each session. This was also my first recognition of her trepidations. However, there was also a sense of urgency, on her part, to disclose her frustrations about her son. In some sessions, she would immediately outpour her feelings and then she seemed to have a knee jerk response and quickly retract them by composing herself. I wondered if her stoicism was because she viewed showing emotions was a sign of weakness. I would pause and remain silent to give Nancy time to process what she was thinking because I wanted to give her a chance to express herself.

I was able to unveil a few aspects of the issues to address as the coaching progressed. At one point, Nancy said she had to break up with her boyfriend because he was drinking with her son, but later disclosed she was secretly still seeing him. She expressed shame for continuing to see him but was definitive that he was the one thing in her life that made her physically feel good because he accepted her despite her appearance. I intuited that this would have
been another loss for her to deal with and the pain of another man leaving her would be more than she could handle.

In the best interest of Nancy, and because I was not a therapist, I assessed the situation and recognized that referring her to a psychotherapist or a counselor was necessary for me to not blur the lines of my role as a coach. However, the reality was she was already hinting that she was in crisis. I could not ignore what arose, so I reminded her I was not a therapist, but that I was concerned about her. I told her I could see how hard it must have been for her. I asked her if she was interested in finding a therapist. She said she was but could not afford a counselor, so I gave her a referral to *Windows of Hope Counseling Center* and told her it was near her home and informed her that they had sliding scale fees. We discussed her employer resources and health insurance plans as options, however, she did not want to use anything related to her benefits. I mentioned these possibilities for her based on her concerns about affordability. She told me she was afraid her employer would find out. I did not want to appear pushy about accessing mental health but indicated what concerns could be better addressed in a therapeutic setting or with a mental health provider who specialized in grief counseling, and drug or alcohol treatment.

Nancy took the counseling resources I provided her. The next time we met, I asked her if she was able to explore the agencies. She said she had taken it for her son not herself and laid it on the counter for him to look at. When I asked whether he seemed open to talking about going to counseling, she informed me they did not have a conversation. She said she thought it was going to be more
beneficial to him, if he found the paperwork on his own, so it didn’t look like she was forcing the idea on him. I recall thinking it would have been better if she had been able to share the information, but I also understood how she was hesitant to do so because he seemed to resist any input, she tried to give him about how to help himself. The last few times we met, after we discussed her accessing therapy, the conversations became less focused on her son, and very focused on her mother’s health. She kept circling back to how she was afraid her sisters were taking advantage of their mother for her money. She reminisced over how good life had been before her dad died.

The second to last time we met, I quickly realized something was very wrong with Nancy. She was breathing heavy and talking rapidly. When I asked her what had happened, she said it had been a rough week. She told me her mother had been drinking and took a fall. I could see she was visibly upset about the crises around her mother falling and being hospitalized. We spent most of our time together talking about her anger at her sisters and the alcoholism in her family. I felt like we had begun to scratch the surface of the root of Nancy’s issues. I did my best to comfort her and most of that session was focused on her need to express her feelings. After about 40 minutes, I made her aware of the time because I knew she would want to compose herself before she had to go back to work. I asked her if I could follow up with her the next day, and she said that would be ok. So, I did call her to see if she were calmer or in the same level of distress. Nancy told me she didn’t have time to talk, but that she was feeling better. A week later she called and asked if we could set a time to meet sooner, so
I said yes. I greeted Nancy and she seemed more at ease than the time I saw her last. I did a check-in with her about her mom, and she said that she was even madder about that because her sister decided she was going to apply to be her mother’s caregiver. Nancy felt this was a bad idea considering how her sister was aware her mother was drinking at the time when she fell. Nancy was upset that her sister was not concerned that drinking was a safety issue for their mother. I validated her, saying I understood why this was concerning to her. She told me that she felt powerless to do anything to help because she was not on good terms with her mother. I did ask her to try to have an imaginal conversation about what she would say to her mom and sisters, and she gave it a good attempt. I asked her if she thought she could try to have a real conversation with her mother and sister, and she said she would try. I encouraged her to do so.

As we closed that conversation, she told me that she had made the decision that proceeding with the study was not going to work for her. I asked her why, and she told me it was because of work and that she thought her talking about everything was making her life more stressful. She indicated that her mother’s incident was taking so much energy outside of work that even thinking about it was upsetting, let alone try to talk about. I asked her if she would be willing to go home and think about her decision to make sure it was what she wanted to do. She told me she would, and we kept our next appointment scheduled on the calendar.

That last day Nancy came in with what seemed like a pep in her step. I sensed something positive had happened and that she had good news to share
about her mother or son. I asked her how things were going, and she said great. I asked what had shifted. She told me that her son and her had a long talk and that it was the first conversation in a long time that did not turn into an argument. The only specific thing she shared was that they had come up with a great solution to their living situation. She said they decided they could help each other financially by sharing the cost of getting a bigger home. She thought this way they would have more privacy and that would solve their problems and reduce their tensions. Nancy said she did not want to elaborate because she had a short lunch break. She said she had only come to tell me goodbye and that she was certain she did not want to proceed with the study. I said that I appreciated her giving it consideration.

On that last day, I wanted to acknowledge the strides I had observed with Nancy. I took few moments to provide her positive feedback for taking risks by having difficult conversations with her son and sisters. I encouraged her to keep practicing asking for what she needed and, if she was inclined, to keep writing in the journal. I also told her that if she needed to contact me that she could. I reminded her about resources for Al-anon, Alcoholics Anonymous, and Windows of Hope in case she discovered she needed support. I thanked her for her openness and all the time she had taken to meet with me. I wished her well, and she said goodbye and left. After she was gone, I sat down and I could tell I felt a sense of shock and sadness. I gathered my things and headed to my car. I continued to replay what happened. Essentially, I internalized that it was my fault
that the sessions ended prematurely and felt a sense of panic about what I was going to do now as far as the study.

**Legal and Ethical Issues**

Ethically speaking, one might question if Nancy was an appropriate candidate for coaching, and some professionals in the field of psychology might question my level of experience. Their evaluation of my skills might suggest I was not qualified enough to manage Nancy’s multi-faceted problems: addiction, co-dependency, and delayed manifestations of grief.

Consideration should also be given to whether being supervised in a clinical setting might have served the client better because of the depth of her grief and the circumstances around familial addiction. There was also the issue that Nancy seemed to be in a state of crisis. In the eyes of the therapeutic community, coaching might not be perceived as an appropriate forum to handle critical matters related to grief, substance abuse, enabling, and depression. While I feel there was nothing unprofessional about the coaching techniques and the approach used with the client, ethically speaking it might have been in Nancy’s best interest to be in a more structured counseling environment.

Upon evaluation of our meeting spaces, they may not have been private enough, or the consistency of location may have impeded the structure of the work and her openness. The sanctuary she needed to optimally feel safe might have been better attained if we had an office as well as having one set meeting place that did not change. Even though she was agreeable and chose the setting,
there were times I questioned if it was an appropriate venue. I do not think that is why she quit, but I do believe it had a bearing on her ability to fully focus and become immersed in the work.

Another area that was challenging was that since the topic was directly related to my own life, I questioned whether I was able to remain unbiased. Projection and countertransference were relative concerns because the topic was so close to my own life experience as a mother. Unknowingly, I may have imposed my own ideas onto her by being so sure that I understood her situation because I too had an adult son living at home.

There was also the issue of the client believing she was a co-collaborator and consultant on the project instead of a participant. On the last day we met, Nancy told me she believed she was participating so she could be a consultant. I wondered whether the contract and terms of the study were unclear in her eyes. This may have been problematic due to the possibility that the way the guidelines were presented might have confused her, and as such, her interpretation of the role she would have was inaccurate. From my point of view, Nancy’s misunderstanding about her role is an ethical concern because it reflects that I might not have been grounded in how I portrayed myself as a coach or provided her the assurance she needed to feel confident in my skills. Her conclusion about the study removes her from the position of being the client which might mean she was under the impression that she was only there for my benefit and not for herself. If Nancy felt that way, it might have been one of the reasons that influenced her decision to leave.
Outcomes

I did not anticipate “Nancy” being betwixt and between about her participation. It was not until I began writing the clinical case paper and gathering more research, that the concept of ambivalence and grief surfaced as topics that were more relevant to Nancy and the outcomes of the coaching. The more I read and wrote, the more evident that it became that the study was not purely about her son being lazy and meandering through life without direction. It was about her not being able to let go of her dependence on him.

Despite efforts to draw the client back to the topic of “Failure to Launch” as identified in the client agreement, she would shift focus away from looking at her relationship with her son even though she stated his problems were the issues and affected her health and happiness. She would cry about how he treated her and tell me she was at breaking point. Then, she would quickly compose herself and change the subject by turning to other problems that she would minimize as such. During the sessions, it became evident there was a bigger picture than her son being the problem in her life. However, Nancy did not appear ready to do more than scratch the surface of her wounding.

This coaching experience initially seemed helpful to Nancy because she was engaged and open with her history and emotions. She originally participated freely in conversation and was inquisitive about ways to help her son. Nancy did say she benefited from the time we spent together and that she appreciated the resources and learning about emerging adulthood because she was able to get a small understanding about her relationship with her son. Nancy asked
if she could keep the book I loaned her because she felt it was helping her, and I told her I was glad she found it useful and could have it. She seemed to feel a source of validation and comfort in learning what might be happening with him, regardless of her shifting the focus away from him. She confirmed that she felt this was a useful experience even though she did not want to continue with coaching.

The client’s distress, depression, and coping strategies concerned me. Due to the nature of Nancy’s issues, I thought it was important to give her resources for to investigate on her own in the hope she would consider seeking private therapy, bereavement groups, and low-no cost counseling for her son. I am aware that seeking outside resources was ultimately up to her. However, I thought it was unlikely she would pursue additional counseling.

During the last few meetings, Nancy’s demeanor towards her son began to change. She was more reticent about talking about her son or outwardly expressing emotions. In fact, her entire outlook had changed from being in a state of despair to being satisfied with the status quo. She told me that she was excited about the two of them continuing to live together because they were getting along and everything was going well. The shift in her was so sudden, I perceived she was in denial because it came across to me as an illusion of joy. Nonetheless, her positivity was encouraging. However, considering just a few days prior, she described the turmoil and chaos that was happening with her son, mother, sisters, and job, I found it hard to imagine that all her conflicts and concerns had resolved in such a short amount of time. It is likely that her
proclamation that life was all better was her avoidance of going below the surface to tackle all the looming issues she could not face. I sensed that her newfound outlook overshadowed the truth of all the concerns she had told me about in the preceding weeks.

I made attempts to redirect her and asked for examples of what had changed. She did not have a clear answer but said that she was getting along better with her son and thought that continuing to work with me would disrupt the peace she felt at home. She told me he got a job and they were planning to move into a larger house together. This was a bit shocking to me, so I took a risk to try to guide her to see whether this new picture coincided with her original goals. I wish I had probed more about my concerns about what might have been a volatile relationship with her son. I wondered if Nancy was afraid to stand up to her son, and if this avoidance was about her being non-confrontational, or him being verbally abusive to her. I sensed that she felt like she had to walk on egg shells around him. However, it was not possible to address this with her because she tended to minimize the impact of the fights they had. I imagine I felt as if I had to walk on egg shells with her which is an example of the countertransference that was occurring.

As I reflected on Nancy’s thought process about us working together, I wondered why she felt like working with me would cause her more turmoil. However, there was no opportunity to ask her because she was adamant about her decision to leave. I wondered if she was starting to feel empowered and this was
creating tension at home, or if she was just unable to do the work, or if it was something I had done.

Nancy did not appear offended by my ongoing attempts to steer her back to the subject of her son. However, I sense that she might have felt like I pushed her into deciding about him to leave home that she was not prepared to make even though I thought I was gently nudging her towards this happening. Nancy was unable to follow through with asking her son to leave home. In fact, she decided it was best for the both that they continue living together. In her eyes, this was a better solution because they could help each other out financially, and she would be able to keep him safe. She seemed excited at the possibility that they would be able to afford a bigger and better home like the fancy house they had before her husband died. The ambivalence about making a change, and seemingly thinking her sorrow had ended, may have represented her denial and bargaining strategies. These behaviors did not open the door for change to emerge and closed the door to us working together.

Nancy and I met in person twelve times over the course of four months. We also had five phone conversations. From my perspective, this was a short amount of time to do much in depth work. About the time I picked up on Nancy’s ambivalence about asking her adult son to leave home because she was fearful of what would happen, and realized she was still grieving over her husband who died ten years earlier, is when she informed me she was not proceeding. I think there was a rich opportunity with Nancy, however, it appeared she was not ready to do the work.
CHAPTER 4
LEARNINGS

Introduction

Transformative learning is an individualized process that involves self-reflection, questioning, and evaluation of perceptions about our lives.¹ Grief is a story, and the process of making meaning of loss requires an individual to change the narrative of their story. A person who is stuck in grief is faced with writing a new chapter where their despair is transformed into hope and optimism as they reconstruct positive meaning. The coaching journey often begins by meeting the client when they are newly captive to grief and imprisoned in the depths of the dark shadows of the soul. According to Cortright, grief is a spiritual emergency that disturbs the balance of the egoic self, and the application of transpersonal psychology to this state brings a person into balance because it brings awareness to the unconscious level that operates in images and symbols and becomes a meeting ground for the universal forces and human psyche.² A grieving person is embarking on a pilgrimage that begins in the heart. They are physically and emotionally called to go into the pain, and along the way they must endure suffering.

The tasks of grief are unique to each individual even though the anguish they experience is similar. Grief is a change agent because the life a person once knew before the loss of a significant relationship is no longer the same. They must find a new identity in the unfamiliar place because they find themselves without the person they love.
Grief is also a window into the Self and represented by the archetype of healer and warrior. It is also symbolic of the archetype of war that is represented as battle with oneself and the culture. For many, it can be the dark night of the soul, and the shadow element of the psyche that one must struggle and fight to the end. Grief is the voice of our inner and outer experience; it is the ears and eyes of what we feel, believe about loss, and envision about our future.

Key Concepts and Major Principles

To recap what was previously introduced, grief is a painful experience that every individual encounters when they lose someone they love or are traumatized by any significant loss, such as a job, a relationship, or when a child moves away. There are two types of grief reactions to loss, one is an emotional response, and the other is a physical one.

The first key concept about grief is that the way a person experiences loss is related to their attachment style. Loss triggers similar feelings to the separation distress that happens during the bonding period between a mother and child. Grief triggers feelings like sadness, anxiety, pain, helplessness, anger, shame, yearning, loneliness, etc. which is similar to the infant who cries out for his mother. When she does not attend to his distress, the infant feels abandoned which is similar to the way a person feels when their loved one dies because the person they formed a bond with is unable to console them and the bereaved individual longs for their return.
The second key concept about grief is that physiological distress and trauma are regulated by the neurological flight or fight system. The brain attempts to regulate the states of disbelief and shock and suppress them which results in somatic symptoms. The principle is that humans are ambivalent about loss and the tasks associated with overcoming grief are innately ambivalent behaviors where a person attempts to avoid the painful emotions associated with loss.

What Happened

Nancy’s story is short because she was extremely guarded and became more ambivalent about disclosing herself as her emotions began to surface. As a result of her trepidation about adhering to the goals she set, and suppressing her emotions, she became more resistant. The information presented about Nancy and what happened during the coaching experience is reflective of ambivalence primarily because of her unacknowledged grief, the relationship with her son, and she back pedaled about participating in the study. She retracted her original statements about the severity of her home life, discounted her son’s addiction and lack of motivation, and quit our coaching process too soon. The evaluation of the client’s work led me to reconsider the topic which resulted in making a transition from “Failure to Launch” to Ambivalent Grief.

The overarching theme observed during the coaching work with Nancy was her fear of losing her son. She quickly shifted her focus and avoided the issues regarding their relationship, and Nancy denied that grief was still alive for her. The client distinctly expressed one attitude about her desire for her son to move out and become an actualized adult which was what originally motivated
her to participate in this study. As time progressed, the focus of the meetings to work toward her goals became muddled and fragmented. The closer we came to reaching her desire to ask him to leave home, the further away from implementing her request she got. The more she began to paint an elusive picture of harmony between them, the less she wanted to be direct and forthright about what she originally told me had happened between them during our early conversations. Even though she identified herself as a mother who was frustrated about parenting a young adult, she was not able to let go of him. She avoided helping him make the crossover to adulthood, so he would become autonomous and more independent.

Nancy was clearly ambivalent about their relationship. As such, she became ambivalent about working on her goals about setting boundaries with him. She appeared to be unable to cut the cord with him which was most noticeable in the way she drifted away from the topic of the study. What seems interesting now, was she symbolically severed the tie between them by creating a new image for their relationship. The thought of them continuing to live together was tolerable to her if they had more space. She told me she saw the picture of them living together would be like they were two roommates. However, it was my impression that by living together with her son, that would allow her to continue her role as the mother, and he would fill the place of the young son who needed her to take care of him. It seemed as if her need to care take of him in this way was because she believed that she had failed him earlier. I did not see the dynamic
of the mother child relationship changing, but it would continue to be played out in a larger house.

My interpretation was that the ending of the work and coaching happened because she could sever the link with me, which was symbolic of what she needed to happen with him. However, from my point of view, the only way she could change her situation with him was to avoid it. I perceived that she ended the coaching because she was not about to tell him to leave. I wonder if when she made the decision to stop coaching, it gave her the feeling that she had acted in the only place where she knew she could. She likely knew if we continued to work together, it would lead to her sticking to her guns so to speak about him leaving home. Based on her resistance to him leaving her, it is possible from where she sat, she felt the only way to prevent that from happening was to cut ties with me. Instead of seeing herself as a threat to their relationship, she saw me as the person who had the potential to destroy what they had.

Nancy’s ambivalence manifested as denial and bargaining. The first thing I considered was how those strategies was her mask of ambivalence. Underneath her happy face, she hid her pain from her friends and family. I recall her telling me when she was around people, she wanted to appear happy. She wanted everyone, including me, to believe that everything was just fine, and that her life was better than it was especially in terms of her son. From my point of view, she felt pressure to give those around her the impression she was stable emotionally and financially. I understand now she was not in touch with her deep suffering and felt the need to hide the anguish she carried from the aftermath of
her husband’s death. She was resistant to look directly at her own dependency on
her son, and even though she had said he was dependent on her, she was hesitant
to work on their interdependent relationship. She was unable to consider that her
son may be afraid to leave her alone if he were to move out. By her inability to
remain open to this possibility, she used denial as a strategy to minimize the
problems she had with their living situation and relationship conflicts.

The second observation was about the possibly that Nancy had
addiction issues and was in denial of it because of the way she was coping with
her son and losses. I was concerned that she was addicted to food and gambling
because she portrayed them as being social outlets and sources of joy. She did not
believe that many elements of her own choices were escalating her stress not
reducing it. As she continued to play up how good she really felt, she started to
deny that her life needed adjustment. In hindsight, this appeared to be an early
indication of her ambivalence. Her resistance to accepting help kept her
embedded in the status quo. Somehow, she was comforted by not changing
anything.

The third reason I considered she was avoiding her problems, was how
she was in denial about her life being in crises and bargained with herself that it
was not that bad. I sensed she was also being secretive with me. She stopped
going into detail about her son and her boyfriend. She would change the subject
about them. She down played going to the casino and her relationship with food.
In fact, according to Nancy, she was on a diet so food was not her vice any
longer.
In her eyes, gambling was not an addiction, it was her source of pleasure and connection to the world. She justified it because in her eyes not going to the casino, meant she would have remained isolated. While I did not accuse her of making poor choices, I did ask her if what she was doing was hurting her in anyway or would lead to problems. Nancy justified why they would not become problems. From her perspective, she believed she could stop gambling anytime she wanted. At one point she even tried to convince me that it was ok to smoke pot with her son because in her eyes it was not as bad as drinking in front of him. I started to notice that the decisions she made was rooted in bargaining with herself which was a red flag to me that indicated she may have a problem with addiction.

Her engagement in an unhealthy sexual relationship was another form of her denial. Her struggle with change showed her deep level of pain and ambivalence. Her internal torture became an outward expression of addiction. Both overeating and gambling appeared to be detrimental defense mechanisms that were clearly affecting her health.

As she digressed from working towards implementing the plans she made, I knew something was amiss, but it did not occur to me at the time to regroup or consider a new subject or topic. From a professional stand point, one could say I did not capture the full essence of the client. This became an issue for me personally because I felt I had failed her, and it made me question if I was the right person for this profession.
I questioned if she thought that she was merely there for the purpose of a research study and not her own coaching. If this were the case, or had I probed more about her grief, I might have seen her departure coming.

I also wonder if my lack of experience and confidence level impeded my ability to be on the leading edge with a client. At the time things seemed to be going well, and it is likely I still would not have had any idea she was going to end her participation. Had I been able to recognize then her denial and bargaining were indications she was ambivalent, I might have known she was on the fence about whether opening the door for me to see what was really happening in her life was a good idea for her. In hindsight, the loss of her husband was not separate and apart from her issues with her son. My missing that her grief was still affecting her might have influenced her decision to leave the coaching process.

**Imaginal Structures**

**How I Was Affected**

One of the biggest ways I was impacted was the fact that the client abruptly terminated her participation. This was not only shocking, but I was ashamed of myself. It made me sad even though I understood her reasons. On some level I felt responsible, and even somewhat helpless because now that she was gone, I would not be able to encourage her to seek help elsewhere. My initial reaction was she was at risk and vulnerable, but I also felt blindsided. However, I felt guilty about being frustrated. We had just begun to scratch the surface of her issues, and I was concerned about her wellbeing and the welfare of her son. I was
somewhat scared about what this would mean for her because I knew she had little support and doubted she would seek intervention. Nancy getting help was not something I could control, but I was genuinely affected in terms of being able to see she had unresolved issues.

As I started to digest the information about her leaving, feelings of anger and betrayal arose inside of me because of the investment I had made to the research topic. I was also afraid that I needed her to be successful with the project. An obvious realization to me now was how her quitting poked at me. Over and over, I heard the Gatekeeper’s voice say, “you blew it.” The reel of this message kept replaying in my head both consciously and unconsciously. I understand now this marked my resistance to writing the capstone paper. At times my own ambivalent tendencies manifested as forms of procrastination and disconnection to the process. My frustrations with myself and my writing held so much power that anger embodied me and impeded my clarity.

Researching and writing the study presented personal challenges as I faced my own close relationship to ambivalent-grief. I became a bit disappointed in myself that Nancy left, and I was equally disgusted to learn that my own life challenges were due to my own ambivalence. I was also resistant to changing the focus because “Emerging Adulthood” felt relevant and alive within me. Initially, the subject of grief and ambivalence frustrated me. It was discouraging to have to reframe my study after the work ended with Nancy. When I began developing the paper, I considered this new topic as a forced shift. My ambivalence began to morph into a subject of agitation toward the study. I no longer felt like the CCS
topic was relevant to me. I became dispassionate because I was so passionate about studying “Failure to Launch,” and I already had done a significant amount of research on this phenomenon.

As a surprise to me, the more I read and studied ambivalence and grief, I recognized it was extremely related to me personally. Even more so than I realized, or even wanted to believe was possible, I was grieving. At first, more anger arose because the more knowledge I gained about the subject matter, the closer it felt to my own life. Emotions of guilt, shame, remorse, embarrassment, longing, and hope for what might have been began to drive me away from the desire to study something that felt too real. However, I was determined to make relevant meaning out of my exploration. Coming to a resolution about the topic of grief was cloudy at first, but once I connected to it personally, and read more studies, it became clearer and solidified.

As I started to look at how I was affected by this study, I became amazed by how tight the Gatekeeper’s grips had on me. She worked hard to keep me from telling my story about my relationship with my son or acknowledging my grief and depression over cancer and job loss. I consider now that part of my avoidance and procrastination, that were so alive and tugging at me for the first three years after completing coursework, was tied to the fear I had about looking back at a time where I felt so dark. I discovered that in terms of writing about either topic, I still would have felt shame and embarrassment over choosing subjects that were so close to home. I began to feel repeatedly that I failed as mother and even as a student. I also felt extreme grief over how harshly I judged
my son for his journey to adulthood. Through writing this study, I discovered I had transferred my shame onto him in the form of anger and humiliation.

As much as I was vested in learning about the generation of young adults who are struggling with a world that seemingly has betrayed them in their eyes. I secretly wished I had chosen a different topic because I felt ashamed as a mother. The gatekeeper cautioned me “be careful what you wish for.” I felt angst and disgust towards myself over how my son’s childhood panned out. I felt utterly responsible and selfish for choosing to be a single mom. Well, my wish came true regarding my trepidation because I ended up writing about grief and ambivalence instead of emerging adulthood. The interesting part of this happening was the new topic was exactly what I needed to learn about myself.

My Imaginal Structures

One structure that I have been trying to unchain for most of my adult life is being “whishy-washy” and a nagging feeling that I am stuck between indecision and intellectual chaos. The message I hear is that I am a “problem child” which is a detriment to myself and others because I am incapable of sorting out mental confusion and am incapable of being decisive. The thoughts are that I am not capable of processing information logically, and this transmutes as someone who lacks clarity with how to manage her life effectively.

Not measuring up, is another structure. I began seeing myself as too incompetent to be rational which are schemas about my instability. As a result of my unsteady state, I imagine I am constantly trying to harness grounded mindfulness and unleash a monster who controls my thoughts that run amuck. I
name this structure the “witch” who is a “crazy woman” who has to fake being normal for fear of being discovered as unstable or too pushy with her own agenda. This structure might be why I was unable to be more direct with Nancy because I did not have the confidence I needed to talk openly without offending her.

Another fear is that I am being an academic fake who puts on a face that she is intellectual and knowledgeable, but who really believes she is not smart. The thoughts that I am not that academically inclined, and even more so, that I do not measure up to experts in the field of psychology because I have not done anything important with my education or my supposed intelligence. The structure is that I am a “bad student” who cannot possibly become an accomplished psychologist. Along the same lines is that I am not a “good employee” who can hold a down a job because I have not used my training to diffuse conflict and fit into the workforce. The concept is that if I were just a “good little soldier,” I would have not ever been terminated or ostracized.

I had self-judgment about being an overachiever who was biting off more than I could chew. Part of me believed that I was a failure and this structure continued to taunt me during the greater part of writing the CCS. I was not confident that my writing was ever going to measure up. I imagined that I did not have a real study with valid research. This fear of incompetence was a barrier and motivator at the same time.

The one who feels sorry for herself who is a victim felt alive during this process. Also, as I began to write about Nancy as a mother, I noticed my own belief of being a bad mother. I held this in the core of my being, and the structure
of being small and less than others ignited awareness of a flame that flickered in my own relationships with family. I was the “fire starter and bad daughter” who went to school and didn’t work, and who had a child she couldn’t support. This structure was about being the irresponsible one who was a baby who couldn’t face the real world. The harsh critic who does not make room for her sorrows or failures as being acceptable or believes they are normal were ongoing messages. I often imagined I was unlovable and ashamed of myself for being an instigator, and the culprit of the problems in my family, and this was also the reason I was single.

Another thought is that I am a warrior who is in battle on the wrong side of the war, and this is the reason my life is in crises. If only I could be on the right side of the battle field, then life would be easier. I see the structure of the instigator or one who causes conflict, who then must become her own punisher to alleviate her guilt for doing the wrong things, at the wrong time, to the wrong person.

Another structure is the problem child, or being a pot stirrer, because I am always fighting against myself and in my eyes considered combative. I see myself as a trouble maker because I seek justice or advocate for what I believe is right and fair. The archetype of being both the judge and jury who is inflexible and too concrete comes up too often because I typically use to much energy trying to prove a point or get others to change their point of view. By being so rigid, and getting caught up in deliberation, I am not perceptive enough to see the bigger
picture of other’s testimony being helpful. I would say that maybe it is
stubbornness, but it is also a warrior who picks the wrong battles.

**The Client’s Imaginal Structures**

Nancy’s structures were unlovable and culpable. She saw herself as a
misfit, and outsider due to being overweight and single. She felt like the
unaccepted one and an outcast in her family and that she was a bad daughter. Her
concept of bad mother and daughter were barriers that affected her ability to work
on the topic because she imagined everything was her fault. In relation to her
son’s drug abuse and depression, she believed had she been more aware after his
father died, he would not have substance abuse issues.

Another structure was how she saw herself as a fake or a fool in
disguise. She believed she had to be deceptive because she imagined if anyone
knew her secrets, she would be found out as a weak loser. If they saw she was
sad, and angry, and had problems, the whole world would be laughing at her for
her façade of giving off the impression of having her life in order.

Her structure about needing to be the superhero because her son’s
father died was prevalent. Shame was another prominent theme about being the
secret keeper and this played into her ability to turn a blind eye to her living
environment and relationship with her son. She activated the structure of the
justifier of wrong doings because somehow her son’s issues were her fault, but on
the other hand she saw his and her life as normal.

Another structure for Nancy, was she was not competent, and this
belief was an ongoing struggle. This translated in how she hid herself from the
world because she believed she was just not worthy of being seen. Since she felt like she was invisible to others, she did not notice she was dismissing her needs. Also, her feeling like she was not accepted for who she really was by her mother is likely why she was fighting to be acknowledged by her. Also, Nancy had the structure of the *lonely one* or a *bad, wild woman* who could indulge in guilty pleasures. These structures supported her avoidance because it appeared she felt like she deserved to be careless and by being indulgent she received the attention that made her feel desired.

**New Learnings About My Imaginal Structures**

One consideration I have about my learnings is that I hold the archetype of warrior and seeker of justice, and it might not be serving me well in the court of life. I think this new insight could be transformed by my learning to create balance between fighting against things I cannot control and choosing when it is the right time to stand up for others or myself. I also learned that it is too exhausting to be in a hyper-vigilant state by trying to solve everything or prove my point. Another realization is that I do have the capacity to navigate the challenges I face without having to fight so hard.

I also understand that I may be overly concerned about not measuring up. One thing I am taking into consideration is that I have had many struggles, and I might not give myself enough credit for what I have done well. I think the concept of “good enough mother” is important to recognize about my own parenting. Maybe, I might have done some things better than others because my
son is thriving, happy, and we have a good relationship that feels positive. I am hard on myself and my own worst critic.

I learned that I have ambivalent tendencies, but I am not stuck in this knowing because I have the capacity to ask myself or someone I trust who can help me see where I am being resistant or if I am using discernment. Understanding the archetypes of bad mother, bad employee, the griever, the immature child, bad daughter, are alive within me and greeting these antagonist and stoic gatekeepers with acceptance instead of resistance are essential to releasing their grips. I have new awareness that I carry the energy of warrior who engages, and this is what makes me struggle. I also notice that in my family I have been fighting to be seen and accepted. I am still learning this concept, but timing is everything and that I do not have to be constantly on guard and ready to defend. I have the capacity to choose the difference between going to war or being self-reflective before putting on my armor or drawing my sword.

**Primary Myth**

The Ancient Greeks used their cadre of Gods and Goddesses to represent the core elements of being human. Today, we interpret the stories of these Gods as symbolic and archetypal. These Mythological Gods each had distinctive characteristics and would personify archetypes such as destruction, disobedience, ordinance, corruption, success, stability, happiness, suffering and sorrow, the fates, furies and fortunes. Their power becomes louder and stronger when a person fails to accept or resists the signs and lessons these Deities and
Daemons cast down to shake us up. The mythological backdrop for Eris the Goddess of Strife is reminiscent of the human condition of suffering. The following analysis of this tale shows how the presence of the energy Eris and her children prolonged Nancy’s suffering with their torment.

The myth describes Eris as a fatherless goddess who was not accepted by her peers. She was not invited to a wedding of Peleus and Thetis because of her disagreeable nature. This angered her, so she showed up anyway, but she was not let into the feast. Eris wanted vengeance for being treated as an outcast, so she decided to attempt creating competition amongst those who held themselves higher than her, and even each other based on physical beauty.

To get even, she devised a way to stir up discord at the celebration. She did so by tossing a “golden apple” into the festivity to create tension between the Goddesses Hera, Aphrodite, and Athena. There was an inscription on the apple “to the fairest” and their curiosity of who the gift was intended enticed the Goddesses. The women began to compete over their personal desire to become identified as the one who was the best and fairest because each Goddess esteemed herself as being more beautiful than the other. Their conflict ensued and to reduce their angst and stop the public display of tension, Zeus decided to choose Aphrodite as the winner.

His choice created outrage between the Goddesses and is named as the conflict that became the catalyst for the Trojan war. Ultimately, Eris is blamed and punished by Zeus. He gives her fatherless children who were not even given the status of descendants of Gods but regarded as spiritual daimones. The
message to Eris was that her children were bad and going to be outcasts just like their mother. Out of his disgust for them being unruly children, he puts them into Pandora’s box to control them. However, they escape captivity and unleash torments of suffering into the world. The spiritual elements of these daimones, who Zeus tried to contain, are representative of the shadow elements of the psyche.

The Myth of Eris is representative of the unconscious life of Nancy. The primary themes in this story are bitterness, suffering, struggle and avoidance. These motifs are introduced by comparing the symbolic aspects of Eris to Nancy’s avoidance of her pain and relationship struggles with her son, the conflict with her sisters, and resentment towards her mother. This is similar to how Eris was resentful toward the Goddesses and Zeus. The strife and discord represented by this myth encompass the way grief is a battle. Eris, Pandora’s box, the golden apple and spirits address the archetypal images and psychological structures impeding Nancy’s process. Her life and sorrow are reminiscent of the toils of Eris and her children.

The first comparison in this Myth will show how Nancy’s emotions are similar to Pandora’s Box. The second part of the analysis will describe the symbolism of the golden apple. The third aspects introduce how Eris and her children show up as road blocks in a person’s grieving process and how they fuel emotions that represent repressed pain, struggle, conflicts, and ambivalence toward grief. The fourth elements discussed are about the shadow elements Eris and her children represent. The last part of the analysis outlines ambivalent-grief
by drawing a comparison between the literal and figurative way Eris represents physical war and the emotional war a person endures when they battle against dealing with loss and strife.

It is relative to point out the significance of Pandora’s box as it pertains to the story of Eris and her children because this is where human suffering began. Inside this box held the spirits who had the power to inflict destruction and create delusion. Once the lid was off the box, all their ills were leashed upon society. This act symbolizes the way grief rises and keeps poking at the soul to take notice of it. The box also represents how grief becomes trapped but cannot be contained forever. The spirits show how the dark shadows of the mind, body, and spirit, wiggle and rive to be freed. The release of these spirits who stirred up torments describe the way Nancy was a hostage to her emotions that were buried inside because she did not want her pain to rise.

The analogy between Pandora and Nancy is drawn because her expression of emotions was closed like Pandora’s box. Nancy’s state is representative of closing off the psyche to the pain of emotional consciousness. Nancy was enacting the archetypes of pain and suffering by the way she held onto her struggles. Nancy’s feelings were held captive in a secret jar, and she was not about to let the lid be pried off or left unscrewed for too long because she feared coming undone if she were to let out her woes and expose her pain. Nancy also felt like a bad mother because she had a son who was out of control. To ensure he did not continue to be destructive, she tried to contain him the same way Zeus put Eris’s children inside a box.
In looking back at what the golden apple represents, we can see how it shows ambivalence. The first connection to the apple is how it symbolizes both bitterness and sweetness because this particular apple was so shiny on the outside, but on the inside contained the seeds of harm and the sourness of jealousy. The gold represents the lure of temptation, and the enticement of the jewel becomes a catalyst for contention and rivalry. Essentially, the seductive device symbolizes the desire the Goddesses had to be the apple of Zeus’s eye and cherished above all others.

Nancy also wanted to be desired and accepted by men and her community. The experience of losing her father, who she perceived as her only ally, is relatable to Eris who felt all alone and bitter for having no father. The apple held the resentful energy of Eris’s heartache. Like Eris, Nancy wanted to be the apple of her father’s eye, but that was shattered when he died. Another way the rancorous apple relates to Nancy, is the way she embodied the same bitterness as Eris because she did not feel accepted. Nancy also felt abandoned by her father and husband’s deaths which left her feeling alone in the world. While Nancy was not purposefully seeking revenge the way Eris had done, she was angry at them for leaving her.

The act of tossing the apple is symbolic of Eris falling out of favor with Zeus. He returns her vengeance when he deemed her children as unfavorable and designates them as the fates who will bring suffering to humans. The apple also ties into the nature of Eris and her children representing disharmony and calamity. The saying “the apple does not fall from the tree,” is
another representation of how her offspring represent shadow elements of a bad
mother, and the tendency society has to blame the mother as the one who is
responsible for how badly her children turn out. This relates to Nancy because she
believed it was her fault that her son was struggling. She also thought the world
saw her son as a loser, and since he was a was part of her, she imagined they
blamed her for his life being in chaos.

The next aspect of understanding the connection of this Myth to
Nancy’s story is done by outlining the symbolic elements of the children of Eris
the Goddess of Strife and Discord, collectively referred to as the Kakodaimones,
(The Pains). Each of these offspring convey the anguish living within Nancy and
the conflicts within herself and her family. Eris and all her children joined in
warfare together to stir up disharmony. Nancy’s troubled heart became their host
where they took up siege to manifest Nancy’s ambivalence and stickness in grief.

First, the Algea or Algos, Akho, and Lupe embody pain, suffering, and
grief. They are the spirits who bring the elements of mourning to humans. These
daimones were responsible for bringing forth tears and the lamentation associated
with grief. They were co-conspirators who helped Eris foster pain and harbor
grief in their captors. The Algea poked at Nancy to release her pain by shedding
the deep tears they brought to her. Had she acknowledged them, she might have
been able to create peace and healing by releasing the ache they harbored.

Two of the other children, one named Neikea (Quarrel or Grievance)
and the other Hysminai (Fighting and Combat) are extensions of the combative
nature of Eris. The Neikea the archetype of quarrels continued to disrupt Nancy’s
relationships. She fought with her sisters, mother and son. Nancy was viewed as the center of arguments between her sisters about how to help her mother. Nancy saw herself as having to defend these affronts against her. The spirits kept Nancy actively engaged in the stance of a warrior who needed to be prepared for battle. They gave her the energy to assume either an offense stance or defense position in dealing with her conflicts.

The other spirits Eris bore, were Pseudologoi the lies or falsehoods. They are the energy of deception that keep a person stuck in unacknowledged pain. The Pseudologoi are similar to the denial and bargaining that occurs when a person experiences grief. The Psuedologi were in Nancy’s space and shared the work with their sibling the Amphilogia to bring false perceptions and delusions. This is similar to how Nancy masked her grief. She put on a front that everything was fine and gave the perception that she was not grieving.

Another spirit, Logoi is the voice of the children of Eris, or the story keeper or teller. Nancy had to work hard to stay stuck in the story about the battle with her son and sisters. She showed anger toward them to avoid the true story of her grief. She told stories to mask her shame and pain. Nancy hid her emotions, and the truth about family addictions. She did not want be found out as the co-dependent enabler of her son. Logoi’s presence in Nancy’s life played a part in her conscious and unconscious life and the narrative she had about her losses and conflicts.

The remaining siblings, Ate (Delusion), Ponos (Toil), Lethe (Forgetfulness), are each forms that drive the compulsion a person has to hide the
depth of their anguish by denouncing the face of grief. These three spirits show how resolving sorrow is a laborious process that requires making loss an abstraction. Ponos (Toil) and Lethe (Forgetfulness) were competing with each other as they activated Nancy’s ambivalence. Their presence is evident by looking at how she worked hard at resisting grief, and this was how she was holding onto memories of a perfect life that was turned upside down. Nancy could not embrace the idea of forgetting the past.

Another way Lethe the child of forgetfulness showed up in Nancy’s life, was by the way she embraced her unhealthy coping strategies to ignore her sadness and forget what she had endured. Nancy also avoided facing what was happening with her son. She also attempted to cling to the happy images of her past instead of dealing with the unhappiness she felt in the present moment. Nancy not only hid her feelings from people, she wanted to forget her pain by detaching herself from things that could possibly expose her to being vulnerable. She was unable to forget the past and wanted to put the present problems out of her mind. She tried to do this by overeating and gambling. However, the ambivalent nature of her personality would not let the bind of Lethe leave her. She had not forgotten the loss of the love she once had which also gave power to Lethe’s spirit.

Another archetype in action was Lupe, the dark spirit of pain who was inciting and intensifying Nancy’s distress. Her sister Ania helped by manifesting sorrow and trouble. Achus the third sister did her duty of transforming the distress, sorrow, and troubles into suffering by deepening the heartache and
prolonging the torment of her anguish. These shadow spirits filled Nancy’s space with their darkness. Their presence assisted Nancy with her sullen outlook by lingering in her space to feed off her sorrow, and in turn, Nancy clung to their presence by denying her despair.

As described above, Eris’s children the Ponos carried the burden of suffering and toil and dealt the hand of hardship. Nancy saw her life as hard. She had financial burdens and saw her son as a source of strife who was making it even harder for her to survive. The Ponos was hard at work in her life bringing one hardship after another.

Lastly, when looking at how Eris personifies war, she is described as a weapon of death and destruction. She is described as the one who brings death and considered the one who calls man to compete with others. Eris is recognized as the one who must use force to open man’s heart to show him the errors of his ways. She represents the archetype of war in the literal sense of killing the enemy and bringing catastrophe, and she does so in the figurative sense by how she represents inner battle. She is also associated with delighting in the discord of stirring up wars amongst men. The presence of Eris brings both personal and emotional loss which has the potential to be as devastating as what happens during war. She wears an armor to protect herself during combat which is similar to the emotional shield a person puts on to guard their inner self.

Eris also brought her children into battle with her to foster all the emotional bloodshed in the hearts of man. In a way, Nancy brought her son into battle by using him as a crutch and scapegoating him to keep from identifying
with her own problems. She made him responsible for her feelings and portrayed him as being a troubled child who was a burden. Eris and her children portray the conflictual nature of the relationship between Nancy and her son.

In terms of Nancy, she was at war with herself and her family. She fought against the possibility of absolving her grief and resolving her internal and external conflicts as exhibited by her resistance. She turned against herself and others by shirking off accepting intervention whereby both self-loathing and denial kept her torn.

Nancy did not actively set out to create turmoil or lash out, but she was passively allowing her actions to bring forth chaos and discord in her familial relationships. She was attacking her own body by not attending to self-care and engaging in activities that would be an assault on herself. Nancy was fighting with herself because she resisted letting the grief fully settle, so she could feel it, and move away from the misperception that the way she was dealing with it was serving her well. Nancy was an assault against herself and war torn about letting go of her son and the perceptions she had that her life had once been great.

The story of Eris also shows aspects of ambivalence by illustrating the complications of unacknowledged pain and the power of the unconscious to fight against becoming conscious. The overtones of Eris’s children combined ignite the chaos and suffering Nancy continued to bare. The powerful spirits danced about her lively and delighted in the energy she gave them. As part of spiritual health, some individuals strive to maintain balance between harmony and disharmony.
Nancy’s life was out of balance. The elements of strife and grief in the story of Eris paints a picturesque view of Nancy’s inner suffering.

Nancy was not attuned to the soulful elements or the power of myth and archetypes. Using myth to help her unravel how the elements of the story of Eris that was similar to her own story, might have helped her see the impact loss still held in her life. This recognition might have activated the positive side of Lethe by embracing the invitation of letting him be a visitor who evokes forgetting for short periods at time. Understanding, his presence is not to serve as a permanent resident who intended to erase all memories of loved ones who died. Nancy releasing her fears about showing pain and losing her memories, might have allowed her to welcome the tears and suffering of the Algea.

**Personal and Professional Development**

As part of my personal development, I see how being analytical is both helpful and detrimental. In terms of how this is a positive trait, I appreciate that it may be possible that I am discerning instead of judgmental about the way I see the outside world. In turn, hopefully, the world sees me in a similar regard. However, the downside to being up in my head and overanalyzing information might come across to others, whether it is a client or supervisor, as me being uncertain about my capacity or ambivalent toward our working relationships. It might also lead them to assume that I know what I am doing, so I do not need help, or it might give off the impression that I am a know it all.
Another personal realization is that I am going to have to be more conscientious about the pace that I introduce strategies and activities with clients. This consideration about the importance of timing stems from the observation that I might have moved into problem solving and goal setting with the client too quickly. I realize that I might tend to get to the resolution before learning enough about all the facts or getting to the heart of the matter. This is important to understand because I might be inclined to offer advice which may interfere with the client feeling like they were part of creating a solution. I wonder if the way I approached coaching with Nancy was somatically experienced by her as moving too fast. I will need to be careful as a therapist to make sure I do not give my client’s the impression they have to get to the end before feeling comfortable enough to even start.

Being someone who has this inclination to speed up the process does seem counterproductive to what I believe the purpose of a therapeutic alliance looks like. On a cognitive level, I know that my role is to help a person achieve their expected outcome and not to push them to unfold their unrecognized emotions before they are ready. However, what today might be an instinctual tendency for me to jump to the fix it phase is likely based on the activation of the fight or flight response system that is as part of my lack of self-confidence. I believe that with experience and guidance, this internal reaction will become naturally modulated as I gain more confidence and learn more techniques for working with clients.
It is possible that the pace with Nancy was ill timed. My fear of doing it the wrong way with her might have been the reason my approach might have come across as rote or too succinct. Based on the circumstances of this study, her leaving too soon might have happened because I operated in ways that seemed counter instinctual from an unconscious level when I met with her. It might have been what pushed her out the door.

This reflection makes me aware that I have a propensity towards being ambivalent when I am in situations where I feel uncertain about what to do. This awareness gives me insight into knowing that I need to develop my strengths around the area of risk taking with clients. As I practice, I will hopefully get better at recognizing the difference between projecting my own agenda at their detriment or when I am nudging them to dive a bit deeper where they feel safe enough to push themselves with my support and learned expertise.

Professionally, I learned that being hyper-analytical is not necessarily possible when working face to face with the client in order to remain on the leading edge. This skill would best be put to use after sessions, and I will need to be aware of when I am up in my head trying to over assess information as it is being disclosed when working face to face with a client. Not assessing everything as I heard it is something that was personally hard to do with Nancy, but knowing this now, will help me be aware of when I notice my inner critic affecting my ability to be more present with the person I am coaching or counseling.

Another essential learning is that I need a stronger resources system in a training environment to support my learning as an emerging therapist. This study
helped me see the benefit of collaboration and the importance of seeking guidance from seasoned therapists because the coaching was done in an isolated setting rather than being a part of a larger organization or clinical facility. It is likely, as a new therapist, my working at an agency or in a program where there are mentors and supervisors to discuss client’s cases would be a critical element to help me develop my skills. In the future, I will have a personal therapist to turn to in the event a crisis was to emerge that affects me personally or to seek advice when I am uncertain about how to work with a client.

**Applying an Imaginal Approach to Coaching**

The images associated with loss are intrusive and many bereaved individuals block out the painful recollections of the deceased. Gradual exposure to the images they fight to recall can be done by having the client write letters to the deceased, visit the grave site, or share photographs and stories that help them recall experiences visually that have become distorted by formulating pictures that are more true to the relationship the person had with the deceased. This technique is considered to be a way to dose the pain by eliciting emotional reactions through role play by creating and developing dialog with the deceased.

One way to apply Imaginal practices to the field of coaching would be to have the client describe how they see their relationship with grief. After they describe this emotion or experience, take them through a guided imagery process. The activity could be initiated with reading a poem or having them watch a movie that might be related to their own life. After this evocation, ask them to pick a
spot to settle into, and to imagine that while they are there, they can invite the
person they lost to come talk with them. The next step would be to ask the person
to address a series of a few questions during the visualization; for example, what
do you want to say to the person, what do you want to tell yourself about how this
experience affected you, or what do you want to create for future? In closing, they
could be brought back to the present moment. The steps of this technique do not
need to delve into the deeper emotional aspects of grief because it reflects a
coaching approach, however, this strategy would be helpful to get them to start
seeing themselves as capable of healing and creating new plans.\textsuperscript{10}

The strategy of having conversations with the deceased is similar to
Gestalt therapy where the goal is to repair the split between the conflict a person
has with their inner self and the unfinished business with the deceased.\textsuperscript{11} Under
the guided direction of a therapist, a client can be led to speak to their loved one
to tell them what they did not have a chance to say before the person died and
express to the person the impact of the loss in their life.\textsuperscript{12}

During the visualization activity, it would be important to assess if the
client is ready to move away from processing and assist them with creating a plan
for their immediate and long-term future. This might entail inviting them to list
the priorities they need to address. Once they identify the essential
responsibilities, they must attend to in terms of day to day functioning, the
purpose of the activity is to move them toward imagining a future without the
person or what they lost. This might be done through a journaling activity, for
example, ask them to visualize a time or place they recall positive feelings. Then
suggest they write about what they can take away from their visualization journey and what realizations they gained that they can presently apply to day to day life.

After an activity such as guided imagery, it could be valuable to ask the client, what, if any creative or spiritual outlets they have for managing stress. According to Brown and Ryan, mindfulness practices are a way to connect to the soul and enhance self-awareness because activities such a meditation connect an individual to the unconscious mind which is a way to self-regulate behavior and promote positive emotional states.\textsuperscript{13} The goal is to encourage the client to identify when they have noticed moments when they have felt relaxed and acknowledge what they do to reduce tension to help them remember to use this strategy when stress becomes unmanageable. Using an enneagram in conjunction might be a useful tool in helping a person learn more about how they process information, make decisions, interact with others, and discover how they problem solve or deal with emotions. If they do not have any awareness of tools they use to attend to their physical or emotional needs, offer strategies and ask them to see if one would be acceptable or would they be willing to risk trying a new approach.

From a coaching perspective, ways of managing distress, could be meditation, journaling, walking, or use of the arts. Introducing these elements and having clients set a goal to work on as they draw or write would be a strategy where they could begin to see themselves as being safe and capable of being proactive and productive.

I consider another aspect of engaging the client in their own healing and transforming their experience is to help them draw from their unrecognized
strengths and core values. In order to empower the client, it would be important for them to identify support systems and community resources for them to feel connected to the cultural collective. Another way to help them connect is to ask them if they have a mentor, or favorite hero in a novel, a play, or film and to consider when they have felt inspired by these characters or stories that are relatable to how they see life. Then ask them to define the traits they find to be strong would be a way for them to identify with their inner and outer experience. During coaching, character identification is a way to encourage clients to see within themselves what the protagonist or hero represents. By a person naming these positive characteristics, they can draw upon them when they feel defeated or need reassurance to trust themselves as capable of withstanding and overcoming troublesome times.
CHAPTER 5

REFLECTIONS

The phase and stage models of grief is where the topic for this Clinical Case Study fully emerged. The concept of the denial and bargaining phases described within grief models began to resonate with me as relevant concepts based on the circumstances of the study and client. As I began to analyze the content and outcomes of the meetings with Nancy, it became more obvious that she was grieving and ambivalent about the relationship with her son. I recalled that her affect and words did not coincide or match. She talked about the death of her husband frequently which was likely an indicator of her unresolved pain.

As I analyzed the results of the study, the images of sessions all came flooding back to me. It became clearer that there was a discrepancy between what Nancy told me was wrong during our sessions and what seemed to be happening in her life. I recalled that her self-disclosures began to conflict with one another, and she came up with justifications that made it clear she was torn between letting go of her son and addressing her pain around him leaving, the loss of her husband, and the relationship with her mother. Upon reviewing her case, I noticed ongoing inconsistencies that made me realize that she was likely avoiding the real issues. Early on when Nancy and I started working together, I believed there might be a problem for her with addiction, but this was not what she was working on when we met. In fact, she was unable to see her own
addictions as problematic. This was another indication that she might be ambivalent.

As I began to identify that she was still in a state of pain over her losses, I realized the issue with her son leaving home was that she was afraid to experience more loss. This new perspective and realization was where the subject for the topic of grief and ambivalence started to coalesce. At the same time, I also began to understand that grief was very alive within me, and I cringed at making this discovery. As such, this stood out to me as a significant realization, and this new self-awareness could not be discarded or ignored. I found out that I was not only ambivalent about the idea of writing about grief but was more apprehensive about considering the subject of ambivalence and grief as part of my own journey.

As a means of facing what was both relevant to Nancy and my own life, I started to embrace that I had experienced many losses and was grieving myself. It was an important realization, but I started to fear diving into this subject because doing so would require me to reopen a door that would take me back into the pain. Ironically, like Nancy, I had felt as if I had dealt with my losses, but through this process, the sorrow resurfaced. I had aha moments as I studied the research and evaluated how I was affected. I also shed tears and had moments where I just wanted to give up on this whole process. There is something significant about noticing that I too had thought my grief was resolved, but the reality was I would have never named what had happened in my life as an ambivalent response to grief. One benefit of writing this study is that it validated
and normalized my experience. In a sense the CCS was a window into my own soul, and it was a way for me to express what I had not identified with before.

The concept of ambivalence and grief proved an important realization about stored pain for both Nancy and myself. I now have a better understanding that even if a person might think they are over an experience, but as they share it, they can relive it. When a person recalls the memories, it might bring up the same feelings of pain they felt at the time the experience happened because their emotions can rise with the same level of intensity.

At times, the opportunity to grow in my own life has been a choice, but other moments by forced circumstances. Writing this case study served an unexpected purpose and generated a learning opportunity about the way I move in the world. Based on my interpretations and learnings, I must consider how the concept of ambivalence applies to my own processes when confronted with grief and decision making. I am inclined to label myself as ambivalent, but I am torn about wearing a name tag that identifies me as such. However, the description of Ambivalent Grief seems to fit because it reflects the sheer nature of what it feels like to live inside a body that has experienced pain and confusion about how to navigate turmoil.

In my head, the term ambivalence became a buzz word that felt over-used but relevant to my life experience. I started noticing how it was part of the equation regarding the complications I had with relationships and decision making. One of the frustrating parts about the word ambivalence becoming a household name in the dwelling of my soul was I started judging myself and
everything I was evaluating about my life, work, family, and this study through that lens.

The determination I had to finish made me push myself, but there was the critical voice that said I was never going to make it. However, I resisted the pressure I felt to quit and dug deep in order to stay on track and embrace the new topic. Through the entire process of the CCS, I experienced ambivalence. Sometimes it showed up as procrastination, and other times as trepidation. When that happened, I shoved those two hindrances out of the way because I was determined to finish the CCS. Once I became diligent about writing, I started to recognize that it was me resisting the process and sitting with the uncertainty about the topic. It has been a bit entertaining and equally frustrating or embarrassing to notice where I have been ambivalent in my life.

The case study became my mirror at times, and as I peered into it, I saw the beauty of what had been manicured and polished. At other times, I would see visions of pages colored pink and began to feel the dark, hot redness in my face from embarrassment and shame about what I exposed in this study. Every article I read fed my thirst for more knowledge about what ambivalence means, and why it happens; because I wanted to figure out how to stop being this way and potentially help others. The literature also revealed to me things about myself that were important to learn about decision making.

I also discovered I was likely stuck in grief. The studies I read validated that grief was real for me because it was coming from a series of complex issues that were out of my control. I learned that unresolved issues
around loss leads to complicated grief, and this information would have been important to help me realize grief was a bigger picture in Nancy’s life. Even though I am grateful for this knowledge about ambivalence and grief, it is hard to accept that much of my own misery stems from my own ambivalence and unrecognized grief. It makes me sad to think about what I went through with cancer, job loss, and the numerous relationships that ended.

As with every experience, there are varying levels of satisfaction or dissatisfaction. The measurement of an experience is what drives a person’s ambivalence because they want to avoid pain or feel pleasure. For ambivalent individuals, it is hard to endure their discomfort. This is what was happening with Nancy, she developed a coping strategy designed to avoid the pain and dismiss the reality that things needed to change.

I saw similarities and grave differences between Nancy’s grief and ambivalence and my own. As shown by the story of Perceval, when a person is charged with making a choice…whether to embrace or denounce getting on the horse, and either ride holding the reins tightly or loosely, that can determine and influence their willingness to learn and grow. Making a choice to ride loosely is a surrender because an individual places his or her trust in what feels unfamiliar or a bit scary. If they do not hold so tightly to what they believe to be true, the saddle might hold them as they navigate situations they cannot control. This ability to relinquish control and embrace the ride through the journey with openness may mean the difference between whether a fulfilling or unfulfilling life experience will emerge. As I went through this capstone experience, I kept recalling Aftab
talk about loose reins and wondering if I was holding them too tightly or too
loosely in many areas of my life.

During this study, my brain held tightly to the imaginal structure of
perfection. I heard one voice saying, “you will never finish” or “you are not
competent enough to do it.” In contrast to the negative voice, there was the voice
of the friend inside me who kept whispering, “write” “just write” you are good
enough. I kept thinking about being a good enough mother.

**Personal Development and Transformation**

As for personal development, I discovered why I have such hard time
making decisions. I learned that many of the conflicts that I have had in
relationships are in part due to my ambivalence. It helped to make sense of how I
interact and approach life. I found this discovery to be entertaining but also
maddening. I guess I was angry at myself for times I was not being able to figure
out when enough was enough or how to pick which color I like better. It was like
seeing myself as a character in a movie watching herself living a dichotomous life
and thinking about how I have been cast in the wrong role.

This study afforded me the ability to sit with my pain and anguish and
recognize that I was grieving from losses in my own life both emotionally and
physically, even though it was unlikely I was permanently depressed. On the one
hand, it was good to identify that my walking around smiling might not have
meant I was happy, but on the other, I realized I was hiding behind my mask of
joy. Beneath my shiny armor were wounds on the inside from all the
disappointments and heartaches I had experienced, and it did not feel very
comforting to learn my inner casing was dark. I knew that I was sad but seemed to have a *buck up* attitude which myself and others perceived as a positive strength and a joyous persona. So, I really was not in touch with the pain. It was interesting to realize that I could be both happy and mourning at the same time. 

As I wrote the myth section, the essence of Eris became recognizable in myself because it made me aware of how I seem to have conflict and struggle in relationships. Some of these challenges were with my family of origin. However, there is another side of my warrior who is always seeking justice and fighting for what seems either fair or right in social, professional, educational, medical, and legal situations. I am learning that paddling up stream can be exhausting and sometimes a waste of my energy. What I came to realize is that there are right times and places to engage in battle. Learning when the right moments are to take a stand is what I believe has transformed within me. My ability to advocate on my own behalf has served the purpose of protecting my best interests or claiming my inner strength as well as advocating on the behalf of others who are unable to defend themselves which is why I might be inclined to take up the sword. An unexpected outcome of this study is that I am more likely to keep my sword in the sheath because in the past I might have drawn it too quickly. 

Another way that I feel transformed by this experience is that I am learning to make decisions without belaboring simple details regarding small tasks. I am learning that some things are not worth fighting for and not everything has to be a battle cry for freedom or winning. However, I can be gentle with
myself and embrace my relationship with what it means to be ambivalent. I see it as a way to be self-aware and be discerning with what I do. I am becoming stronger and more decisive. Over the course of the last year, I started to notice that I am less impulsive and more concise with evaluating my options. I sense I have found a better route to draw the best conclusions or make more effective decisions for myself.

**Impact of the Learnings on My Understanding of the Topic**

The benefit of my experience from this study is that I saw ways that I might have served Nancy better. I wish I had known more about ambivalence and grief when I started meeting with her. It was eye opening to learn that I might have saved myself some problems along the way if I understood then, what I know now about ambivalence and the stages of grief.

I understand that my struggle comes from never wanting to fail which causes me to be reluctant when making particularly hard decisions. I also notice I sometimes avoid acting because of the moments I was blamed for creating tension in my personal and professional relationships. I considered myself as someone who was willing to accept responsibility for the part I played in those relationships, but it might have been better to not have influenced the problems to begin with if that were the case. It makes me feel sad to know that I experienced more grief by giving others grief.

One of the positive aspects of my nature is being an advocate and standing up for justice. Looking at how this might be a flaw is because I am
overly inclined to go into battle to wrong rights, solve problems, and restore balance when things are imperfect or unequal. Even though many of my so-called attempts to stand up for what was right in the “name of all fairness,” might have come across as indignation or insubordination.

Another benefit of the research is that I gained the ability to share information with moms that I met who were struggling with ambivalent feelings about their young adult children. This study also helped me realize that my own adult son was faring somewhere in the middle, and even at the top of the curve, as I started to notice him successfully navigating launching into adulthood. It allowed me to see our relationship through a window of appreciation. I began honoring his strides and holding my ground when boundaries were set. Even though part of me grieved the loss of his dependency and my role as a mom, I felt proud of him and knew it was time for him to fly.

**Mythic Implications of the Learnings**

Myth can offer a way to make meaning out of the human condition and the culture. As David Feinstein has shared, a person develops perceptions from their culture and childhood experiences. They create their inner psychic world based on these stories, and adapt to their outer world based on the ways they organize reality.\(^1\) It is the deeper part of the spiritual-self that integrates both contradictory and complimentary experiences that help guide a person and help them make sense of life.\(^2\) An individual develops personal myths out of the constellation of beliefs, feelings, images and rules that operate largely outside of their conscious awareness.\(^3\)
The story of Eris and her children reflect Nancy’s ongoing struggle with grief, and internal and external conflicts. This myth was presented to provide insight into the archetypal and cultural significance about grief and ambivalence. As I wrote the myth, I took note of how representative Eris and the Kakodaimones are today. It seems like the world is in an ambivalent place in terms of grief and trauma being embraced. In fact, there is huge resistance to accept the culture of others, deal with the political climate, financial crisis, and international wars. In fact, the fighting that is going on represents the power of Eris who has an energetic presence in conflicts.

Grief is an underlying element of many psychological crises. Individuals are often resistant to the expression of pain and the dark side of depression. Individuals with mental health challenges must persevere daily to survive their short- and long-term psychological diagnoses. Even though many people who are grieving are stuck in their sorrow, they resist seeking help because of the stigma attached to mental illness and therapy.

Nancy was resistant to receive help for herself and her son despite the fact she felt he might have benefited from intervention. She had concerns that he might have been facing a mental health crisis. She was resistant to seek intervention out of fear of what would happen, and she also was afraid to push the issue with him.

From my point of view, I believe that the broader culture of society continues to have stereotypes about mental illness which is a form of ambivalence to mental health diagnosis and treatment. When it comes to people diagnosed with
mental illness, this population continues to be viewed as outcast members of society who are problem citizens. This stereotype is the culture fighting against recognizing them as individuals who are worthy of help. Marginalizing them exacerbates the problem.

The cultural implications of the myth of Eris illustrates the inability society has to accept those individuals who appear to be antagonist or emotionally disturbed. Individuals who are not treated for their mental illness are similar to Eris’s children because both have been placed in a box to temper their behavior. Pandora’s box is symbolic of the way mental institutions are designed to remove “crazy people” from a society who fears including them or accepting their illness. The lid being removed from the box represents how those with mental illness are released from treatment centers and hospitals with little support. (This is not the case for every instance or diagnosis, but I see this as potentially problematic) However, this myth about Eris and her children are most representative of the cultures inability to accept what it cannot contain and control which causes more harm and chaos.

Sharing the power of this myth seems appropriate on numerous levels: individually, theoretically, and culturally. The Myth of Eris represents human suffering. Eris shows us that strife has the power to force individuals to act out with hostility and defensiveness to hide their pain. Eris portrays what happens when someone feels like they are an outcast, including all the emotions that come with conflicts and repressed pain.
Eris’ children are symbols that show what a person encounters during loss when they reject their emotional experience. She symbolizes what it means for a person to be stuck in pain because many individuals who are grieving are war torn about how to express their feelings personally and publicly.

The myth of Eris demonstrates that battle can be harmful, but at times it may be necessary to fight to rise out of the abyss. Conflict can be both an intrapsychic and interpersonal experience. When individuals are provided ways to understand that the self and conscious are separate from the psychic energy of aggression, this projection of anger can be controlled and regulated by forms of expression that are less volatile in order to transform aggression.\(^4\) Studying the concepts of this myth could help reduce the tension of internal conflict, and by doing so, a person might learn how their buried suffering transmutes into interpersonal conflict with others.

The implication of myth as told through the story of Eris and her children describe the way Nancy was held by the clutches of the power of unrecognized grief. She thought her son was a complication in her life, but at the same time, she saw him as a source of comfort and companionship while she faced loss and lived with the aftermath of grief. The Myth addresses the combative nature of Nancy’s view of herself, her family, and her romantic relationships. Eris also shows the way a person can have conflicting attitudes which causes them to over react from what they imagine to be happening.

Use of the myth of Eris or the movie *Collateral Beauty* described in this case study are examples of how stories have the potential to help individuals
process their anger and sorrow and bring greater meaning to their experience. Myth has the potential to describe how conflict and suppressed emotions come from archetypal and mythological forces. The story might inspire individuals to depersonalize their relationship with the archetypes associated with loss, war, and sorrow. There is also a benefit to society when films and characters portray the pain of grief because it offers the opportunity to embrace and normalize human suffering.

On a personal level, learning about this story helped me better understand how to disempower the clutches Eris seemed to have in my spiritual and emotional world. It seems appropriate to consider that if this story had a profound effect on me as I started to notice how it rang true for me, if presented in the right forum, it might have the same influences for a client.

**Significance of The Learnings**

It is important to recognize that recovering from grief cannot be completely measured by a set timeline for recovery. An important factor to address with a client is to help them identify the way ambivalence plays a role in the expression of emotions and developing effective communication. This could be done by helping them talk to the imaginal or unfamiliar parts of themselves where pain is unrecognized and stored.

For individuals with ambivalent personality traits, being honest about feelings is problematic because they typically resist confronting their emotions. Ambivalent individuals might be inclined to react to stressful and unwelcome
situations with avoidance or anger out of the fear of being hurt or abandoned. As indicated earlier, Bowlby believed an individual’s inability to be concrete or decisive stems from trust issues that occurred during early relationships with primary caregivers who were unreliable. Based on my learnings from this study and from coursework at Meridian University, those individuals who are ambivalently attached have a hard time connecting to the soulful aspects of being human.

**The Application of Imaginal Psychology to Coaching**

Imaginal approaches to coaching could be an effective way to work with bereaved individuals. One technique is the use of visualization because they can express and see what happened from a distance which can help them understand what is real and imagined in terms of grief and loss. For example, imaginal coaching in therapy is similar to the way a sports coach uses imagery with athletes. A track coach helps a runner before a race visualize winning the event. Coaching from a psychological orientation may not focus the client on winning a game. In psychotherapy, the client is guided to see themselves as winning the prize of improving their lives. Coaching clients can teach them to become self-directed decision makers.

There is extraordinary potential to use imaginal approaches within a coaching orientation. Because coaching is person-centered and outcome oriented, it builds capacity through the identification of the messages that affect a person’s ability to move forward. It helps individuals see potentials and possibilities in the
places where they feel life is too challenging. During coaching, it is a common practice to ask the client to have conversations about what they imagine about relationships and how they see themselves. These strategies are similar to the ones used in an imaginal approach where the therapist could ask a person to work with their subjectivities as coaching considers subpersonalities as a means of breaking free from the ego.

**Bridging Imaginal Psychology**

Bridging imaginal psychology to traditional methods of treating grief would entail closing the gap between unconventional approaches and the current standard methods. One way to do this with bereaved individuals is to use grief activities that are not as cognitive behaviorally focused. Adding courses in Imaginal Psychology into the curriculum with mainstream graduate programs in psychotherapy might validate the effectiveness of imaginal work in a way that is accepted by the profession who may be resistant to try it. Another possibility would be to include the concepts and theories of Imaginal Approaches as another step as part of established grief models.

There is an opportunity to raise collective awareness and cultural consciousness about grief when imaginal concepts are implemented. One area that needs attention in terms of treating the grief process might be to allow more space for different ways of expression in therapeutic settings and within some societies who stray away from public displays of sorrow. In the American culture, there is value in normalizing the grief process by establishing more ritualized
practices of grief expression other than a one or two-day wake or funeral or celebration of life might help validate individual’s experiences. The more room society makes to accept the pain of grief there is a greater opportunity to hold the trauma of loss for those who grieve. This might help to minimize the ill effects of unrecognized or disenfranchised grief because some individuals need longer periods of time to mourn.

**Areas for Future Research**

One area that could be ripe for future research is to evaluate whether or not ambivalent grief is a phenomena applicable to a larger sampling of individuals other than just those persons already identified as ambivalently attached to the person who died. I suggest this as something to consider because there are few longitudinal studies that focuses specifically on ambivalence to grief itself as individuals navigate the process of accepting loss.

Another area that warrants investigation is to find out whether or not working with bereaved women somatically may reduce their tendency toward resorting to addictive behaviors as coping strategies. Since there is such a strong biological force underlying grief, researchers writing about the physical and neurological reactions should include variables to identify how somatic practices reduce the tension and side effects of grief. This might offer the therapeutic community techniques that are specifically aimed at treating grief that would better inform how to treat the body as part of treating the mind.

Additionally, researchers might consider conducting future studies that are designed to learn more about the type of relationships that develops
between mothers and sons when the father dies. The focus would be on the trauma that occurs during the adolescent period. At that point in time these relationships are important to evaluate because they offer an opportunity to learn more about the dynamic that happens between them. Researchers would be specifically studying how a parental death delays the maturation process. The goal would be to identify if there is a pattern with a mother and son’s grief that influences over enmeshment and delayed maturation.

Another element to the study described above would be to expand research on the mother’s adaptive tendencies to embody the role of father and the son’s tendencies to become the man of the house. It is important to consider that their relationship may begin to develop traits similar to those of a marriage partner. The reason this is important to evaluate is that they both may be carrying shame and guilt because the mother may be overly dependent on the son and he in turn may be afraid to leave her. Exploring how to encourage this separation without further injury to their individual and dyadic relationship would be additive.

The last thing to consider is that there are already numerous studies about grief. However, what seems to be lacking is making a connection between grief models and the use of Imaginal Practices and Spiritual Psychology as effective methods to address bereavement. The Imaginal Approaches and the contributions made by Carl Jung, Joseph Campbell, Thomas Moore, and Frances Weller could inform new grief work.
Appendix 1

Informed Consent Form

Dear [              ]:

You are invited to be the subject of a Clinical Case Study as part of my project for completion of my PsyD in Clinical Psychology. The topic is how the impact of a child’s Failure to Launch affects single mothers. The purpose of working together is to gain a better understanding of what it is like to be a single mother of a son who is struggling with maturation, and emerging into adulthood. Due to our similar experience of parenting sons who are not reaching their full capacity, I would like to work with you specifically about the impact this has on you as a mother.

For the protection of your privacy, all of my notes will be kept confidential and your identity will be protected. In the reporting of information to write my case study paper, or for published material, any and all information will be altered to protect your privacy and ensure you have complete anonymity.

This is study is of a research nature and may offer no direct benefit to you. However, we will participate and engage in activities that may offer you more understanding based on literature and education to assist you with your experience. The published materials may have a positive effect and assist other populations of single mothers of sons in benefiting from research of the impact of single parenting on a son’s failure to launch into adulthood. The Clinical Case Study does not directly require your involvement in the research elements other than sharing of information and participating in activities. By giving your consent and participating in a research study, it may affect you in ways by merely knowing you are a participant. This could potentially distract you from the focus of the coaching sessions. If at any time you have questions or concerns, I will make every effort to assist you with your needs and the way you are affected during participation.

We will be working together for a minimum of ten in person meetings. During this time, we will discuss experiences, engage in learning about the subject, and participate in activities such as art as healing, writing as expression, and other modalities to gain insight into the experiences as a mother. Every measure possible will be provided to assist you with your participation and dealing with issues that may arise with you in a competent, professional, and compassionate manner.

If you decide to participate in the Clinical Case Study, you may withdraw your consent and discontinue your participation at any time and for any reason up until the publication of this study. Please note as well that I may need to terminate your
role as the subject of the study at any point and for any reason; I will inform you
of this change, should I need to make it.

If you have any concerns or questions you may discuss them with my by calling
me at (916) 715-9084 or by e-mail at elle.jm3964@gmail.com. You may also
contact the Doctoral Project Director at Meridian University, 47 Sixth Street,
Petaluma, CA 94952, or by telephone at (707) 765-1836.

I, ______________________, understand and consent the subject of, and to be
referred to in, the Clinical Case Study written by Janelle “Elle” Mefford, on the
topic of Failure to Launch. I understand private and confidential information may
be discussed and disclosed in this clinical case study in an anonymous manner. I
have had this study explained to me by Elle Mefford. Any questions about this
Clinical Case Study have been answered, and I have received a copy of this
consent form. My participation in this study is entirely voluntary, I knowingly and
voluntarily give my unconditional consent for the use of both my clinical case
history, as well as for disclosure of all other information about me including, but
not limited to information, which may be considered private and confidential or
for the purpose of the Clinical Case Study to provide my coach learning, and
guidance from her advisors, and the final written project. Understand that [Elle
Mefford] will not disclose my name or the names of persons involved with me, in
the Clinical Case Study.

I hereby unconditionally forever release [Janelle Mefford] and Meridian
University and all of its trustees, officers, employees, agents, faculty, successors
and assigns) from any and all claims, demands, and legal causes of action whether
known or unknown, arising out of the mention, use, and disclosure of my clinical
case history, and all information concerning me including, but not limited to,
information which may be considered private and confidential. Meridian
University assumes no responsibility for any psychological injury that may result
from this topic.

The terms and provisions of this consent shall be binding upon my heirs,
representatives, successors and assigns. The terms and provisions of this consent
shall be construed and interpreted in pursuant to the laws of the State of
California.

Signed this______day of__________,20__at_________________,___________.

Day  Month                         Year               City   State

By:_______________________________________________________________
________________________________________________________________

Print client’s name legibly and clearly on this line
NOTES

Chapter 1


6. Ibid.


8. Ibid.

9. Ibid., 35.


11. Ibid.

12. Ibid.

13. Ibid.


17. Ibid.
In hindsight, I might have missed the mark when our conversations became overly focused on other afflictions she was dealing with outside of the identified topic. Because of this, I was not as aware during the short time we met, that the plan was changing right before my eyes. This is potentially due to my own issues with my son and what was happening in my life at the time as far as grieving over my job loss and cancer diagnosis.

Chapter 2


3. Ibid, 5.
4. Ibid., 5.
5. Ibid., 6.
6. Ibid., 9.
8. Ibid.
13. Ibid.
18. Ibid.
20. Ibid., 53.
21. Ibid., 60.
22. Ibid., 63.
23. Mary-Frances O’Connor “Physiological Mechanisms and the Neurobiology of


25. Ibid., 13-14


27. Hill, Affect Regulation Theory, 63.


29. Ibid.


32. Ibid.

33. Ibid.


35. Ibid.


37. Ibid.


40. Ibid.
41. Ibid.

42. Ibid.


47. Ibid., 126.


50. Ibid.


55. Ibid.


58. Ibid., 239.


65. Shimshon, Working with the Bereaved, 126.


69. Matthews, “Complicated Grief and The Trend Toward Cognitive-Behavioral Therapy,”


71. Ibid., Fleming, 654.

72. Ibid., Fleming, 655

73. Ibid., Fleming, 655

74. Ibid., Fleming, 656


76. Ibid., Fleming 655.

77. Ibid., Fleming, 656.

78. Ibid., Fleming, 656.

79. Ibid., Fleming, 654-655.


83. Kosminsky, “CBT for Grief,” 28


91. Ibid., 311.


95. Ibid., 245.

96. Ibid., 245.

97. Ibid., 255.

98. Ibid., 258.

99. Rubin, Working with the Bereaved, 41.

100. Rubin, Working with the Bereaved, 15.

102. Ibid., 670.

103. Ibid., 671.

104. Ibid., 672.

105. Ibid., 672


112. Worden, Grief Counseling and Grief Therapy, 68.


114. Ibid.

115. Ibid.


118. Ibid., 25


123. Ibid., 28.


128. Ibid.

129. Ibid.


131. Ibid.


134. Rosenblatt, “Grief in Small Scale Societies,” 29


136. Ibid., 49.


141. Ibid.
142. Ibid.  
143. Ibid.  
144. Ibid.  
145. Ibid.  
146. Ibid.  
147. Ibid.  
157. Ibid., 207.  


168. Ibid., 108.


170. Ibid

171. Ibid.


173. Ibid.

174. Ibid


176. Ibid.

177. Ibid.

178. Ibid.

179. Ibid.

180. Ibid.


182. Ibid.


186. Ibid.

187. Ibid.

188. Ibid., 5.


191. Ibid., 211.


193. Ibid., 18.

194. Ibid., 18.

195. Ibid., 18.


**Chapter 3**


Chapter 4


9. Ibid.


Chapter 5


3. Ibid.

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