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Grief and Bereavement in the Counseling World

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Abstract

This paper gives an overview of grief counseling, its methodology, its effectiveness, and its techniques. Grief counseling is something that can benefit many of the people in the world who currently suffer from complicated grief and will not be able to work through their trauma alone. Grief counseling is being heavily scrutinized by practitioners in the mental health field to determine its viability as a specialty, and will no doubt produce some interesting inspiration for future research. So, the primary aim right now is to grow the number of studies on how grief counseling is perceived by clients and the techniques used to accomplish it.

In counseling and psychotherapy there is much concern in today's society about improving the quality of care given to clients. This widespread focus on better standards of care has fueled several endeavors to better understand the world of counseling. Grief and bereavement counseling is one of the primary areas of concern in modern society. Everyone experiences the death of a loved one or family member differently, and in no way can the experience be standardized to a single theory. However, since death is a natural occurrence there must be a natural coping mechanism. This mechanism is the focus of grief counseling. Despite this focus, many wonder if grief counseling is really a viable, effective form of therapy. Concern over how grief counseling is done and how effective it is grows every year. So the number of studies on how grief counseling is perceived by clients and the techniques used to accomplish it have grown.

There are several contributing factors to the scrutiny now being directed at grief counseling. It is worth noting here that there are two kinds of grief recognized in the mental health field. Uncomplicated grief is the kind of grief that is worked through naturally by the bereaved without intervention, but complicated grief requires outside intervention by a professional before it is completely worked through (Cutcliffe, 2004). Wass (2004) notes that death education and thanatology have grown in popularity due to the need to understand this final and ultimate experience. With dramatic shifts in doctor/patient relationships concerning diagnosis and prognosis, a major focus of emerging studies is due to a need to better prepare

counselors and doctors for what they will face (Wass, 2004). Less than one-half of the clinical psychology and related programs cover death related problems such as suicide (Wass, 2004). Despite great leaps in thanatology due to increased sensitivity of doctors, the information gathered in thanatology is not reaching the practitioners. Amason (2008) points out that there is an inherent contradiction in death anxiety and how it is handled. Bereavement counseling focuses on the value of individual autonomy, increasing this trait in order to allow the client to cope with the loss he or she has experienced. This is in direct contradiction to the fact that bereavement counseling exists based on the premise that one person is so tragically affected by the loss of another, implying autonomy did not exist in the first place (Amason, 2008). Amason (2008) continues by pointing out that death is really a lengthy social process, mirroring the feelings that are typical in normal grief. Amason (2008) criticizes grief counseling by saying that it “suppresses the client” and that grief is “natural and raw... Emotional expression is only helpful when clients know what emotion is being expressed” (49-50). Whaler (2001) has a slightly different take on grief counseling: stating that there is an inherent search for meaning composed of a search for cognitive mastery and for renewed purpose. This is the true goal of a bereavement counselor. This is apparent in Whaler’s (2001) study about parental bereavement. Parents are specifically vulnerable to complicated grief because the death of a child disrupts the natural order and removes the source of many of the parents’ personal goals and dreams, the search for cognitive mastery and renewed purpose respectively (Whaler, 2001). Finally, a chief concern that has risen to the forefront of mental health is the effect of loss on the mentally ill. People with mental illness are severely at risk for complicated grief with the passing of a loved one (Jones, Harvey, Giza, Rodican, Barreira, & Macias, 2005). Typically, the loss of a close loved one or caretaker can often cause a spiraling of negative emotions and reactions that exacerbate the typical symptoms of the mentally ill person (Jones, et al., 2005). However, these findings vary greatly depending on the age of the bereaved and whether the death was unexpected or not (Jones, et. al., 2005). Therefore, is bereavement counseling is really effective and worthwhile?

One word tied up intrinsically with grief is hope. It is surmised that hope is necessary for healing to occur and that help and hope are linked (Catcliffe, 2004). To that end, bereavement counselors need to inspire hope in their clients to facilitate healing of complicated grief (Catcliffe, 2004). For Catcliffe (2004), the job of the counselor is based on the Implicit Projection of Hope and Hopefulness. In this model, the stages allow for grief counselors to fully heal and inspire hope in their clients. These stages are “forging the connection, facilitating a cathartic release, and experiencing a healthy ending” (176). These ideas question whether or not grief counseling helps or harms the client. However, the quantitative studies of the effects of grief counseling are less than clear. Most studies have a low effect size, and there is level of training to be considered (Jordan & Neimeyer, 2003). Those with more training elicit more positive responses. Of course, there is reason to believe that there is no need for formal intervention in several cases, or that grief counseling as it is done in scientific studies is not effective (Jordan & Neimeyer, 2003). However, in a study done in the United Kingdom on ex-clients’ evaluations of counseling effectiveness there was an overall positive response from the client’s concerning their perceptions of the counseling process and the counselor’s skills (Jordan & Neimeyer, 2003). However, many people posit that only the most satisfied clients responded to the survey in the first place, thereby skewing the results (Jordan & Neimeyer,

2003). On the subject of whether grief counseling works, the verdict is still out. Only time and better standards of training concerning grief counseling will solve the riddle of how effective the bereavement counseling process is.

Concerning techniques in bereavement counseling there are three recent therapies. Group counseling has long been a standard in treatment plans, and the use of group in bereavement and loss counseling is being explored in many new and inventive settings. Olsen and McEwen (2004) studied group counseling concerning loss within state prisons. Because most prisons lack funding for intensive therapy sessions, group therapy is often the most used treatment (Olsen & McEwen, 2004). Inmates experience loss outside of the death of loved ones; they are considered disenfranchised grievers or grievers “removed from the normal support systems, not recognized and validated in their grief by society” (226). This type of loss and the group dynamic have moved the counseling process away from the conventional grief model and into a task oriented model (Olsen and McEwen, 2004). These tasks parallel the phase model, but they give a unique look at the way a person moves through the process. Now, a person can accomplish the tasks in the order that is most appropriate for their own treatment, though all the tasks must be accomplished (Olsen & McEwen, 2004). Another helpful tool when dealing with loss and grief therapy is art. Art therapy has long been used, especially with children, to work through feelings and emotions that are sometimes too painful to talk about out loud (Finn, 2003). Children are often forgotten in the grieving process, and their grief becomes disenfranchised (Finn, 2003). School based practitioners are in a prime setting to work with child grief via groups and art therapy. Art is one of the most highly cited forms of therapy used in working with grief (Finn, 2003). The objectives of art therapy directly parallel the grief model tasks:

Task 1: Accept the Reality of the Loss

Task 2: Work through the Pain of Grief

Task 3: Adjust to an Environment in which the Deceased is Missing

Task 4: Emotionally relocate the Deceased and Move on With Life (Olsen & McEwen, 2004)

Art works to allow the client some control over his or her life, and this control helps normalize the event and move through the tasks. One new twist on art therapy is called the Web (Trippany, Barrios, Helm, & Rowland, 2004). A client created technique, the Web allows the client to visually represent the current emotions they are experiencing by drawing and coloring the emotions on cards (Trippany, et. al., 2004). The cards are then attached to each other via strings and paperclips. The emotions are linked in ways that make sense to the client, and an overall picture of the source emotion is typically displayed as the card with the most other cards attached (Trippany, et. al., 2004). This will allow the therapist and client to get a visual representation of the emotional state of the client while also giving a tool for later comparison to measure success and growth in the course of treatment. With such innovative and helpful tools, it is not hard to see why grief counseling is still sought out by the bereaved.

Grief takes many forms, and so to does the tool we use to fight grief when it has worn out its welcome. Grief counseling is under intense scrutiny, but it continues to gain support from clients who have felt its effects first hand. The techniques in grief counseling are

innovative and allow for growth and individuality to flourish. In the new millennium no doubt there will be even more room for expansion, and a new set of quantitative data that will better represent the effectiveness of the grief counseling movement on the clients of the future.

References

- Amason, A. (2007, Feb.). Fall apart and put yourself together again: The anthropology of Death and Bereavement Counseling in Britain. *Mortality*, 12(1), 48-65.
- Cutcliffe, J. (2004, March). The Inspiration of Hope in Bereavement Counseling. *Issues In Mental Health Nursing*, 25(2), 165-190.
- Finn, C. (2003, June). Helping Students Cope with Loss: Incorporating Art into Group Counseling. *Journal for Specialists in Group Work*, 28(2), 155-165.
- Gallagher, M., Tracey, A., & Miller, R. (2005). Ex-clients' Evaluation of Bereavement Counseling in a Voluntary Sector Agency. *Psychology and Psychotherapy Theory, Research, and Practice*, 78, 59-76.
- Jones, D., Harvey, J., Giza, D., Rodican, C., Barreira, P., & Macias, C. (2005, Oct.). Parental Death in the Lives of people with serious mental illness. *Journal of Loss and Trauma*, 8(4), 304-322.
- Jordan, J., & Neimeyer, R. (2003, Nov). Does Grief Counseling Work? *Death Studies*, 27(9), 765-786.
- Olson, M., & McEwen, M. (2004, June) Grief Counseling groups in a medium security prison. *Journal for Specialists In Group Work*, 29(2), 225-236.
- Trippany, R., Barrios, P., Helm, H., & Rowland, K. (2004, March). The Web: A constructivist intervention in counseling. *Journal of Professional Counseling: Practice, Theory, and Research*, 32(1), 30-40.
- Wass, H. (2004). A Perspective on the Current State of Death Education. *Death Studies*, 28, 289-308.
- Whaler, I. (2001, Jan.). Parental Bereavement: The Crisis of Meaning. *Death Studies*, 25(1), 51-66.

Biographical Sketch

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