

# W I L D F L O W E R

Group Discussion Guide

## WILDFLOWER: POINTS TO CONSIDER

The content of this packet is meant to be used as a guide and resource for leading a purposeful conversation about the themes contained in the movie **WILDFLOWER**. Using this guide will help direct the conversation and generate a starting point as viewers express their responses and reactions to the movie. It is safe to say that every individual has had experience with loss, grief, trauma, abuse, healing, victory and triumph at different levels in their lives. Talking about it often sheds light on a self-awareness that helps with what a viewer has or may be currently going through or could help someone find the courage to face something that they could not have in the past.

Sometimes it is much easier to discuss sensitive topics by referring to situations portrayed by the characters such as those in this movie. Leave room for this and allow the group members to speak in the third person. By observation and analysis of the responses and flow of the discussion, a leader can discover a great deal of information by what is **NOT** said and can hear much more of what **IS** said among the members of the discussion by validating an individual's perspective and reinforcing that they have been heard and understood. Remember, having this conversation will be the most enriching and fulfilling if it happens in a friendly environment with trusted relationships within the group. Remind the members of the group that they are not alone in their experiences or any of the situations they face.

Many of the themes contained in **WILDFLOWER** are in real life catalysts for isolation, fear, and misperceptions. This effects how people know and understand themselves, the relationships in their lives and most importantly how God fits into the circumstances and situations they find themselves in. Be prepared to address how faith is central to the discovery of truth and freedom even in the midst of something that may seem hopeless.

As the leader of the discussion, it is important to be mindful to maintain respect and honor on behalf of each of the participants by keeping the conversation on task and relaxed. This discussion is not therapy or a place for intervention. It is meant for discovery and awareness. For some, this could be the very first time ever sharing something very difficult. If one of the members exhibits a great deal of apprehension or an intensity of their emotions, please refer them to a pastor or a mental health professional. It would be good to follow up with that individual at a later date to further encourage them to get help.

We hope that this time of sharing will be meaningful to each member of your group. We are encouraged that these conversations are happening to bring an awareness to many about some very important topics. We pray that God will be honored in and through the discussion of how the characters of **WILDFLOWER** overcame and found healing and freedom in their lives and hope to face their amazing future! Thank you from the makers of **WILDFLOWER**.

### CREATE THE SETTING

The best time to discuss this movie is immediately after viewing it so the details are still fresh in the participants' minds. Finding a location that is non-threatening and private will make sharing a little easier. The hope is that perhaps there will be individuals in the group of different backgrounds and in different seasons of their lives and in their faith, so finding a place that is comfortable for everyone is vitally important. You may be introducing God to someone for the first time, in an intimate setting, about a sensitive topic so avoiding distractions and environments too overwhelmed by traditional church-type surroundings will help ease any pressure someone might feel. It's important to consider these details as they relate to the individuals in your group so that open and honest sharing can take place.

## START HERE

Briefly discuss each of these characters in the movie **WILDFLOWER**. This will be a springboard for further exploration. **You might ask the question like this:**



If you could describe each of these characters *using only one word* what would that be?



**CHLOE** is both beautiful and strong, however psychologically damaged by a life-changing event. A perfectionist when it comes to her art, she is resilient yet unconsciously reeling from memories that have been repressed.



**JOSH** is a thoughtful, but wounded young man, devastated by the loss of his girlfriend who died while they were on a mission trip. Tormented by guilt, he is not yet ready to trust others, and, for now, has lost his faith in everything, even God.



**NICOLE** is Chloe's concerned mother, trying desperately to reach out to her daughter, whose psychological troubles seem to be escalating.



**BROOKE** is the sister of Josh's deceased girlfriend, an intelligent and gracious young woman who has formed a scholarship foundation in her late sister's name. She can see that Josh is still hurting greatly from his loss.

## START HERE (CONTINUED)



If you could describe each of these characters *using only one word* what would that be?



**REBECCA** is Chloe's friend, a warmly sympathetic young woman, always ready to listen to Chloe's troubles while providing heartfelt advice that is couched in tough love.



**MARK** is Josh's older brother, the pastor at Riverside Community Church. While hoping to bring Josh back into the fold, he understands Josh's reluctance. Seeing his own brother struggle with such a difficult loss is painful for him.

### MOVING ON

Here are some questions that will get the conversation started:

1. What did you find hopeful in the story of **WILDFLOWER**?
2. Which character did you find yourself identifying with the most and why?
3. What did you notice about the different relationships between the characters in the story?

### GOING DEEPER

These are the questions that will impact and influence a deeper understanding:

1. What were some of the feelings that came up within you as you watched **WILDFLOWER**? Describe them.
2. Has there ever been a time when you could not put all the pieces together of a painful memory? What happened?
3. Chloe asks Josh a very important question at the end of the movie: "Do you think faith plays a part in healing?" How would you answer that question?

### TIME'S UP

Finish up by thanking each of the participants for their input and encourage them to use what they have learned to pursue a purpose in their lives.

Remind everyone that deep inside there is the power of God who never leaves, who always loves them and who is always victorious no matter what the situation! He is the One who heals and He is the One who saves. He is our only hope!

# IMPORTANT FACTS ON THE ISSUES: PTSD

PTSD develops after a terrifying ordeal that involved physical harm or the threat of physical harm. The person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers.

**SIGNS & SYMPTOMS:** PTSD can cause many symptoms. These symptoms can be grouped into three categories:

## 1. RE-EXPERIENCING SYMPTOMS

Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating

Bad dreams

Frightening thoughts.

Re-experiencing symptoms may cause problems in a person's everyday routine. They can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing.

## 2. AVOIDANCE SYMPTOMS

Staying away from places, events, or objects that are reminders of the experience

Feeling emotionally numb

Feeling strong guilt, depression, or worry

Losing interest in activities that were enjoyable in the past

Having trouble remembering the dangerous event.

Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

## 3. HYPERAROUSAL SYMPTOMS

Being easily startled

Feeling tense or "on edge"

Having difficulty sleeping, and/or having angry outbursts.

Hyperarousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic event. They can make the person feel stressed and angry. These symptoms may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

It's natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a few weeks and become an ongoing problem, they might be PTSD. Some people with PTSD don't show any symptoms for weeks or months. (National Institute of Mental Health)



## IMPORTANT FACTS ON THE ISSUES: TRAUMA

Trauma is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea. While these feelings are normal, some people have difficulty moving on with their lives. Mental health professionals, Pastors and others in the helping profession can help people find constructive ways of coping and managing their emotions. (APA)

Emotional and psychological trauma is the result of extraordinarily stressful events that shatter your sense of security, making you feel helpless and vulnerable in a dangerous world.

Traumatic experiences often involve a threat to life or safety, but **any situation that leaves you feeling overwhelmed and alone can be traumatic, even if it doesn't involve physical harm.** It's not the objective facts that determine whether an event is traumatic, but your *subjective emotional experience* of the event. The more frightened and helpless you feel, the more likely you are to be traumatized.

### CAUSES OF EMOTIONAL OR PSYCHOLOGICAL TRAUMA:

An event will most likely lead to emotional or psychological trauma if:

It happened unexpectedly.

You were unprepared for it.

You felt powerless to prevent it.

It happened repeatedly.

Someone was intentionally cruel.

It happened in childhood.



Emotional and psychological trauma can be caused by single-blow, one-time events, such as a horrible accident, a natural disaster, or a violent attack. Trauma can also stem from ongoing, relentless stress, such as living in a crime-ridden neighborhood or struggling with cancer.

If you've gone through a traumatic experience, you may be struggling with upsetting emotions, frightening memories, or a sense of constant danger. Or you may feel numb, disconnected, and unable to trust other people. When bad things happen, it can take a while to get over the pain and feel safe again. But with the right treatment, self-help strategies, and support, you can speed your recovery. Whether the traumatic event happened years ago or yesterday, you can heal and move on. (helpguide.org - A trusted non-profit guide to mental health and well-being)

## IMPORTANT FACTS ON THE ISSUES: CHILDHOOD SEXUAL ABUSE

For victims, the effects of child sexual abuse can be devastating. Victims may feel significant distress and display a wide range of psychological symptoms, both short- and long-term. They may feel powerless, ashamed, and distrustful of others. The abuse may disrupt victims' development and increase the likelihood that they will experience other sexual assaults in the future.

In the short-term (up to two years), victims may exhibit regressive behaviors (e.g., thumb-sucking and bed-wetting in younger children), sleep disturbances, eating problems, behavior and/or performance problems at school, and unwillingness to participate in school or social activities.

Longer-term effects may be wide-ranging, to include anxiety-related, self-destructive behaviors such as alcoholism or drug abuse, anxiety attacks, and insomnia.

Victims may show fear and anxiety in response to people who share characteristics of the abuser, i.e., the same sex as the abuser or similar physical characteristics. Victims may experience difficulties in adult relationships and adult sexual functioning.

Survivors may feel anger at the abuser, at adults who failed to protect them, and at themselves for not having been able to stop the abuse.

Victims may experience traumatic sexualization, or the shaping of their sexuality in "developmentally inappropriate" and "interpersonally dysfunctional" ways.

Victims may feel betrayed and an inability to trust adults because someone they depended on has caused them great harm or failed to protect them.

Victims may feel powerless because the abuse has repeatedly violated their body space and acted against their will through coercion and manipulation.

Abusers may cause victims to feel stigmatized (i.e., ashamed, bad, deviant) and responsible for the molestation.

Victims of child sexual abuse have higher rates of revictimization (later sexual assaults) than non-victims.

A study conducted in 1986 found that 63% of women who had suffered sexual abuse by a family member also reported a rape or attempted rape after the age of 14. Recent studies in 2000, 2002, and 2005 have all concluded similar results.

Children who had an experience of rape or attempted rape in their adolescent years were 13.7 times more likely to experience rape or attempted rape in their first year of college.

Those with a prior history of sexual victimization are extremely likely to be re-victimized. Some research estimates an increased risk of over 1000%.

A child who is the victim of prolonged sexual abuse usually develops low self-esteem, a feeling of worthlessness and an abnormal or distorted view of sex. The child may become withdrawn and mistrustful of adults, and can become suicidal.

(National Center for Victims of Crime)

**Some victims may appear to be free of the above symptoms.**

## IMPORTANT FACTS ON THE ISSUES: GRIEF AND LOSS

Losing someone or something you love or care deeply about is very painful. You may experience all kinds of difficult emotions and it may feel like the pain and sadness you're experiencing will never let up. These are normal reactions to a significant loss. But while there is no right or wrong way to grieve, there are healthy ways to cope with the pain that, in time, can renew you and permit you to move on.

Grief is a natural response to loss. It's the emotional suffering you feel when something or someone you love is taken away. The more significant the loss, the more intense the grief will be. You may associate grief with the death of a loved one—which is often the cause of the most intense type of grief—but any loss can cause grief, including:

Divorce or relationship breakup

Loss of health

Losing a job

Loss of financial stability

A miscarriage

Retirement

Death of a pet

Loss of a cherished dream

A loved one's serious illness

Loss of a friendship

Loss of safety after a trauma

Selling the family home

The more significant the loss, the more intense the grief. However, even subtle losses can lead to grief. For example, you might experience grief after moving away from home, graduating from college, changing jobs, selling your family home, or retiring from a career you loved.



## IMPORTANT FACTS ON THE ISSUES: GRIEF AND LOSS (CONTINUED)

### EVERYONE GRIEVES DIFFERENTLY

Grieving is a personal and highly individual experience. How you grieve depends on many factors, including your personality and coping style, your life experience, your faith, and the nature of the loss. The grieving process takes time. Healing happens gradually; it can't be forced or hurried—and **there is no “normal” timetable for grieving**. Some people start to feel better in weeks or months. For others, the grieving process is measured in years. Whatever your grief experience, it's important to be patient with yourself and allow the process to naturally unfold. (helpguide.org - A trusted non-profit guide to mental health and well-being)

### THE FIVE STAGES OF GRIEF AND LOSS

The stages of mourning and grief are universal and are experienced by people from all walks of life. Mourning occurs in response to an individual's own terminal illness, the loss of a close relationship, or to the death of a valued being, human or animal. There are five stages of normal grief that were first proposed by Elisabeth Kübler-Ross in her 1969 book *“On Death and Dying.”*

In our bereavement, we spend different lengths of time working through each step and express each stage with different levels of intensity. The five stages do not necessarily occur in any specific order. We often move between stages before achieving a more peaceful acceptance of death. Many of us are not afforded the luxury of time required to achieve this final stage of grief.

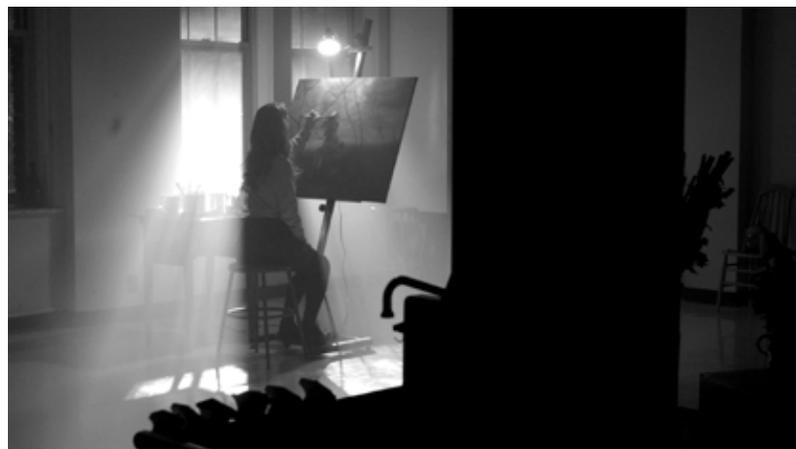
The death of your loved one might inspire you to evaluate your own feelings of mortality. Throughout each stage, a common thread of hope emerges: *As long as there is life, there is hope. As long as there is hope, there is life.*

Many people do not experience the stages in the order listed below, which is okay. The key to understanding the stages is **not** to feel like you must go through every one of them, in precise order. Instead, it's more helpful to look at them as guides in the grieving process — it helps you understand and put into context where you are.

All, keep in mind — all people grieve differently. Some people will wear their emotions on their sleeve and be outwardly emotional. Others will experience their grief more internally, and may not cry. You should try and not judge *how* a person experiences their grief, as each person will experience it differently.

#### 1. DENIAL AND ISOLATION

The first reaction to learning of terminal illness or death of a cherished loved one is to deny the reality of the situation. It is a normal reaction to rationalize overwhelming emotions. It is a defense mechanism that buffers the immediate shock. We block out the words and hide from the facts. This is a temporary response that carries us through the first wave of pain.



# IMPORTANT FACTS ON THE ISSUES: GRIEF AND LOSS (CONTINUED)

## 2. ANGER

As the masking effects of denial and isolation begin to wear, reality and its pain re-emerge. We are not ready. The intense emotion is deflected from our vulnerable core, redirected and expressed instead as anger. The anger may be aimed at inanimate objects, complete strangers, friends or family. Anger may be directed at our dying or deceased loved one. Rationally, we know the person is not to be blamed. Emotionally, however, we may resent the person for causing us pain or for leaving us. We feel guilty for being angry, and this makes us more angry.

**Remember, grieving is a personal process that has no time limit, nor one “right” way to do it.**

The doctor who diagnosed the illness and was unable to cure the disease might become a convenient target. Health professionals deal with death and dying every day. That does not make them immune to the suffering of their patients or to those who grieve for them.

Do not hesitate to ask your doctor to give you extra time or to explain just once more the details of your loved one’s illness. Arrange a special appointment or ask that he telephone you at the end of his day. Ask for clear answers to your questions regarding medical diagnosis and treatment. Understand the options available to you. Take your time.

## 3. BARGAINING

The normal reaction to feelings of helplessness and vulnerability is often a need to regain control—

**If only we had sought medical attention sooner...**

**If only we got a second opinion from another doctor...**

**If only we had tried to be a better person toward them...**

Secretly, we may make a deal with God or our higher power in an attempt to postpone the inevitable. This is a weaker line of defense to protect us from the painful reality.

## 4. DEPRESSION

Two types of depression are associated with mourning. The first one is a reaction to practical implications relating to the loss. Sadness and regret predominate this type of depression. We worry about the costs and burial. We worry that, in our grief, we have spent less time with others that depend on us. This phase may be eased by simple clarification and reassurance. We may need a bit of helpful cooperation and a few kind words. The second type of depression is more subtle and, in a sense, perhaps more private. It is our quiet preparation to separate and to bid our loved one farewell. Sometimes all we really need is a hug.

## 5. ACCEPTANCE

Reaching this stage of mourning is a gift not afforded to everyone. Death may be sudden and unexpected or we may never see beyond our anger or denial. It is not necessarily a mark of bravery to resist the inevitable and to deny ourselves the opportunity to make our peace. This phase is marked by withdrawal and calm. This is not a period of happiness and must be distinguished from depression.

Loved ones that are terminally ill or aging appear to go through a final period of withdrawal. This is by no means a suggestion that they are aware of their own impending death or such, only that physical decline may be sufficient to produce a similar response. Their behavior implies that it is natural to reach a stage at which social interaction is limited. The dignity and grace shown by our dying loved ones may well be their last gift to us.

Coping with loss is ultimately a deeply personal and singular experience — nobody can help you go through it more easily or understand all the emotions that you’re going through. But others can be there for you and help comfort you through this process. The best thing you can do is to allow yourself to feel the grief as it comes over you. Resisting it only will prolong the natural process of healing. ([psychcentral.org](http://psychcentral.org))

