

Praise Hong

MFT 603: Individual & Family Development

Week 3 Reading Points

It was initially surprising to read about the spiritual aspects of grief, particularly where some research “found belief in God to be more predictive of distress than atheism,” and that theism or atheism was not the most important predictors of distress after a death loss. Surely having belief in a higher power would be more beneficial when grieving from a loss, particularly if it entails some assurance in an afterlife that is better than the living world. However, the more I reflected on it, the more it began to make sense. An atheist’s worldview might make it easier to accept good and bad experiences in life simply as they are because there is no inherent purpose or meaning behind why we are here. On the contrary, a theist’s view can actually even result in anger or blame toward God for allowing senseless tragedy to happen. This has given me a new perspective in how to think about grief counseling. Having a religious or Christian client does not make the job any easier; in fact, it might be even harder to guide them through grief work than an atheist client.

Racial health disparity is another important aspect that I need to consider as a therapist. With empirical and statistical evidence for people of color being at more risk of certain health conditions, it’s critical to account for how it can reflect disparity in loss and grief as well. As an Asian American, I recognize that I have a different experience from other communities of color when it comes to healthcare and medical issues. I could be tempted to minimize the disparity amongst minorities or be more sensitive to those with similar experiences as me. I must be proactive in considering how the racial health disparity can impact therapeutic processes for my future clients and not grow complacent just because I’m a minority.

The description of nonfinite or chronic grief in *Grief and Loss Across the Lifespan* hit home because of my personal connections. My sister-in-law (i.e. my husband’s younger sister) has a rare genetic condition that includes developmental delays and autism spectrum disorder. She is nonverbal and unable to care for herself, so my in-laws have always taken care of her every need from feeding, bathing, dressing, using the bathroom, etc. While I was always conscious of how it affected my husband’s upbringing and relationship with his family, I had never known there was a term to describe such an experience. My in-laws have experienced a

great loss without an actual death, but I don't believe they sought professional counseling help for themselves or my husband. I feel more motivated to "normalize" the need to deal with such a type of grief and find opportunities to serve families going through similar struggles and loss.