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Current Trends in Grief Counseling

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All counselors will work with clients facing issues of grief and loss. It could, in fact, be argued that all client issues involve elements of grief and loss. Given the prevalence of grief issues within the field, it is imperative that counselors be prepared to work with diverse clients and their unique grief issues. Currently, the Council for Accreditation and Related Educational Programs (CACREP) does not require specific training in the area of grief and loss and many practicing counselors continue to utilize outdated models such as Kubler-Ross (1969). Further training, therefore, is the responsibility of each counselor. It is critical that counselors educate themselves on grief and loss issues in order to provide effective counseling services that consider individual client needs and experiences. This article will provide an overview of the current trends in grief counseling. These trends include the recognition of the uniqueness of the griever, questioning the grief work hypothesis, continuing bonds with the deceased, recognition of culture, and the use of multiple theoretical models that reflect these trends.

Recognition of the Uniqueness of the Griever

In the past, counselors relied on phase or stage models to conceptualize the grieving process. Most notably, Kubler-Ross' (1969) stage model, originally describing the grieving stages of terminally ill patients, received substantial recognition in the general public as well as the professional community as it was applied to grief. She proposed a five stage model that includes denial, anger, bargaining, depression, and acceptance. Other phase, stage, and task models (Bowlby, 1980; Rando, 1984; Worden, 2002) became prominent methods of conceptualizing bereavement grief but have been criticized because of an implication of universality and logical progression that ignores the complexity and individuality of the grieving experience (Neimeyer, 1999; Weiss, 1998; Wortman & Silver, 1989). Rando (1993) pointed out that with some task models there is a suggestion that each task is completed or should continue to be addressed. She

asserted that emphasis is placed on outcome rather than process. Today, the predominant view of bereavement grief recognizes the complex and highly individualized nature of this process. It is believed that individuals are influenced by a number of factors including culture, experience, and personality and each affects the way bereaved individuals experience and express their grief (Doka & Davidson, 1998; Irish, Lundquist, & Nelsen, 1993; Rosenblatt, 2001; Shapiro, 2001). Emphasis is placed on the notion that there are a variety of healthy responses to loss, based on these individual differences. From this perspective it becomes imperative for grief counselors to conceptualize their clients from a socio-cultural and intra-personal perspective.

Grief Work Hypothesis

The term "grief work," originally coined by Freud (1917/1957), refers to an individual experiencing and expressing strong emotions related to a loss. The traditional viewpoint posits bereaved individuals must undergo grief work in order to recover from loss. That is, they must experience "a period of working through the thoughts, memories, and emotions associated with the lost relationship…" (Bonanno, 2001, p. 496). This working through was seen as a way of neutralizing the stimuli which leads to reduced distress (Weiss, 1998).

More recently, researchers have suggested that while many may benefit from grief work, it is not necessarily a useful strategy for everyone. Specifically, it has been shown that some bereaved individuals appear to be better served through the suppression of emotions or through employing methods of distraction (Bonanno, Keltner, Holen, & Horowitz, 1995). For these individuals, a traditional emphasis on grief work could complicate their natural grieving process rather than assist it. Additionally, Flannery (1992) suggested that it may be more adaptive for some individuals who have experienced traumatic events to suppress memories rather than engage in grief work.

Bonanno (2004) discussed the resilience of most individuals following traumatic events. He stated that many people who are faced with loss are able to function with limited disruptions and are capable of experiencing and expressing positive emotion during this time. Additionally it has been proposed that not all bereaved individuals experience extreme distress from their loss (Bonanno, 2001; 2004; Center for the Advancement of Health, 2004; Wortman & Silver, 1989, 2001). Weiss (1998) pointed out "the conclusion that seems on its way to becoming a consensus" is that although grief work is still very valuable for many individuals, others do not find it necessary in the healing process (p. 349).

Continuing Bonds With the Deceased

Throughout the 20th century, one of the predominate beliefs about successful bereavement was that people needed to sever ties with the deceased in order to achieve a healthy resolution to their grief (Freud, 1917/1957; Silverman & Klass, 1996). It was believed that grief had a distinct ending point allowing the bereaved to put the past behind them and move forward with life without looking back (Rosenblatt, 1996). While there are credible arguments regarding the maladaptive nature of some attachments to the deceased (Field & Bonanno, 2001; Field, Gal-Oz, & Bonanno, 2003), numerous

researchers now believe that for many people, continuing bonds with the deceased is a normal part of healthy adaptation (Klass & Walter, 2001; Klass, Silverman, & Nickman, 1996; Wortman & Silver, 2001).

Klass and Walter (2001) identified four ways in which many bereaved individuals maintain bonds with the dead. The first involves sensing the presence of the dead. The authors reported that many bereaved individuals feel that their loved one is near even years after the death. The second area of continued bonds is talking *to* the dead. Though the authors reported there has been little research addressing how often the bereaved talk with their lost loved ones, it appears that many people carry on conversations with the departed. A common place for such conversations is at the deceased's grave. The third type of continuing bond is the use of the deceased as a moral guide. The bereaved will often times see the deceased as a role model to which they can aspire or they may think about how the deceased would have handled particular situations they are currently facing. Additionally, the bereaved may adopt (or reject) the value system of the deceased or integrate their memory into their lives in such a way that helps to define who they are. The fourth category of continuing bonds deals with the bereaved talking *about* the deceased. Many who have lost a loved one will talk to others who knew the dead in the hopes of knowing more about the one they have lost. The authors gave the example of a father who talked with his late son's teenage friends to get a clearer picture of all aspects of his son's life, thus continuing the relationship.

Recognition of Culture

More and more, the counseling profession has begun to recognize the significance of an individual's unique cultural perspective and its implications for conceptualization and treatment. Mental health professionals seek to work within clients' cultural value systems and try to be sensitive to their unique needs and traditions (Bucher, 2004; Sue & Sue, 2003). This shift is also seen within the field of grief. Today, counselors view the bereaved as unique individuals whose grieving process is influenced by many intra and interpersonal factors including culture. Within grief a person's cultural influences can be seen in many ways. Beliefs regarding death, dying, and the process of mourning will shape expectations associated with the grieving process. Additionally, perceived rules and roles of each element of one's culture (e.g., ethnicity, gender, and geographic location) can be powerful agents in shaping thoughts, feelings, and behaviors during a time of grief.

Each society, as well as the individuals within it, has traditions and rituals that provide structure to the grief experience and outline expected behaviors. There is wide variation between and within cultures regarding what is appropriate following a death (Doka & Davidson, 1998; Irish et al., 1993, Shimabukuro & D'Andrea, 1999). Due to the vast differences, it is impossible to discuss all variations within cultural groups. It is important that counselors identify clients' unique cultural influences and consider their impact on the grieving process rather than working from stereotypes. Some influences include emphasis on family and community, expectations regarding public displays of emotion, recognition of death as being a part of life, life beyond death, and various religious rituals (Aros, Buckingham, & Rodriguez, 1999; Barrett, 1998; Bonanno, Papa,

Lalande, Zhang, & Noll, 2005; Gilanshah, 1993; Hai & Husain, 2000; Klass & Goss, 1998; Perry, 1993; Rubin & Yasien-Esmael, 2004; Younoszai, 1993).

It is important to understand the personal impact of these influences regarding the grieving process and appropriate grief expression. In some cases it may be helpful for counselors to incorporate spiritual leaders or trusted members of the community when seen as culturally appropriate (Sue & Sue, 2003). Shapiro (2001) suggested that interventions should include "systematic, individualized assessment and collaborative planning to diminish stressors and identify existing and new resources…" (p. 319).

Multiple Theoretical Orientations

Unlike the days when Kubler-Ross' stages of grief dominated the landscape, mental health professionals today are looking to a variety of models to conceptualize their clients (Center for the Advancement of Health, 2004). Currently there is no one dominant theoretical model for working with clients' issues of grief and loss; rather the ways counselors conceptualize grief are as diverse as the clients themselves. While many paradigms remain, there are some schools of thought that seem to be more prevalent in the literature; these include: attachment theory (Shaver & Tancredy, 2001; Stroebe, 2002), dual process model (Parkes, 2002; Servaty-Seib, 2004; Stroebe & Schut, 1999), constructivism (Averill & Nunley, 1993; Neimeyer, 2000; Neimeyer et al., 2002; Rosenblatt, 2001), and Adaptive Grieving Styles (Doughty, 2009; Martin & Doka, 2000).

Attachment Theory

Though not originally designed to describe bereavement reactions, but rather separation from primary caregivers, attachment theory is a major force in understanding and facilitating bereavement grief. Stroebe (2002), discussing this theory's impact on the study of bereavement, stated that "…attachment theory is the most powerful theoretical force in contemporary bereavement research..." (p.127). Attachment theory evolved from John Bowlby's work regarding the effect of parental loss and/or deprivation on children. Bowlby theorized that the most important attachment an infant has is to his or her mother (later revised to "mother figure" or primary caregiver) and the quality of this attachment will affect his or her relationships throughout life (Bowlby, 1980; Parkes, 2001; Stroebe, 2002). Building upon Bowlby's work, Ainsworth identified three attachment styles; secure, anxious/ambivalent, and avoidant (Ainsworth, Blehar, Waters, & Wall, 1978; Parkes, 2001, 2002). Later, Main and Solomon (as cited in Shaver & Tancredy, 2001) identified a fourth attachment style, disorganized/disoriented.

Anxious/ambivalent attachments are marked by the child's perception of his or her caregiver as undependable (Collins & Feeney, 2000). This style is the result of mothers who are fearful and unfeeling to their children while keeping them close and not allowing for investigation of the world around them. When the caregiver is absent, these children will "both cling to and angrily cry at their mother when she returns" (Parkes, 2001, p. 38). The avoidant attachment style is created by a mother who is emotionally unavailable and does not allow for displays of attachment. Her children learn to suppress any impulses for closeness and will appear unaffected during separation from their caregiver (Parkes, 2001). The disorganized/disoriented attachment style encompasses a wide variety of disorganized behaviors. These children grow up in chaotic environments,

usually with parents dealing with issues of their own, leading to sadness and feelings of helplessness (Parkes, 2002). Conversely, children with secure attachments are marked by a sense of worthiness and being valued by the caregiver. These children are able to cope with separations from their caregiver and also welcome her or his return (Ainsworth et al., 1978; Parkes, 2001).

Researchers utilize attachment theory to conceptualize individuals' varying reactions to bereavement. Recent studies have shown that there are connections to attachment style and bereavement response (Parkes, 2002; Servaty-Seib, 2004; Wayment & Vierthaler, 2002). It appears that the anxious/ambivalent style can result in extended, "chronic," or "complicated" grief, the avoidant style can result in "absent grief," and the disorganized/disoriented style can result in signs of learned helplessness when facing the death of a loved one. Mental health professionals can use these models to provide preventative care to individuals facing the loss of a loved one.

Dual Process Model

The dual process model of coping with bereavement (Stroebe & Schut, 1999) identified two types of stressors related to bereavement: loss-oriented stressors and restoration-oriented stressors. Loss-oriented stressors are essentially those that relate directly to the death and the feelings associated with it. These types of stressors include ruminating on the emotions associated with the deceased, concentrating on how life had been prior to the loss, and focusing on the actual circumstances surrounding the death. Restoration-oriented stressors deal more with the secondary losses associated with bereavement. These stressors include the acquisition of new roles the bereaved must take on in the absence of their loved one, creating a new life without the deceased, and relating to friends and family in new ways. Within the dual process model, the authors asserted that bereaved individuals go through a process of oscillation between attending to loss-oriented stressors, restoration-oriented stressors, and periods when they do not focus on their grief at all. This oscillation is viewed as a healthy response to loss and a process of adaptation. The authors asserted that problems in this oscillation are what lead to complications in the grieving process.

This model is unique in that it combines elements of other models to provide a more comprehensive picture of grief. While the bereaved focus on loss-oriented stressors, they are more likely to engage in what has been termed "grief work," the processing and expression of strong emotions related to the loss. While the model allows for this to be of some benefit to certain individuals, it also allows for the bereaved to focus more on tasks associated with the present and future reorganization of their lives. In addition, the benefit of "dosing" or allowing the self to take a break from grief or even deny the severity of the situation is acknowledged and seen as a normal part of the grieving process (Parkes, 2002; Servaty-Seib, 2004; Stroebe & Schut, 1999).

Constructivism

Constructivism posits an individual's reality is organized through how he or she makes sense of his or her experiences, perceptions, and narratives. Therefore constructivist thinking emphasizes multiple truths as organized by each individual (Neimeyer, 1993; Servaty-Seib, 2004). Models of meaning reconstruction or meaning making have their roots in constructivist thought (Neimeyer, 1999; Servaty-Seib, 2004)

which views individuals as creating their own reality through the meanings they find within their lives.

Following the death of a loved one, many bereaved individuals may question the reality they have constructed for themselves. Their assumptions about the world have been confronted and they are challenged to reorganize their assumptions about the world. The result is a crisis of meaning. The bereaved may question "Why me?" "Why did this happen?" or "How can I go on?" (Davis, Wortman, Lehman, & Silver, 2000; Servaty-Seib, 2004). The bereaved must reconstruct their personal world of meaning without their significant other. In fact, it has been said that "meaning reconstruction in response to a loss is the central process in grieving" (Neimeyer, 1999, p. 67). Neimeyer (2000) broadly defined this type of meaning reconstruction as including:

1. The attempt to find or create new meaning in the life of the survivor, as well as in the death of the loved one.
2. The integration of meaning, as well as its construction.
3. The construction of meaning as an interpersonal, as well as personal, process.
4. The anchoring of meaning making in cultural, as well as intimate, discursive contexts.
5. Tacit and preverbal, as well as explicit and articulate, meanings.
6. The processes of meaning reconstruction, as well as its products. (p 552-554)

Neimeyer (1999) suggested counselors employ narrative strategies with bereaved clients searching for meaning following a loss. Narrative therapy posits we organize our lives by the stories we tell ourselves and others. These stories give structure and meaning to our experience. Our stories are fluid and may be revised to reflect new experiences and new meaning (Gilbert, 2002). Some narrative strategies that may be employed with bereaved individuals struggling to reconstruct meaning include writing epitaphs, journaling, acknowledging how the deceased influenced their lives, and writing poetry to express the experience of grief (Neimeyer, 1999).

Adaptive Grieving Styles

Reflecting the recent trends in the field of bereavement, Martin and Doka (2000) presented a model of adult grief that recognizes the unique nature of this complex process. Adaptive grieving styles reflect an individual's distinctive use of cognitive, behavioral, and affective strategies in adapting to loss. An individual's grieving style is a reflection of many diverse variables including personality and culture. Adaptive grieving styles consist of three patterns, *intuitive grieving*, *instrumental grieving*, and *blended grieving*. Patterns of grief are distinguished through the individual's internal experience of loss and outward expression of grief. The intuitive style is marked by a heightened experience and expression of emotion and a desire to talk about the loss. Conversely, the instrumental style is marked by a more cognitive approach, the desire to control emotion, and a focus on performing tasks and problem solving. Instrumental grievers show far less emotion than intuitive grievers and it is theorized that their emotions may even be less intense than for intuitive grievers. Martin and Doka (2000) suspected that most people, however, are blended grievers, meaning they utilize both intuitive (affective strategies) and instrumental (cognitive behavioral strategies) grieving styles, usually with one style more dominant than the other. It is important to note that while adaptive grieving styles may appear to fall along gender lines, there is evidence to the contrary. While gender

may influence style, it does not determine it. Men can be more intuitive and women more instrumental.

According to Martin and Doka (2000), individuals experience problems when they try to adopt an approach that is counter to their natural style. For instance, an intuitive male who tries to appear more "manly" by suppressing his emotions; or an instrumental male who believes his lack of emotion appears as if he didn't truly love his late wife. In either case, *dissonance* arises and disrupts the natural grieving process.

Conclusion

All counselors will work with clients on issues of grief and loss. This article provides additional information to help counselors prepare to work with these clients. CACREP does not currently require a specific training in grief and loss and therefore, many counselors may not be adequately trained to treat a diverse client population and their grief experiences. Counselors need to be aware of the current trends in grief counseling, which include recognizing the uniqueness of the griever, questioning the grief work hypothesis, continuing bonds with the deceased, recognition of culture, and the use of multiple theoretical models that reflect these trends. It is critical that practicing counselors continue to consider new research and methods of conceptualizing individuals facing grief and loss in order to better meet the client's unique needs.

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