THE NADIR EXPERIENCE: CRISIS, TRANSITION, AND GROWTH

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ABSTRACT: The author summarized research on the *nadir experience*, the experience of one of the very lowest points of life. Although a sense of disintegration, powerlessness, and emptiness marks its immediate aftermath, survivors of rape, bereavement, and maritime disasters have shown that a nadir experience can also be an opportunity for personal transformation and psychological growth. Severe trauma is more likely to lead to positive change, and reflection seems to play an important role in this process. Among the positive changes observed are increases in personal well-being, sense of meaning in life, spirituality, inner wisdom, and compassion. The author described how he experienced such positive changes following a nadir experience in his own life. Therapists dealing with persons undergoing the nadir experience should encourage reflection oriented toward the future as well as the past. The author has suggested mindfulness meditation as a useful technique to encourage such reflection.

KEYWORDS: nadir experience, posttraumatic growth, trauma therapy, reflection, rumination, mindfulness, meditation, spiritual assessment.

Half a century ago, Thorne (1963) introduced the term *nadir experiences* to describe the very opposite of peak experiences, the highly positive experiences that transcend everyday life (Maslow 1964/1970). While peak experiences are worthy of study, so too are the deep emotional traumas such as bereavement, depression, loss, or a crisis of existence that Thorne was referring to. Despite their devastating effect on a person's quality of life, nadir experiences that challenge core beliefs and offer the opportunity for reflection can become opportunities for personal transformation and psychological growth.

Thorne (1963) defined the nadir experience to be the "subjective experiencing of what is subjectively recognized to be one of the lowest points of life" (p. 248), and claimed that both peak and nadir experiences could give valuable information for clinical personality studies. He set about obtaining data about such experiences in a systematic way, by asking subjects to write about the three best and three worst experiences of their lives. He then created a detailed classification scheme for the peak experiences, and observed that the nadir experiences usually involve "death, illness, tragedy, loss, degradation or deflation of Self" (p. 249). Although he noted that his research was ongoing, Thorne never published further information on the nadir experience. In a preface to *Religions*, *Values*, *and Peak Experiences* written shortly before his death, Maslow (1964/1970) called for more research on nadir experiences.

Although recent research such as that of Joseph (2011) has addressed the nadir experience, there is still a lack of research into such concepts as spiritual growth in the aftermath of trauma, and its implications for therapy. This article is an attempt to address this lack.

Like a peak experience, a nadir experience is transcendent in that it marks a dramatic shift from ordinary everyday life. However, it is transcendent in a negative way. While the peak experience provides a sense of personal integration and oneness with the world (Maslow, 1987), a nadir experience initially leads to the opposite feeling: a sense of aloneness and vulnerability (Kumar, 2005). My purpose in this paper is to investigate the nadir experience and the circumstances under which it can result in positive growth. I describe the types of initial events in the nadir experience, the characteristics of the transition stage that follows, and the factors that allow a person to experience growth and transformation and to return to a life that may have been much changed by the event. I point out the ways in which the nadir experience can result in meaning-making, spiritual growth, inner wisdom, and increased compassion. I discuss the implications for counseling clients undergoing a nadir experience. I also describe the positive results of a nadir event that occurred in my own life. Since studies of the nadir experience date back five decades, I examine both current and historical research on the subject.

Characterizing the Nadir Experience

In *On Grief and Grieving*, Kubler-Ross and Kessler (2005) described the nadir experience of grief as consisting of five stages: denial, anger, bargaining, depression, and acceptance. Their use of the word *stages* is unfortunate, since the authors cautioned that not all people go through all stages, and even when they do, they do not necessarily go through them in order. How, then, should one characterize a nadir experience such as grief? First, I propose making a distinction between the nadir *experience* and the nadir *event*. The nadir event may be short-lived, but the nadir experience continues as a person deals with the aftermath of that event. Persons living through the same nadir event may have quite different nadir experiences, as the survivors of marine catastrophes have demonstrated (Joseph, 2011; Joseph, Williams, & Yule, 1993). A person who perceives a nadir event as challenging core values is more likely to experience long-term positive change (Tedeschi, Calhoun, & Cann, 2007). In fact, both Lancaster, Kloep, Rodriguez, and Weston (2013) and Boals, Steward, and Schuettler (2010) found a positive correlation between posttraumatic growth and *event centrality* (the degree to which a nadir event challenges central concepts of self-identity). Regardless of the nature of the traumatic event, however, nadir experiences share important characteristics.

One of these characteristics is the way a nadir experience divides into three phases. For example, following the nadir event of bereavement there comes a grieving period and finally a return to life after the loss. I propose describing the nadir experience by including in it these three natural phases: the event, the adjustment, and the return. In doing so, I shall make use of the terminology

originally used to characterize rites of passage. Van Gennep (1909/1960) was the first person to recognize these stages, terming them *séparation*, *marge*, and *agrégation*, which may be translated as *severance*, *threshold*, and *incorporation*. As Hine and Foster (2004) emphasized, however, the incorporation stage is really a *re*incorporation, marking a *return* to life again after being severed from it in some way.

There will not necessarily be an orderly progression through the threshold stage. As Stroebe and Schut (1999) pointed out, a grieving person (in the threshold stage) needs to look backward and forward, focusing on both loss (toward the severance stage) and restoration (toward the reincorporation stage). The threshold stage can be likened to a journey through the no-man's-land that once separated nations and tribal regions (van Gennep, 1909/1960). Often the journey is a long one through constantly changing terrain. Neeld (1990/2003) has described this changing terrain as consisting of seven stages or *choices*. The threshold stage comprises the choices of *second crisis*, *observation*, *the turn*, *reconstruction*, and *working through*.

SEVERANCE: TRAUMA AND CRISIS

The nadir event cuts us abruptly off from our normal state of existence. It is as if our ordinary life and the ground on which we stand are no longer there. In the nadir event, we suffer "the loss of a predictable and safe world" (Kumar, 2005, p. 7). Often, as in an accident or the death of someone close to us, the nadir event is external. At other times, however, the nadir event may be an internal one, such as a mental illness or a person questioning his or her long-held religious faith.

Trauma

The literal meaning of the Greek word *trauma* is "wound," and that wound may be physical, emotional, or psychological. Just as a physical injury has an external cause, so too does a psychological injury. Bereavement, rape, or assault can all create profound psychological trauma, but there is a danger in viewing such nadir events *solely* as trauma. As Stroebe and Schut (1999) pointed out in the context of bereavement, it is not enough for a bereaved person to do grief work that focuses attention only on the loss and the circumstances surrounding it (a *loss orientation*). The nadir experience continues long afterward, as these authors noted. The bereaved person has important secondary tasks involving a *restoration orientation*, such as learning how to handle finances, doing cooking, selling a house, or relating to a new identity such as *widower* or *parent of a deceased child*. In short, a restoration orientation addresses the entire nadir experience, which includes building a new life in the aftermath of loss.

Psychological Crisis

In some cases the nadir experience may be the result of an internal event such as the onset of depression, anxiety, addiction, or other mental illness. Such an

event may not be as obvious as an external trauma, but it is measurable using formal assessment tools. Although psychological crises are not generally viewed in the same light as trauma, some (such as depression) may be devastating or even fatal. Clients recovering from such psychological crises often have the sense that they are building a new life, a life (in the words of one of my clients) "that I never thought I would have."

Spiritual Crisis

Sometimes a nadir experience takes the form of a spiritual crisis confronting an outwardly religious person. Assagioli (1978/1989) described such a crisis as beginning with a sense of dissatisfaction, a sense that something is missing. Ordinary life comes to seem empty, unreal and unimportant. The person begins to question the meaning of life and of suffering. This crisis of faith brings into question the very things the person previously took for granted. Another form of spiritual crisis may be a fear of the afterlife, as in the case of a client of mine who felt her guilt was unforgivable and that she would "burn in hell." Extreme spiritual crises are traumatic for the sufferer, but are often difficult to observe or measure. A counselor dealing with a client undergoing a nadir experience needs to be alert for references to God, spiritual matters, meditative practices, and questions about meaning, and to respond in an affirming way. The counselor may even need to make a passing mention of God, and see if the client responds.

THRESHOLD: DISINTEGRATION, POWERLESSNESS, AND EMPTINESS

Although the result of a nadir event may be a profound sense of loss, the grief process may nonetheless be "one of the most meaningful tasks you will ever do" (Kumar, 2005, p. 70). When our old life is destroyed, the nadir experience of grief gives us the task of rebuilding a new one. To convey this sense of destruction and rebuilding, Foster and Little (1989) expanded the meaning of the term *threshold* to include a threshing place, where the part of the grain that is no longer important falls away.

Disintegration

Dabrowski (1976) saw the threshold in somewhat similar terms to Foster and Little (1989), although he termed the threshing process *disintegration*. He believed that, in order for a person to develop psychologically, the aspects of personality based on instinct and socialization had to disintegrate in order to make way for something better. However, this disintegration contains positive elements which help an individual plot the course of his or her psychological development. Dabrowski created an entire theory of psychological development based on this concept of *positive disintegration*.

Powerlessness

An important characteristic of the threshold stage is a sense of powerlessness over what has befallen us. Such powerlessness is an inevitable consequence of bereavement, but it also occurs with other nadir experiences such as addiction. A person struggling with substance abuse often feels that he or she can do nothing to overcome the dependence. This is reflected in the first step of Alcoholics Anonymous, that ''we admitted we were powerless over alcohol—that our lives had become unmanageable'' (Alcoholics Anonymous, 2002, p. 59). By reciting this step, the recovering alcoholic recognizes that he or she has reached the lowest point and wants to recover. James (1902/1997) also noted that the same sense of powerlessness occurs when the crisis is a spiritual one.

Emptiness

A nadir event may abruptly cut us off from our past and our sense of personhood that depends on the past. The familiar terrain of our life before the event is gone, and we feel disconnected from the world around us. Various terms have described this profound disconnection: Almaas (1986/2000) referred to it as a *deficient emptiness*, Frankl (1946/1959) as an *existential vacuum*, and Perls (1959/1969) as a desert or a *sterile void* (pointing out that it does not necessarily remain sterile for long).

MOVING ON OR BECOMING STUCK

After the *Herald of Free Enterprise* ferry sank in the English Channel in 1987, claiming 193 lives, Joseph (2011) surveyed some of the survivors. While many showed symptoms of posttraumatic stress disorder, he was astonished to find that 43% reported positive changes in their lives following the disaster—almost the same percentage as those reporting *negative* changes (46%). Using passengers' written responses as to how their lives had changed, he constructed the Changes in Outlook Questionnaire (CiOQ; Joseph et al., 1993). The 26 items of the CiOQ measured both negative changes such as ''my life has no meaning anymore,'' and positive ones such as ''I value my relationships more now'' (p. 275). When the cruise ship *Jupiter* sank off Greece in 1988, claiming four lives, Joseph et al. (1993) were able to confirm that the earlier results were not an anomaly. Ninety-four percent of respondents agreed with the statement that ''I don't take life for granted anymore,'' and 91% with the statement that ''I value my relationships much more now.'' Eighty-eight percent agreed with the statement that ''I value other people more now,'' and 71% with the statement that ''I'm a more understanding and tolerant person now'' (p. 275).

Various investigators have discovered similar changes in persons undergoing the nadir experience of bereavement. Braun and Berg (1994) analyzed extensive interviews with ten mothers who experienced the unexpected loss of a child, and found that respondents reported an increase in their understanding of what was important in life. Milo (1997) interviewed eight mothers who had lost

a child with a developmental disability. Six of these mothers felt they had experienced personal transformation in the areas of priorities in life, their identity, their relationships, their spirituality, and their view of the world. To investigate such positive changes occurring in bereaved persons (and also negative ones), Hogan, Greenfield, and Schmidt (2001) developed the Hogan Grief Reaction Checklist (HGRC). The instrument contains 49 negative and 12 positive statements that respondents rate using a five-point Likert scale. An example of a negative statement is: "My hopes are shattered," while an example of a positive statement is: "I care more deeply for others." Using the HGRC on a group of 586 bereaved adults (mostly mothers who had lost a child), the authors found that these adults saw themselves as tougher, more compassionate, more loving, more resilient, and more forgiving in the aftermath of their loss. In short, they saw themselves as having been transformed by the nadir experience of grief.

When Burt and Katz (1987) surveyed 113 rape survivors, they included in their survey a list of 28 questions about "changes that come from my efforts to recover" (p. 70). Items, which included "I believe my life has meaning," and "I'm able to get my needs met" (p. 70), were rated on a seven-point Likert scale. More than half the respondents agreed with 15 or more of the questions. In the wake of devastating events, many people experience positive change and growth. Tedeschi and Calhoun (1996) first used the term *posttraumatic growth* to describe such positive change. They noted that survivors of trauma often experience a deepening of relationships, a desire for more intimacy, greater compassion, a sense of being strengthened by the experience, and a renewed appreciation for life. However, not everyone will achieve growth and reach the reincorporation stage. The widow, who years after her husband's death, continues to set a place for him at the dinner table, is clearly stuck in the threshold stage. She has a loss orientation, rather than a restoration orientation. What enables a person to move on, to focus on restoration, and to enter the reincorporation stage?

Degree of Trauma

The degree of trauma may be an important factor. Tedeschi and Calhoun (1996) used the Traumatic Stress Schedule (TSS; Norris, 1990) to measure the degree of trauma suffered by 604 undergraduate psychology students in the previous year. The TSS is a list of 14 to 26 questions (depending on the type of event) regarding events such as assault, bereavement, and rape. Questions included "how many loved ones died as a result of this incident?" and "did you ever feel like your own life was in danger during the incident?" (p. 1717). Tedeschi and Calhoun subjectively rated the respondents as suffering "no trauma" or "severe trauma" (p. 465). They then created the Posttraumatic Growth Inventory (PTGI) to measure positive change following trauma. The PTGI includes 21 questions in five categories: relating to others, new possibilities, personal strength, spiritual change, and appreciation of life. Examples of characteristics that respondents rated on a six-point Likert scale were: "a sense of closeness with others" and "knowing I can handle

difficulties'' (p. 460). Tedeschi and Calhoun found that the trauma sample experienced greater growth than the non-trauma sample at a 99.9% significance level. In addition, the trauma sample experienced greater growth in every category except Spiritual Change (which I will discuss in a later section). In a subsequent work, Tedeschi et al. (2007) concluded that growth only followed an event that confronted a person's core beliefs.

Janoff-Bulman (2004), responding to the work of Tedeschi and Calhoun (1996), hypothesized that posttraumatic growth is a result of three factors. The first, *strength through suffering*, refers to trauma survivors discovering new strengths and developing new coping skills and resources. The second, *psychological preparedness*, deals with trauma survivors being better prepared for subsequent events, and being less traumatized by them. The final one, *existential reevaluation*, concerns the survivor's renewed appreciation for life in the aftermath of catastrophe. These proposed mechanisms for posttraumatic growth are plausible, but they require further investigation.

Reflection Rather than Rumination

As I will discuss in a later section, meaning-making is an important part of posttraumatic growth. However, searching for meaning and finding meaning are two different things. Boyraz, Horne, and Sayger (2010) used three assessments with 380 bereaved individuals to test the hypothesis that reflection may be an important part of meaning-making. The first assessment, the Positive and Negative Affect Schedule of Watson, Clark, and Tellegen (1988) contains 20 feelings such as ''upset'' or ''strong,'' which respondents rank according to their experienced over various time intervals from ''this moment'' to ''over the past year'' to ''in general'' (p. 1070). The second assessment, the Rumination-Reflection Questionnaire of Trapnell and Campbell (1999) includes 12 ranking questions on rumination such as ''I often find myself reevaluating something I have done,'' and 12 on reflection such as ''I love to meditate on the nature and meaning of things''(p. 293). The final assessment, an adaptation of the Positive Meaning Scale of Tugade and Fredrickson (2004), consists of four questions:

- ''Did anything good come out of dealing with this loss?''
- ''Do you think you might find benefit from this situation in the long term?''
- ''Do you think it is likely that there is something to learn from this experience?''
- ''Do you think it is likely that this experience could change your life in a positive way?'' (Boyraz et al., 2010).

The authors found a positive correlation between positive affect and reflection, a positive correlation between reflection and positive meaning-finding, and a negative correlation between negative affect and reflection. They concluded that positive affect promotes reflection (and vice versa), and that reflection promotes positive meaning-finding. They cautioned that ''a search for meaning

that is accompanied by negative affect may prevent bereaved individuals from receiving positive benefits from their loss" (p. 246). To deal with the fact that bereaved individuals often suffer from negative affect, the authors suggested using therapy as a tool to aid in reflection following a loss.

While reflection is beneficial in thinking about an event, rumination is its opposite, as Williams, Teasdale, Segal, and Kabat-Zinn (2007) explained. "When we ruminate," they wrote, "we become fruitlessly preoccupied with the fact that we are unhappy and with the causes, meanings, and consequences of our unhappiness" (p. 43). Reflection is a creative process that often involves the critical examination of thoughts. As a client explained to me, reflection can defeat the toxic effects of rumination:

> It used to be that a negative thought would get hold of me and go round and round in my head, and I would spiral down into suicidal depression. Now when I get a negative thought, I write it down in my journal. I look at it and reflect on it, and I realize how wrong it is.

Rumination involves preoccupation with the nadir event, a loss orientation. Its antidote, reflection, involves a focus on life after the nadir event, a restoration orientation. Such reflection leads to a discovery of meaning, which may be as simple as learning to enjoy life again (Kumar, 2005). As Joseph et al. (1993) discovered, the discovery of at least *some* meaning in their lives seems to be a characteristic of disaster survivors. In a later section, I discuss therapeutic tools to encourage reflection and meaning-making.

REINCORPORATION: WELL-BEING, MEANING, SPIRITUALITY, WISDOM, AND COMPASSION

Many survivors of the *Herald of Free Enterprise* and *Jupiter* disasters made positive changes in their lives following these nadir experiences. They were able to focus on life after the event (a restoration orientation) rather than the event itself (a loss orientation). They somehow reincorporated themselves into lives forever changed by their brush with death. Such changes did not take place immediately of course, but disaster survivors who do not suffer psychological trauma may actually be experiencing psychological growth (Joseph et al., 1993). The immediate aftermath of a disaster may well be a desert or a sterile void, but as Perls (1959/1969) pointed out, sometimes the sterile void turns into a *fertile void* and "the desert starts to bloom" (p. 61). What characterizes this changed landscape of the reincorporation stage?

Personal Well-Being

Tedeschi and Calhoun (1996) found that those suffering severe trauma experienced an increase in personal well-being, especially in the areas of appreciation of life and personal strength. They found positive change in the areas of new possibilities and relating to others. They also found positive

spiritual change occurred for women, a finding de Castella and Simmonds (2013) confirmed in their interviews with women trauma survivors. On the other hand, Tedeschi and Calhoun did not find positive spiritual change for men survivors or for survivors overall. The two qualities these latter authors used to assess the Spiritual Change factor should be noted, however. The first quality, "I have a stronger religious faith" (p. 460), clearly has to do with religion. The second quality, "a better understanding of spiritual matters" (p. 460), requires an explanation of the difference between spiritual and religious matters. Without such an explanation, respondents are liable to interpret the question as having to do with assimilating religious teachings. The Spiritual Change factor then becomes a measure of *religious*, not spiritual, change. Counselors working with persons undergoing a nadir experience need to be wary of confusing the two concepts as Tedeschi and Calhoun apparently did. Spiritual intervention can be a powerful therapeutic tool, but as I discuss in a later section, religious observance and spiritual experience are quite distinct. In that section, I also suggest a more effective way of measuring spiritual change.

Meaning-Making

Although the CiOQ (Joseph et al., 1993) did not include a question on whether respondents had found new meaning in life, it did include under Negative Change an item "my life has no meaning anymore" (p. 275). Of all the questions in the CiOQ, it is the only one with which no respondents from the *Jupiter* disaster agreed, and its overall Likert score was the lowest. Clearly, then, respondents *did* find meaning in life after the disaster. The later PTGI assessment (Tedeschi & Calhoun, 1996) included the items "I established a new path for my life" and "my priorities about what is important in life" (p. 460), both of which relate to meaning-making. Tedeschi and Calhoun (1996) noted that the PTGI assessment had excellent internal consistency ($\alpha = .90$). Dropping items one at a time, they found that Chronbach's alpha never dropped below .89, "indicating that all items contribute relatively equally to the consistency of the scale" (p. 461). Questions relating to meaning were therefore an important part of their posttraumatic growth measure.

The "changes that come from efforts to recover" questionnaire of Burt and Katz (1987) included a question on meaning, although the authors did not provide information on the number of respondents answering this item positively. Another assessment to include the item "my life has meaning" was the Psychological Well-Being Post-Traumatic Changes Questionnaire (PWB-PTCQ) (Joseph et al., 2012, p. 421). To test its reliability and validity, the authors obtained Internet responses from 254 adults in an Internet survey linked to Websites dealing with trauma. They also obtained data from two control samples of 299 adults in workplace, church, and community groups in the United Kingdom, and found the instrument to have high internal validity ($\alpha > .87$). Eighteen test items were chosen, and factor loadings for a one factor solution varied from .44 to .61, with the item "my life has meaning" having a

factor loading of .47. The item related to meaning, then, is an important part of the well-being measure. Its inclusion in the PWB-PCTQ is an acknowledgment that meaning-making is an important part of posttraumatic growth. As Kumar (2005) pointed out with respect to the nadir experience of grief, the grief journey can be a journey into the meaning of life.

Spiritual Growth

Spiritual meaning-making can also be an important outcome of a nadir event, as the experience of John of the Cross illustrates. In 1578, he was imprisoned and kept in solitary confinement except for times when he was taken out and publicly whipped (Merton, 1952). Out of his captivity came the famous poem *Dark Night of the Soul*, and a prose manuscript of the same name (John of the Cross, 1585/1959) in which he wrote at length about how his experiences ultimately helped him. Out of hardship, he wrote that his soul had learned to commune with God, and that God had helped him to a clearer understanding of the truth. Clearly, John of the Cross experienced a deepening of his Catholic faith, but was this deepening an example of spiritual growth?

When a person undergoes such growth, it may sometimes seem as if he or she is coming out of a spiritual sleep. Assagioli (1975) wrote about the spiritual awakening that follows a spiritual crisis, noting that it brings a sense of meaning, purpose, inner security, and an appreciation for the sacredness of life. It may also bring a greater sense of closeness to a higher power. Such spiritual growth can occur with alcoholism. Although the Alcoholics Anonymous program does not address alcoholism as a nadir experience, it does have a spiritual focus, and the end result of surrendering to powerlessness is not sobriety, but spiritual awakening (Alcoholics Anonymous, 2002). Given the importance of spiritual growth in the nadir experience, it is disappointing that authors such as Tedeschi and Calhoun (1996) and Joseph et al. (2012) did not include an item on their questionnaires relating to spiritual (as opposed to religious) change.

Denney, Aten, & Leavell (2011) found evidence of posttraumatic spiritual growth, however, in 13 cancer survivors in a study using focus groups. Eleven reported increased acceptance of their circumstances and greater ability to surrender control to God. Nine reported experiencing richer prayer lives, eight felt an increase in divine peace, and eight reported an increased sense of divine purpose. Given the discrepancies between reported spiritual change for men and women reported by Tedeschi and Calhoun (1996), it is unfortunate that only three of the 13 group members were men, and that the authors did not compare the enhanced spirituality of male and female survivors.

What is the best way to measure spirituality (rather than religion) in such studies? From the standpoint of spirituality and posttraumatic growth, the most important categories of religious scales (Hill & Pargament, 2008) are those measuring closeness to God (Hall & Edwards, 1996; Kass, Friedman, Lesserman, Zuttermeister, & Benson, 1991; Maton, 1989; Pargament et al.,

1988) and orienting, motivating forces (Gorsuch & Venable, 1983; Ryan, Rigby, & King, 1993). Three of these scales (Gorsuch & Venable, 1983; Pargament et al., 1988; Ryan et al., 1993) were designed for Christian subjects, while that of Hall and Edwards (1996) was designed "from a Judeo-Christian perspective" (p. 233). The scales of Maton (1989) and Kass et al. (1991) are not specifically Christian or Judeo-Christian, but still have a profoundly theistic outlook. Future investigators need to flag non-theistic, non-religious items in the latter two scales such as a question about "an experience of profound inner peace" (Kass et al., 1991, p. 211). They would also do well to consider including items in such as "do you now feel closer to something greater than yourself?"

Inner Wisdom

Wayne Muller is a therapist and minister who has spent more than three decades helping individuals who grew up in troubled families. He noted that their lives were blighted by their early experience, but at the same time he observed that

> adults who were hurt as children inevitably exhibit a particular strength, a profound inner wisdom, and a remarkable creativity and insight. Deep within them—just beneath the wound—lies a profound spiritual vitality, a quiet knowing, a way of perceiving what is right, beautiful, and true. (Muller, 1992, p. *xiii*)

In some cases, survivors of childhood abuse eventually abuse their own children, abuse drugs or alcohol, or engage in self-injurious or criminal activity. Do these survivors experience any posttraumatic growth at all? Kira et al. (2013) used the PTGI (Tedeschi & Calhoun, 1996) to conclude that survivors of *ongoing* traumas (such as childhood abuse) do not experience posttraumatic growth. However, this finding does not mean that Muller (1992) is wrong. None of the items on the PTGI, the CiOQ (Joseph et al., 1993) or the PWB-PTCQ (Joseph et al., 2012) seem to capture Muller's quality of inner wisdom. It may be that survivors have suffered the worst, and now appreciate what life can offer, even if they are unable to direct their own actions to fully experience it. Perhaps the only way to measure inner wisdom is through the observations of an experienced therapist like Muller.

Increased Compassion

The PTGI (Tedeschi & Calhoun, 1996), the PWB-PTCQ (Joseph et al., 2012), and the HGRC (Hogan et al., 2001) include a self-evaluation of compassion as an important factor. The "changes that come from efforts to recover" questionnaire (Burt & Katz, 1987) includes compassion in a negative way with the item "I'm unsympathetic to other people's problems" (p. 70), although the authors did not indicate the number of respondents disagreeing with this statement. The CiOQ (Joseph et al., 1993) contains the item: "I'm a more

understanding and tolerant person now'' (p. 275) with which 71% of the *Jupiter* respondents agreed. Chodron (2001) suggested that such compassion arises naturally out of a heart-breaking experience:

> Sometimes this broken heart gives birth to anxiety and panic, sometimes to anger, resentment, and blame. But under the hardness of that armor there is the tenderness of genuine sadness. This is our link with all those who have ever loved. This genuine heart of sadness can teach us great compassion. It can humble us when we're arrogant and soften us when we are unkind. It awakens us when we prefer to sleep and pierces through our indifference. This continual ache of the heart is a blessing that when accepted fully can be shared with all. (p. 4)

Berliner (1999b) also noted that the genuine heart of sadness can create a heightened vulnerability and a longing to help others.

The Severance Phase

At the end of every synagogue service, mourners rise for the recitation of *kaddish* (the mourner's prayer) in a powerful acknowledgment of their separate status. In general, however, bereaved persons often find others have ''an intolerance of their grief'' (Cacciatore & Flint, 2012, p. 167). Deceased persons have ''departed'' or ''passed on,'' and bereaved clients themselves are often reluctant to use words like *death* to describe their experience. To come to terms with the reality of loss, Cacciatore and Flint (2012) suggested the use of rituals in which metaphor and symbol, stories, and ceremonies all play a role. A ritual ''provides a forum where the death is acknowledged and accepted as real'' (Reeves, 2011, p. 417). It is a reminder to the bereaved person that they are forever separated from the life they once had with the deceased. However, the motivation for the ritual must come from clients themselves (Reeves, 2011).

How should the therapist deal with rituals with an overtly spiritual or religious content? Saunders, Miller, and Bright (2010) described four possible approaches in dealing with such matters, two of which the therapist should avoid. *Spiritually avoidant care* neglects the importance of spiritual matters to a client and so amounts to malpractice, and *spiritually directive care* is only appropriate for persons acting in a religious capacity. *Spiritually conscious care* implies an awareness of spiritual matters and a willingness to refer if necessary, and it should be considered a minimum standard. In *spiritually integrated care*, a therapist helps the client identify spiritual needs and suggests spiritual and religious activities. My experience as an interfaith hospital chaplain helps me to be spiritually integrated, but I encourage even those without a religious background to consider helping a client in this way. A spirit of openness, inquiry, and some knowledge of religious customs is more important than formal religious training.

The use of rituals is not restricted to the nadir experience of bereavement. Goldstein (1998) described the use of a *mikveh*, a Jewish ceremonial bath, as a healing tool for a rape survivor. She noted that "having a Jewish framework in which this woman could rid herself of the 'stain' she felt, was crucial to the successful completion of therapy and her ability to go back to work, synagogue, friends and family with a sense of peace" (p. 129). Clients surviving other types of trauma may wish to construct rituals to commemorate, for instance, the anniversary of the nadir event.

Neimeyer (1999) and Neimeyer, Torres, and Smith (2011) suggested various writing exercises to help acknowledge the reality and depth of loss. The therapist can adapt them to fit nadir experiences other than grief, since every nadir experience is in some sense a loss. One exercise is for a client to compose a carefully-thought-out epitaph that captures the essence of the person who died. Another is to journal about the loss, keeping in mind that the material should be something the client has never adequately discussed with others, and that involves the client's deepest thoughts and feelings. Finally, poetry can be an important reflective exercise, as can the *virtual dream*, a brief spontaneous story with a prescribed structure.

Other grief exercises (Neimeyer, 1999) may be used or adapted in therapy. One is to note the *imprint* a deceased person made on the client's life, the way the person still lives on in the client. Such an imprint may involve mannerisms, personality, values, or beliefs. Another is for the client to find ways to link objects associated with the deceased to the client's everyday life. For example, a bereaved mother kept her late child's stuffed toys in a display case. A final exercise is the use of metaphors to help with the reflection process. An example of such a metaphor is a client seeing the grief she carries around with her as a suitcase with treasures hidden away inside it.

The Threshold Phase

The sense of emptiness following the severance phase is a painful yet necessary one. Clients may wish to numb their pain through drugs or alcohol, or to rush through this phase (as in the example of a widow who remarries soon after her husband's death). For a person who decides to sit with his or her grief, however, this phase becomes a time of reflection. Yet how can an individual overcome negative affect enough to make such reflection possible? It is helpful for therapists to tell clients that while they cannot take away the pain resulting from a nadir experience, they can help clients cope better with their feelings, especially when those feelings are most intense. The writing exercises described in the previous section (Neimeyer, 1999; Neimeyer et al., 2011) are helpful here, as is expressive writing (Pennebaker, 1997). This latter exercise involves persons writing about their deepest thoughts and feelings and tying them to relationships and to "who you have been, who you would like to be or who you are now" (Pennebaker, 1997, p. 162). Sloan, Marx, Epstein, and Dodds (2008) found such writing encourages reflection and discourages rumination.

Kumar (2005) has recommended mindfulness as another way to deal with the pain of this stage of acute grief. Mindfulness deals with powerful emotions by providing a middle road. While some clients obsess about the nadir experience, others try to avoid difficult feelings through overwork, drugs, or alcohol. Mindfulness allows clients to stay with difficult feelings as they arise and dissipate in the present moment. It is neither a "cure" for difficult feelings, nor a technique that will instantly change clients' lives. It requires repeated practice, and Kumar (2005) has recommended that grieving persons engage in mindfulness meditation three or more times a week, for at least ten to 15 minutes at a time. Mindfulness practice is uncomplicated, but it is hard to do well and impossible to do perfectly. It is for this reason, Kumar pointed out, that it is called *practice*.

The late Chogyam Trungpa introduced Tibetan Buddhism to the West, and with it the practice of mindfulness meditation, and Berliner (1999a) has relayed Trungpa's original instructions. The most crucial ones involve the practitioner sitting in an upright posture and focusing attention on the outbreath. When a thought comes up, the practitioner is to experience it, but not to analyze it or hold onto it. He or she should silent label the thought and return attention to the outbreath again. Mindfulness practice is not a form of relaxation, and it is not a way of pushing away painful thoughts and feelings (which only increases their hold). Rather, it gives *space*, allowing consciousness to expand to include all experience—good or bad—and simply letting that experience be (Davis, 1999).

Sometimes the nadir experience is complicated by the presence of posttraumatic stress disorder (PTSD), but individuals with PTSD may actually experience greater posttraumatic growth (Dekel, Ein-Dor, & Solomon, 2012). Mindfulness meditation is a promising tool for dealing with this condition (Cuellar, 2008). Niles et al. (2012) have shown that a brief introduction to mindfulness can significantly decrease symptoms of PTSD among military veterans. Vujanovic, Niles, Pietrefesa, Schmertz, and Potter (2011) pointed out several benefits of mindfulness meditation including better distress tolerance and ability to deal with triggers, better ability to engage in treatment, and decreased emotional arousal and reactivity.

The treatment of PTSD is beyond the scope of this article, and I refer the reader to the handbook of the Management of Post-Traumatic Stress Working Group (2010). A note is in order, however: Clients who dissociate or experience flashbacks need to ground themselves in "the sounds of normal life all around" (Boon, Steele, & van der Hart, 2011, p. 6). In such cases, focusing on *external* sounds is a better strategy than focusing on an *internal* process such as the breath.

The Reincorporation Phase

Ultimately, our aim is to help our clients reintegrate with life even though they may have been profoundly changed by their experience. As one client said to

me, "I'm looking forward to getting back to normal again—but it's a new normal." The task of rebuilding is as much a part of the grief process as mourning the loss (Stroebe & Schut, 1999) and it is here that meaning-making is most important. Indeed, Kumar (2005) has pointed out that finding meaning in a loss may have more to do with a person's *response* to that loss than with an attitude to the loss itself. Dennis (2012) observed that, in focusing on meaning in this way, Kumar "masterfully provided the transition from older to newer perspectives" (p. 412). Hibberd (2013) has reviewed studies of meaning-making in the wake of trauma and concluded that "implicit in these formulations… is life significance, or the felt perception that some aspect of one's life matters" (p. 688). To help in the process, Kumar recommended that grieving persons pay attention to the times they feel healthy, alive, or at peace. He also recommended considering which relationships or activities are most meaningful; or if a person feels isolated, what is holding them back from making relationships. Journaling is an excellent way to encourage such reflections and to help give direction to a person's life.

What therapeutic approaches work best in dealing with the nadir experience? Those such as existential therapy are obviously geared toward meaning-making, while Neimeyer (1999) has described narrative approaches to dealing with grief. However, the meditation and reflection interventions I have described are appropriate for use with any therapeutic model, even the person-centered type of therapy I practice. Meditation and reflection can help clients cope with loss and discover meaning in their lives: a meaning that could be as profound as changing the world, or as simple as enjoying a sunset.

A Personal Note

My interest in the nadir experience arose partly out of events in my own life. In 2007 I was a lecturer and campus chaplain at the University of Calgary. Two days after Christmas that year, my wife Suzy died suddenly and unexpectedly while we were visiting her family in northern Wisconsin. Her death was undoubtedly a nadir event. I busied myself with preparations for her funeral, then for an interfaith memorial service thousands of miles away in Alberta. I was surrounded by friends and family, with tasks to do and people to talk to. It was not until ten days later that I finally found myself alone for the first time. I experienced the emptiness of the void, the desolation of the desert (Perls, 1959/1969). Every day for the first few months after that I got out of bed, had breakfast, and drove to work feeling as if I were engaged in a pointless exercise. The long walks I took with my dog brought me no joy. I was experiencing the profound powerlessness, sense of disintegration, and emptiness of the threshold stage. Something was happening to me, however. What had previously been a weekly mindfulness practice now became a daily exercise. As the shock and numbness started to wear off, mindfulness helped me practice radical acceptance of the feelings of sadness and anger that began to surface. Bit by bit, the feelings of acute grief lessened.

The following September I left my position as a university teacher and campus chaplain, and returned to hospital chaplaincy. Even to me, the decision seemed

absurd. I had interned as a chaplain in 2006, and finished my assignment with enormous relief, deciding that hospital chaplaincy was too stressful for me ever to do again. Now I was taking on the role of Chaplain Resident for the Emergency, Intensive Care, and Burn Units at one of Canada's largest hospitals. I recognized that something had happened to me, that an increased feeling of compassion had motivated me to take on a task I had once thought beyond my capacity. My experience in dealing with a suicidal patient then led to my decision to pursue a counseling career where I could use my insight and inner wisdom. While I had undoubtedly experienced the changes in personal well-being noted by Tedeschi and Calhoun (1996), most remarkable was my personal transformation in terms of meaning-making, spiritual growth, inner wisdom, and increased compassion. Today, in counseling persons who are undergoing a nadir experience, I am alert to such positive changes in their lives as well. Sometimes when the heart breaks, it breaks open.

CONCLUSION

The *nadir experience* (Thorne 1963) is the experience of one of the very lowest points of life. Nonetheless, as survivors of the *Herald of the Sea* and *Jupiter* disasters demonstrated, it can become an opportunity for personal transformation and psychological growth (Joseph, 2011; Joseph et al., 1993). Unlike the peak experience, which brings with it a sense of oneness and integration (Maslow, 1987), the nadir experience initially causes a sense of aloneness and vulnerability (Kumar, 2005).

The crisis or trauma which initiates the nadir experience, the *nadir event*, marks a severance from everyday life. In the aftermath of this *severance stage* comes a transition period, the *threshold stage*, marked by a sense of disintegration, powerlessness, and emptiness (Alcoholics Anonymous, 2002; Almaas, 1986/2000; Dabrowski, 1976; Frankl, 1946/1959; James 1902/1997; Perls, 1959/1969). Often, though, this stage is followed by an important change. Surprisingly, those who suffer severe trauma are those most likely to experience positive change in their lives (Boals et al., 2010; Lancaster et al., 2013; Tedeschi & Calhoun, 1996). Reflection also seems to play an important role in this process (Boyraz et al., 2010).

As persons rejoin lives changed by the nadir event in the *reincorporation stage*, they often experience a feeling of increased personal well-being, a sense of meaning in their lives, a deeper spirituality, an inner wisdom, and increased compassion (Alcoholics Anonymous, 2002; Assagioli, 1975; Berliner 1999a, 1999b; Burt & Katz, 1987; Chodron, 2001; John of the Cross 1585/1959; Joseph et al., 2012; Muller, 1992; Tedeschi & Calhoun, 1996). Following the death of my wife in 2007, I also experienced such positive change in my own life.

Therapists dealing with persons undergoing the nadir experience would do well to encourage reflection (Neimeyer, 1999), although such reflection would be oriented toward the future as well as the past (Stroebe & Schut, 1999). Reflective writing exercises and mindfulness are valuable techniques to encourage such reflection (Kumar, 2005). Mindfulness is also an effective

intervention for persons suffering from posttraumatic stress disorder (Cuellar, 2008; Niles et al., 2012; Vujanovic et al., 2011).

References

Alcoholics Anonymous. (2002). *Alcoholics Anonymous: The big book* (4th ed.). New York, NY: Alcoholics Anonymous World Services.

Almaas, A. H. (2000). *The void: Inner spaciousness and ego structure*. Boston, MA: Shambhala. (Original work published 1986)

Assagioli, R. (1975). The resolution of conflicts and spiritual conflicts and crises. *Psychosynthesis Research Foundation*, *34*. Retrieved from http://www.psykosyntese. dk/a-186/

Assagioli, R. (1989). Self-realization and psychological disturbances. In S. Grof & C. Grof (Eds.), *Spiritual emergency: When spiritual transformation becomes a crisis* (pp. 27–48). Los Angeles, CA: Jeremy P. Tarcher. (Reprinted from *Synthesis*, 3/4, 141–178, 1978)

Berliner, F. (1999a). Lecture 1. In F. Berliner, *The practice and principles of sitting meditation* [Set of audio recordings]. Retrieved from http://ecampus.naropa.edu

Berliner, F. (1999b). Lecture 14. In F. Berliner, *The practice and principles of sitting meditation* [Set of audio recordings]. Retrieved from http://ecampus.naropa.edu

Boals, A., Steward, J. M., & Schuettler, D. (2010). Advancing our understanding of posttraumatic growth by considering event centrality, *Journal of Loss and Trauma*, *15*, 518–533. doi:10.1080/15325024.2010.519271

Boon, S., Steele, K., & van der Hart, O. (2011). *Coping with trauma-related dissociation: Skills training for patients and their therapists*. New York: W. W. Norton.

Boyraz, G., Horne, S. G., & Sayger, T. V. (2010). Finding positive meaning after loss: The mediating role of reflection for bereaved individuals. *Journal of Loss & Trauma*, *15*, 245–258. doi:10.1080/15325020903381683

Braun, M. J., & Berg, D. H. (1994). Meaning reconstruction in the experience of parental bereavement. *Death Studies*, *18*, 105–129. Retrieved from Academic Search Complete.

Burt, M. R., & Katz, B. L. (1987). Dimensions of recovery from rape: Focus on growth outcomes. *Journal of Interpersonal Violence*, *2*, 57–81. doi:10.1177/088626087002001004

Cacciatore, J., & Flint, M. (2012). Mediating grief: Postmortem ritualization after child death, *Journal of Loss and Trauma*, *17*, 158–172. doi:10.1080/15325024.2011.595299

Chodron, P. (2001). *The places that scare you: A guide to fearlessness in difficult times*. Boston, MA: Shambhala.

Cuellar, N. G. (2008). Mindfulness meditation for veterans: Implications for occupational health providers. *AAOHN Journal*, *56*, 357–63. Retrieved from ProQuest Nursing Allied Health Source.

Dabrowski, K. (1976). On the philosophy of development through positive disintegration and secondary integration. *Dialectics and Humanism*, *3/4*, 131–144. Retrieved from http://positivedisintegration.com

Davis, J. (1999). *The diamond approach: An introduction to the teachings of A. H. Almaas*. Boston, MA: Shambhala.

de Castella, R., & Simmonds, J. G. (2013). "There's a deeper level of meaning as to what suffering's all about": Experiences of religious and spiritual growth following trauma. *Mental Health, Religion and Culture*, *16*, 536–556. doi:10.1080/13674676. 2012.702738

Dekel, S., Ein-Dor, T., & Solomon, Z. (2012). Posttraumatic growth and posttraumatic distress: A longitudinal study. *Psychological Trauma*, *4*, 94–101. doi:10.1037/a0021865

Denney, R. M., Aten, J. D., & Leavell, K. (2011). Posttraumatic spiritual growth: a phenomenological study of cancer survivors. *Mental Health, Religion and Culture*, *14*, 371–391. doi:10.1080/13674671003758667

Dennis, M. R. (2012). Do grief self-help books convey contemporary perspectives on grieving? *Death Studies*, *36*, 393–418. doi:10.1080/07481187.2011.553326

Foster, S., & Little, M. (1989). *The roaring of the sacred river: The wilderness quest for vision and self-healing*. New York, NY: Simon and Schuster.

Frankl, V. (1959). *Man's search for meaning*. Boston, MA: Beacon Books. (Original work published 1946)

Goldstein, E. (1998). *ReVisions: Seeing Torah through a feminist lens*. Woodstock, VT: Jewish Lights.

Gorsuch, R. L., & Venable, G. D. (1983). Development of an "age universal" I-E scale. *Journal for the Scientific Study of Religion*, *22*, 181–187. doi:10.2307/1385677

Hall, T. W., & Edwards, K. J. (1996). The initial development and factor analysis of the Spiritual Assessment Inventory. *Journal of Psychology and Theology*, *24*, 233–246. Retrieved from ATLA Religion Database with ATLASerials.

Hibberd, R. (2013). Meaning reconstruction in bereavement: Sense and significance, *Death Studies*, *37*, 670–692. doi:10.1080/07481187.2012

Hill, P. C., & Pargament, K. I. (2008). Advances in the conceptualization and measurement of religion and spirituality: Implications for physical and mental health research. *Psychology of Religion and Spirituality*, *5*, 3–17. doi:10.1037/1941-1022.S.1.3

Hine, V. H., & Foster, S. (2004). *Rites of passage for our time: A guide for creating ritual*. Unpublished manuscript. Retrieved from http://ecampus.naropa.edu

Hogan, N. S., Greenfield, D. B., & Schmidt, L. A. (2001). Development and validation of the Hogan Grief Reaction Checklist. *Death Studies*, *25*, 1–32. doi:10.1080/074811801750058609

James, W. (1997). *The varieties of religious experience*. New York, NY: Simon and Schuster. (Original work published 1902)

Janoff-Bulman, R. (2004). Posttraumatic growth: Three explanatory models. *Psychological Inquiry*, *15*, 30–34. Retrieved from Academic Search Complete.

John of the Cross. (1959). Dark night of the soul. In E. A. Peters (Trans.). (1959). *Dark night of the soul: A masterpiece in the literature of mysticism*. Grand Rapids, MI: Christian Classics Ethereal Library. Retrieved from http://www.ccel.org (Original manuscript 1585)

Joseph, S. (2011). *What doesn't kill us: The new psychology of posttraumatic growth*. New York, NY: Basic Books.

Joseph, S., Maltby, J., Wood, A. M., Stockton, H., Hunt, N., & Regel, S. (2012). The Psychological Well-Being—Post-Traumatic Changes Questionnaire (PWB-PTCQ): Reliability and validity. *Psychological Trauma: Theory, Research, Practice, and Policy*, *4*, 420–428. doi:10.1037/a0024740

Joseph, S., Williams, R., & Yule, W. (1993). Changes in outlook following disaster: The preliminary development of a measure to assess positive and negative responses. *Journal of Traumatic Stress*, *6*, 271–279. Retrieved from SocINDEX with Full Text.

Kass, J. D., Friedman, R., Lesserman, J., Zuttermeister, P., & Benson, H. (1991). Health outcomes and a new index of spiritual experience. *Journal for the Scientific Study of Religion*, *30*, 203–211. doi:10.2307/1387214

Kira, I. A., Aboumediene, S., Ashby, J. S., Odenat, L., Mohanesh, J., & Alamia, H. (2013). The dynamics of posttraumatic growth across different trauma types in a Palestinian sample. *Journal of Loss and Trauma*, *18*, 120–139. doi:10.1080/15325024.2012.679129

KUBLER-ROSS, E., & KESSLER, D. (2005). *On grief and grieving: Finding the meaning of grief through the five stages of loss*. New York, NY: Scribner.

KUMAR, S. H. (2005). *Grieving mindfully: A compassionate and spiritual guide to coping with loss*. Oakland, CA: New Harbinger.

LANCASTER, S. L., KLOEP, M., RODRIGUEZ, B. F., & WESTON, R. (2013). Event centrality, posttraumatic cognitions, and the experience of posttraumatic growth. *Journal of Aggression, Maltreatment and Trauma*, *22*, 379–393. doi:10.1080/10926771.2013.775983

Management of Post-Traumatic Stress Working Group. (2010). *VA/DoD clinical practice guideline for the management of posttraumatic stress* (Version 2.0). Washington, DC: Department of Veterans Affairs and Department of Defense. Retrieved from http://www.healthquality.va.gov

MASLOW, A. H. (1970). Preface. In A. H. Maslow, *Religions, values, and peak experiences*. New York, NY: Penguin. (Original work published 1964)

MASLOW, A. H. (1987). *Motivation and personality* (3rd ed.). New York, NY: Pearson Education.

MATON, K. I. (1989). Community settings as buffers of life stress? Highly supportive churches, mutual help groups, and senior centers. *American Journal of Community Psychology*, *17*, 203–232. doi:10.1007/BF00931008

MERTON, T. (1952). John of the Cross. In C. B. Luce (Ed.), *Saints for now* (pp. 266–276). Kansas City, MO: Sheed and Ward. Retrieved from http://www.cin.org

MILO, E. M. (1997). Maternal responses to the life and death of a child with a developmental disability: A study of hope. *Death Studies*, *21*, 443–476. Retrieved from Academic Search Complete.

MULLER, W. (1992). *Legacy of the heart: The spiritual advantages of a painful childhood*. New York, NY: Simon and Schuster.

NEELD, E. H. (2003). *Seven choices: Finding daylight after loss shatters your world*. New York, NY: Time Warner. (Original work published 1990)

NEIMEYER, R. A. (1999). Narrative strategies in grief therapy. *Journal of Constructivist Psychology*, *12*, 65–85. doi:10.1080/107205399266226

NEIMEYER, R. A., TORRES, C., & SMITH, D. C. (2011). The virtual dream: Rewriting stories of loss and grief, *Death Studies*, *35*, 646–672. doi:10.1080/07481187.2011.570596

NILES, B. L., KLUNK-GILLIS, J., RYNGALA, D. J., SILBERBOGEN, A. K., PAYSNICK, A., & WOLF, E. J. (2012). Comparing mindfulness and psychoeducation treatments for combat-related PTSD using a telehealth approach. *Psychological Trauma*, *4*, 538–547. doi:10.1037/a0026161

NORRIS, F. H. (1990). Screening for traumatic stress: A scale for use in the general population. *Journal of Applied Social Psychology*, *20*, 1704–1718. Retrieved from Wiley Online Library.

PARGAMENT, K. I., KENNELL, J., HATHAWAY, W., GREVENGOED, N., NEWMAN, J., & JONES, W. (1988). Religion and the problem-solving process: Three styles of coping. *Journal for the Scientific Study of Religion*, *27*, 90–104. doi:10.2307/1387404

PENNEBAKER, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, *8*, 162–166. doi: 10.1111/j.1467-9280.1997.tb00403.x

PERLS, F. (1969). *Gestalt therapy verbatim*. New York, NY: Bantam Books. (Original work published 1959)

REEVES, N. C. (2011). Death acceptance through ritual, *Death Studies*, *35*, 408–419. doi:10.1080/07481187.2011.552056

RYAN, R. M., RIGBY, S., & KING, K. (1993). Two types of religious internalization and their relations to religious orientations and mental health. *Journal of Personality and Social Psychology*, *65*, 586–596. doi:10.1037/0022-3514.65.3.586

SAUNDERS, S. M., MILLER, M. L., & BRIGHT, M. M. (2010). Spiritually conscious psychological care. *Professional Psychology: Research and Practice*, *41*, 355–362. doi:10.1037/a0020953

SLOAN, D. M., MARX, B. P., EPSTEIN, E. M., & DOBBS, J. L. (2008). Expressive writing buffers against maladaptive rumination. *Emotion*, 302–306. doi:10.1037/1528-3542.8.2.302

STROEBE, M., & SCHUT, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, *23*, 197–224. doi:10.1080/074811899201046

TEDESCHI, R., & CALHOUN, L. (1996). The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*, 455–471. Retrieved from SocIndex with Full Text.

TEDESCHI, R. G., CALHOUN, L. G., & CANN, A. (2007). Evaluating resource gain: Understanding and misunderstanding posttraumatic growth. *Applied Psychology: An International Review*, *56*, 396–406. Retrieved from SocIndex with Full Text.

THORNE, F. C. (1963). The clinical use of peak and nadir experience reports. *Journal of Clinical Psychology*, *19*, 248–250. Retrieved from Academic Search Complete.

TRAPNELL, P. D., & CAMPBELL, J. D. (1999). Private self-consciousness and the five-factor model of personality: Distinguishing rumination from reflection. *Journal of Personality and Social Psychology*, *76*, 284–304. doi:10.1037/0022-3514.76.2.284

TUGADE, M. M., & FREDRICKSON, B. L. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology*, *86*, 320–333. doi:10.1037/0022-3514.86.2.320

VAN GENNEP, A. (1960). *The rites of passage* (M. B. Vizedom & G. L. Caffee, Trans.). Chicago, IL: University of Chicago Press. (Original work published 1909)

VUJANOVIC, A. A., NILES, B., PIETREFESA, A., SCHMERTZ, S. K., & POTTER, C. M. (2011). Mindfulness in the treatment of posttraumatic stress disorder among military veterans. *Spirituality in Clinical Practice*, *1*, 15–25. doi:10.1037/2326-4500.1.S.15

WATSON, D., CLARK, L. A., & TELLEGEN, A. (1988). Development and validation of brief measures of positive and negative affect: The PANAS scales. *Journal of Personality and Social Psychology*, *54*, 1063–1070. doi:10.1037/0022-3514.54.6.1063

WILLIAMS, M., TEASDALE, J., SEGAL, Z., & KABAT-ZINN, J. (2007). *The mindful way through depression: Freeing yourself from chronic unhappiness*. New York, NY: Guilford.

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