An Overview on Perceptions of Grief Implemented into Counseling

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Abstract

The study of grief and bereavement is a complex subject and has been developed through various psychologists and individuals who have done research on it. Analyzing the development of grief counseling approaches is vital to understanding how the knowledge known today regarding bereavement was acquired and extended throughout the 19th century. Chapter one focuses on the historical analysis of grief counseling as well as how and why general perceptions of grief have changed over time. The events that were significant turning points to the development of grief counseling approaches are highlighted in this chapter. In chapter two, the focus shifts to factors and variables that contribute to being an effective grief counselor. The factors discussed are specific to the needs of societal standards today and reflect current literature on grief. In chapter three, the problem of childhood bereavement having unpleasant outcomes is discussed and was combated with solutions to alleviate the likelihood of these circumstances. Lastly, chapter four is a reflection on the experience at my field placement, Emma's Place, which is a grieving center for children and families. Significant connections between my field placement and the first three chapters of my paper were made. The general goal of this paper is to provide an overview of grief and how it is approached, throughout history and in current times.

Chapter 1:

"The Historical Analysis on the Development of Grief Counseling and Changes to its General Perception"

Beginning in the early nineteenth century when Sigmund Freud proposed his theory of grief work, to the late nineteenth century when Stroebe and Schut proposed the Dual Process Model of Coping with Bereavement, the way grief is understood as well as counselors' approaches to grief counseling has evolved. During the historical events of World War 1 and World War 2, the needs of those who were grieving began to change. Prior to wars and Freud's theory on grief, an event as tragic as losing a child was a normality and didn't require significant attention. Freud's ideas were substantially influential on various psychologists, who proposed theories to further develop the general perception of grief. The focus of this chapter is to historically analyze the development of grief counseling from the publication of Freud's *Mourning and Melancholia* to the psychological theories of Kubler-Ross and Stroebe and Schut who contributed to its development and brought about change in the way in which grief is understood.

At the time of the first millennium, death in infancy was a common event. The first year of life had the greatest mortality while few people survived to old age (Parkes, 2002). An event that is considered immensely horrific today was once an occurrence that mothers could not only move on from quickly, but even boasted about. A belief held onto by millennials was that the soul of their deceased infant would immediately become a cherub in heaven which was boasted about by mothers who viewed this as contributing multiple cherubs to heaven depending on how many infants they had lost (Parkes, 2002). Although death in infancy was a historic trend of this time period and is disturbing to societal standards now, feelings of grief and sorrow were not

foreign concepts, and there were other types of bereavement that did cause grief such as the death of older children (Parkes, 2002). Dying of a broken heart can even be traced back to Biblical times, confirmed in a study by Benjamin and Fitzgerald in 1969 which indicated that first year widowers had a rise in heart disease after losing their spouse and had high mortality rates (Parkes, 2002). The way grief was understood in the first millennium led to individuals feeling apathetic toward death in infancy, but would later change in several centuries as the demands of grief became increasingly vital.

During WWI in the early nineteenth century, Freud published *Mourning and Melancholia* where he established the difference between mourning and melancholia and proposed his grief work hypothesis which ultimately changed perceptions of grief, and got it to be considered in the psychological domain. The publication of his work had come at an appropriate time during the war which was validated in the 1960s by Geoffrey Gorer, an English anthropologist and writer, who stated that rising death rates during WWI are what paid show to mourning in earlier years (Parkes, 2002). Grief was being heavily repressed and a change was desperately needed. Many at war had developed a "stiff upper lip," a saying used to describe warriors who had their grief under firm control by repressing it (Parkes, 2002). In *Mourning and Melancholia*, Freud describes mourning as expressing feelings in a healthy manner, and the conscious mind working through one's grief to eventually accept the loss for what it is (Freud, 1912). On the other hand, he described melancholia as unresolved grief that becomes a part of the unconscious mind as it is too unbearable for the conscious mind to process (Freud, 1912). Essentially, Freud's grief work theory meant that the grieving must break ties with the deceased, readjust to new life circumstances, and build new relationships (Hamilton, 2016). Freud's efforts initiated psychologists to think about grief as a phenomena that can affect the psyche. This led them to

agree that grief should be considered as part of the psychological domain (Granek, 2010) and has had lasting effects since then. Freud's grief work hypothesis had laid a new foundation for the grieving process, that psychologists could reflect on to further develop his work, contributing to perceptions of grief greatly evolving.

As various psychologists began to theorize and propose ideas about grief, much of what historical figures had to say such as Erich Lindemann and John Bowlby was influenced by Freud in some way. In 1944, Erich Lindemann, a psychoanalyst, published the *Symptomatology and the Management of Acute Grief* which transitioned and pivoted grief to be further developed as a psychological kind, giving further relevance to bereavement at the end of WW2 (Granek, 2010). Lindemann had found confirmation in his work with bereaved individuals through Freud's theory of repression (Parkes, 2002). Lindemann's research had followed the event of the Cocoanut Grove Fire which killed 42 people and was the deadliest nightclub fire in history (O'Connor, 2019). His efforts to further develop grief in the psychiatric domain was also directly correlated to war casualties and the demands of evaluating the mental and physical effects of the population (Lindemann, 1944). Lindemann gave clear and concise reasonings for his beliefs, proposing that grief is a definite syndrome with psychological and somatic symptomatology which required that it be treated as a psychiatric disorder; being predicted, managed, and subsequently treated by professionals (Granek, 2010). The initial response to the distress of losing a loved one would not typically indicate that medical attention was needed but as the psychiatrist, it was vital to get past the initial reaction of the patient's distress to truly understand their trauma and whether or not they represent clear and cut neuroses (Granek, 2010). Lindemann's efforts were a success and provided additional support to Freud's theory on repressed grief, giving individuals an even deeper understanding of how to work through it. As Granek (2010) stated, "While Freud put

grief on the map, Lindemann (1944) charted the territory." Lindemann was also the first to bring bereavement studies to be empirically tested; using quantitative methods, epistemologies, and experimental apparatuses which brought grief from a psychoanalytic concept to a psychiatric one (Granek, 2010). The efforts of Lindemann in the 1940s brought perceptions of grief into the following era of it being treated as a psychiatric disorder, while also introducing empirical based research to support it.

In the 1950s, British psychologist John Bowlby was also heavily influenced by the ideas of Freud and contributed to the study of bereavement by proposing his theory of attachment, proving that how individuals grieve and respond to loss partially stems from the organization of their attachment system (Frayley, 2018). He proposed that children, beginning in infancy, had attachments to their primary caregiver and that the level of attachment depended on the availability and responsiveness of the caregiver, which could have psychological effects into adulthood (Bowlby, 1960). Prior to this, Freud proposed that psychoanalytic theory was the development of attachment to the satisfaction of the child's instinctual drives by the mother and that the mother and child's emotional bond forms through the attachment to their mother as the provider of food (Rosenberg, 2013). Bowlby then developed his theory by combining psychoanalytic and learning theory (Rosenberg, 2013). Bowlby held an ecological perspective on attachment and loss, which was one of his most major contributions to the study of bereavement (Frayley, 2018). This perspective suggested that infants of all species could explore and engage in social interactions when they felt secure with their attachment figure (Frayley, 2018). On the other hand, inaccessibility to the attachment figure may produce a rise in anxiety, followed by an attempt to reestablish contact through protesting, searching, approaching, and clinging (Frayley, 2018). As explained, Bowlby and Lindemann's contributions to the study of bereavement can be

traced back to the influence of Freud, and were detrimental to its development and changes in the general perception of grief.

Bowlby's theory of attachment would eventually be extended upon at various angles by Colin Murray Parkes and Mary Ainsworth, which has had lasting effects contributing to the study of bereavement. In 1970, Colin Murray Parkes, a British psychiatrist, extended on attachment theory by proposing the four stages of mourning, (Servaty-Seib, 2004) as well as Mary Ainsworth, an American-Canadian psychologist who further developed ideas on attachment in 1970 by creating a systematic way of studying it (Parkes, 2002). These historical figures have also contributed to the general studies of bereavement's development. Colin Murray Parkes worked under the supervision of Bowlby and had published several articles of his own regarding grief (Granek, 2010). Together, they proposed a model of mourning including four stages; numbness, yearning and searching, disorganization and despair, and reorganization (Servaty-Seib, 2004). The four phases enforced the concept that grieving is a process and Parkes had stated that the patterns he identified were descriptive, only a rough guide (Servaty-Seib, 2004) and were not clear-cut predictions (Frayley, 2018). He also proposed that it is possible for oscillation to occur back and forth between two stages (Frayley, 2018). In addition, Parkes was able to extend on Bowlby's attachment concept in describing what he called a "grief-prone personality" which modeled poor outcomes that anxiously attached individuals may face, supported with empirical evidence (Frayley, 2018).

Parkes' work took grief studies down a new route since it revolved more around the empirical and scientistic rhetoric of the time, whereas Bowlby's theories were psychoanalytic in orientation (Granek, 2010). His methods were empirically sound and grounded in science which would assimilate into contemporary psychological culture and even paralleled some of

Lindemann's work in 1944 (Granek, 2010). He refers to grief as a complex process which requires professional intervention, supporting his claim with evidence that the bereaved have increased mortality rates and physical problems, turning it into a physical and mental disorder, also defended by American psychiatrist George L. Engel. (Granek, 2010). Parkes believed that adults who were characterized as insecure, dependent, anxious, or fearful often had an underlying cause of mourning (Frayley, 2018). In the period of the 1970s, Parkes' extension on attachment theory, inspired by Bowlby, has provided significant insight to mourning which has further developed methods in grief counseling due to identifying various phases which have empirical validity.

Additionally in 1970, Mary Ainsworth extended on Bowlby's theory by constructing a systematic way of studying various types of attachment, and has contributed to bereavement studies by suggesting that each of the attachment styles will respond to bereavement in a unique manner (Parkes, 2002). Ainsworth's goal wasn't to confirm Bowlby's attachment theory, but to see if conceptualizing the child's tie to its mother as secure would fit what mothers and babies actually do (Ainsworth, 2015). Her emphasis on the secure base concept is also what motivated the original attachment theory to evolve (Ainsworth, 2015). She had developed the Strange Situation Test, and used it to investigate the interplay of attachment in a controlled laboratory setting (Frayley, 2018), giving her the ability to distinguish between secure and insecure attachments with the help of her colleague Mary Main (Parkes, 2002). Among their studies they concluded that there were three identified major patterns of infant-mother attachment: secure, resistant, and avoidant (Frayley, 2018). Parkes (2002) had also developed a questionnaire to test variation of responses in bereavement of the different attachment styles. This confirmed that people with secure parental attachments show less grief and have lower scores of distress after

bereavement. Parkes (2002) noted that anxious and ambivalent attachment styles, caused by inconsistencies in parenting, may lead to suffering from protracted grief and a continued tendency to cling, whereas avoidant attachment styles find it difficult to express affection and grief. In the early 1970s, the work of Ainsworth and Parkes provided additional research and gave further understanding on grief, by extending on Bowlby's attachment theory and how their work affects grief outcomes.

To touch upon the notion of grief being classified as a medical condition, which as mentioned earlier was proved by Parkes, it is also important to acknowledge that American psychiatrist George L. Engel proposed this same idea and originally sparked curiosity about it. In 1960, Engel published *Is Grief a Disease?* which provided an original psychosomatic perspective on grief, suggesting that grief is a proper and legitimate subject for study by medical scientists (Engel, 1960). Engel's work supported the claims of Parkes, bringing out that grief is a great cause of mental pain which interferes with one's effectiveness of functioning due to the bodily and psychological symptoms that occur (Parkes, 2002). Engel supported his and Parkes' claim that grief was a disease by interviewing psychiatric patients, finding that twenty-eight out of twenty-nine of them were suffering from variants of typical grief (Granek, 2010). Although Engel's work contributed to the study of bereavement by giving it a psychosomatic perspective and encouraging psychiatric treatment for it, some felt that it was unfair to classify the grieving with a psychiatric diagnosis and that medical treatment wasn't the best option for it (Parkes, 2002). Still, the use of psychiatry to treat this illness had been justified by Parkes, who was credited for providing sound descriptions of grief based on empirical methods and hard evidence (Granek, 2010). In doing so, Parkes contributed to the field of bereavement, giving evidence to why grief should be treated as a psychiatric disease which was an argument originally fuelled by

Engel's publication *Is Grief a Disease.*

Despite the various efforts and advancements made by the historical figures discussed, it wasn't until the late 1960s when Elisabeth Kubler-Ross proposed the Kubler-Ross model in her book *Death and Dying,* and later on again in 1999 when Margaret Stroebe and Henk Schut proposed the dual process model of coping with bereavement, that significant change was made to grief counseling approaches, and introduced brand new models to cope with bereavement. Kubler-Ross, a Swiss-American psychiatrist, proposed the Kubler-Ross model as a descriptive outlook on how different responses to bereavement may manifest in terminally ill patients (Servaty-Seib, 2004), and overtime became the five stages of grief which we know today: (1) shock and denial; (2) anger, resentment and guilt; (3) bargaining; (4) depression; and (5) acceptance (InPsych, 2011). Her model eventually became the most well-known model to conceptualize grief as a series of predictable events (InPsych, 2011), although Kubler-Ross had emphasized that the stages were intended to be only a rough guide (Servaty-Seib, 2004). The general perception of grief has greatly changed since the five stages of grief was proposed since it has become so widely adhered to and deeply ingrained in the culture (InPsych, 2011). It has also helped people understand their own reactions to significant loss, and is routinely taught in medical school and nursing curricula (InPsych, 2011). Kubler-Ross had proposed the five stages of grief based on information she gathered from interviewing terminally ill patients, observing a common pattern of emotions in the patients (Corr, 2020), and explained that failing to work through the emotions could result in complications (InPsych, 2011). The Kubler-Ross model clearly had an impact and intrigued many, as she had over two hundred interviews over the course of almost 3 years (Corr, 2020). Since Kubler-Ross's model was proposed, the field of thanatology has also had significant and profound advances (Servaty-Seib, 2004). Kubler-Ross

has also been credited with humanizing the process of dying, which could set a foundation for a modern hospice movement to grow (Larson, 2014). The effects that the Kubler-Ross model had on approaching grief became a significant turn in the development of grief counseling.

Although the Kubler-Ross model has had major significance to bereavement studies, approaches in grief counseling, and helping people understand their grief, there has also been much controversy over it. In Kubler-Ross' book, she had warned readers that not everyone will experience each stage, nor at the same rate or in the same order, and still many felt that the stages were rigid and linear (Corr, 2020). Even in her attempts to warn the grieving not to misuse the model, many were under the impression that the stages enforced a standard for how the grieving process should unfold (Corr, 2020) and that the model overlooks the remarkable uniqueness of the grieving process (Servaty-Seib, 2004). Various authors proposing criticisms about the model represent how misunderstood it truly was, with many arguing it didn't have any empirical validity (Corr, 2020). Additional complaints were that the model failed to meet essential criteria for psychological stages, such as irreversibility, an invariant sequence, universality, as well as not meeting the uniqueness of each individual's grieving needs (Larson, 2014). In several thanatology textbooks it was also suggested that the stage-based model does not pertain to individuals who are grieving the death of a loved one since Kubler-Ross worked with dying patients rather than grieving ones (Corr, 2020). It has also been proposed that there are new demands to grief which its needs aren't met in the model and differs from the grief of the 1960s when her book was published (Larson, 2014). Even in the model's supposed flaws, it has brought many advancements to grief perceptions.

In 1999, triumph over grief work theories of the past took place when Margaret Stroebe and Henk Schut, both professors of clinical psychology, proposed the dual process model of

coping with bereavement, correcting flaws in traditional grief work theories. Stroebe and Schut strongly believed that there were numerous shortcomings of traditional grief work theories which were known to be effective ways of coping with bereavement (Stroebe, 1999). The lack of clarity in Freud's grief work hypothesis finally called for change in the late 1990s, with Stroebe and Schut addressing the areas which needed changes the most. They suggested that it lacked an imprecise definition, failed to represent dynamic processing which is a characteristic of grieving, lacked empirical evidence and validity across cultures and historical periods, and also had limits on health outcomes (Stroebe, 1999). To overcome the limitations of previous formulations, they thought it was necessary to create a stressor-specific model developed from a cognitive stress perspective (Stroebe, 1999). Being stressor-specific was important since losses tend to invariably involve various and diverse stressors, not just a singular stressor (Servaty-Seib, 2004). The model represents two modes which oscillation occurs between; (1) loss orientation, where the griever copes by engaging in emotion-focused behaviors, and (2) restoration orientation, where the griever is problem-focused and makes external adjustments needed to adapt to the loss (InPsych, 2011). The diversity of the stressors is vital and differentiates this model from Freud's model as it normalized not always being immersed in grief work and that it is perfectly healthy to take a break from. It promotes a nonlinear nature to coping patterns which addresses concerns of previous grieving methods; suggesting that coping can differ from one moment to another, from one culture to another, and from one individual to another (InPsych, 2011). Overall, another level in approaching grief was made when the dual process model was proposed, as it brought clarity to many concerns that began with Freud.

Through the historical analysis of grief work theories from the beginning of the 19th century to more recent models proposed in the late 1990s, significant progression in grief

perceptions has occurred. The demands for change came to a peak during WW1 which inspired Freud to propose his grief work theory, having had a domino effect which led other psychologists to further develop his ideas throughout the 19th century. The next turning point was in the 1960s when the Kubler-Ross model rose to popularity and became a staple in grief interventions, allowing clients and grief counselors to put an identity to emotions during the grieving process. Lastly, in 1999 the latest advancement to approaching grief was proposed by Stroebe and Schut through the dual process model that allows individuals to view grief in the lens of two stressors which traditional grief work theories had failed to do.

Chapter 2:

"The Investigation of Effective Grief Counseling and its Contributing Factors"

In the field of mental health, it is crucial for grief counselors to consider what it means to be an effective counselor in order for bereaved clients to be properly guided through the grieving process. Effective counsel can be recognized as counsel which helps clients navigate and make progress in their grief. The breakthrough clients experience is often looked at and celebrated, while the side of it that is not normally focused on includes the factors that contribute to becoming an expert in grief counseling, gaining significant authority in the field, and becoming an effective counselor. The goal of the current chapter is to review this subject's current literature at a different angle, shifting gears away from the focus on client successes toward how effective grief counselors are developed.

Previous theories suggest that certain variables contribute to a counselor's effectiveness. A theory to be reflected on is that bereaved clients often perceive grief counselors to have more credibility when they themselves have experienced the death of someone close to them (Hayes, 2007). Counselors with personal experience can provide the hope that they have discovered on their own path, and can reflect on their own experiences when making treatment decisions. They are especially helpful when they have healed and navigated through their own personal grief, and are no longer immersed in their trauma (Hayes, 2007). Clients may also perceive therapists with grief experience as more empathetic which may assist them in delivering counsel more effectively when there is a receptive patient on the other end (Hayes, 2007). However, it is important for counselors to have dealt with their own emotional problems as counselors' responses tie directly to them, which Freud once referred to as "countertransference" and can be defined as "...therapists' reactions to clients being adversely influenced by therapists' unresolved

personal conflicts" (Hayes, 2007, p. 346). In the event of countertransference, a counselor's ability to deliver effective counsel can be negatively altered (Hayes, 2007). Therapists can use this theory of personal grief by looking through the lens of it while administering client care, reflecting on this aspect which can then contribute to the therapist delivering effective counsel.

A factor that contributes to delivering effective counsel is making sure that as the counselor you have worked through your own grief. Counselors must foster expectations for the client's new reality and make sure that your own healing has taken place and your baggage has been worked through which is vital so that emotions do not get triggered (Fishman, 2014) Counselor's personal dealings with grief is a factor which is frequently mentioned in literature regarding grief counselors as well as dealing with personal baggage that ties into the aspect of self care, as experts in the field must prioritize it so they don't repress their own grief (Dodd, 2022). Counselors putting in the effort to make sure they have healed from their trauma is an extremely important factor which contributes to being an effective grief counselor.

Supporting this theory, research has shown that personal experience with grief is associated with grief counselors' effectiveness and has been further proven to be a contributing factor to becoming an effective grief counselor. In a study conducted by Ober (2011), he referenced a model known as "grief counseling competencies" which was developed in 2000 by Charkow. The competencies are divided into five major subscales that measure various abilities in counselors (Ober, 2011). The five subscales include Personal Competencies which indicate personal experience with grief, Conceptual Skills and Knowledge, Assessment Skills, Treatment Skills, and Professional Skills (Ober, 2011). Ober (2011) referred to these subscales in his study to measure various factors and whether or not they contributed to different levels of competency in grief counseling. When the model was originally designed, Charkow had surveyed family

therapists with personal grief experience which revealed a higher overall grief counseling competence for those individuals, proving that personal experience can add to effectiveness (Ober, 2011). The personal experience of grief may qualify a counselor in a way that cannot be earned with a degree, as they have already done the rigorous innerwork in this area themselves. This could contribute to the higher competency level displayed in the model. Although personal experience is a factor in effective grief counseling and can add value to a counselor, it doesn't replace the skills that come with training (Ober, 2011). Grief experiences may become a hindrance if the therapist's personal grief has not been dealt with properly (Hayes, 2007). Despite the value of personal experience with grief, Ober (2011) emphasizes that this does not replace meeting the training standards in the field and developing well-defined competencies. Although personal experience with grief cannot replace skills gathered in training and education, personal experiences with grief have proven to be a contributing factor in grief therapists' effectiveness.

Additionally, various research has been studied regarding important concepts that grief counselors must be trained on and adhere to in order to operate as strong and effective grief counselors. Fishman (2014), was studying to become a grief counselor and had recent grief of her own at the time she published her work, emphasizes several solid points and describes her research as not one to counsel the grieving, but to teach grief counseling. Fishman (2014) discusses several contributing factors to being an effective grief counselor such as being fully present with a client, based on the idea of "here and now." This idea is a central feature of Gestalt psychotherapy, as well as seeing patients in a specific lens as a counselor (Fishman, 2014). Counselors must understand that they cannot fix or give back what the client has lost, and should function based on the idea that they are "...journeying alongside the individual…" (Fishman, 2014, p. 347). Wolfelt (2016) also values the factor of walking alongside the mourner,

not in front of or behind him, allowing the mourner to choose the path of their own journey. Since this is their journey, the client is the true expert regarding the knowledge of their trauma (Fishman, 2014). Another factor that contributes to being an effective grief counselor is to be fully present with the client to create a strong therapeutic alliance (Fishman, 2014). Wolfelt (2016) describes this idea of being fully present with a client as being the "temporary guardian of their soul," rather than attempting to assess, analyze, fix or resolve their grief. After reviewing literature, it is clear that grief counselors must adhere to the appropriate concepts or ground rules when working with bereaved individuals in order to be an effective counselor.

To be an effective grief counselor, it is important to have the skills to differentiate and handle various grieving styles (Dodd, 2022), so that all client's needs are met and not harmed due to missing a diagnosis (Beckett, 2015). When it comes to grief counseling settings, a common diagnosis which arises is complicated grief, which is severe and intense grief that doesn't improve overtime (Dodd, 2022). It is vital to recognize when a client's case is beyond a counselors expertise and trying not to take on anything beyond it. Counselors being overly confident in their competence can be harmful and it is wise to recognize when a client is experiencing grief that's beyond normal limits (Dodd, 2022). It is in the best interest of the counselor and the client for the case to be passed onto another professional in that scenario (Dodd, 2022). In reviewing this literature, a contributing factor to the effectiveness of grief counseling is the ability to have the proper skills for diagnosing and treating various types of grief.

Another important factor in being an effective grief counselor is to review updated and current research. Counselors must adapt to the circumstances of now and avoid only pulling from outdated training and literature for grief counseling, especially in the event that clients are

experiencing complicated grief (Dodd, 2022). Counselors must rely on updated sources to discern the event of complicated grief (Dodd, 2022). Living through the covid 19 pandemic has disrupted known rituals and altered the way individuals mourn (Khoury, 2022). The aftermath of the pandemic has resulted in many individuals suffering with prolonged grief disorder and complicated grief (Khoury, 2022). To deliver effective treatment today, it is important that counselors are conscious of today's reality of social isolation and sudden death and how that contributed to the rise of complicated grief (Khoury, 2022). Being aware of current societal issues and the relevance of them is a factor that furthers the effectiveness of grief counselors.

Through reviewing present literature and various research studies, it is evident that there are numerous factors which contribute to becoming an effective grief counselor. In analyzing the various factors, it also is clear that there's not one sole route to achieve effectiveness in the field and that expertise can't come without proper knowledge. Through investigating theories and factors such as personal experience with grief, countertransference, proper training, diagnostic skills, and reviewing updated research, the necessities of becoming an effective grief counselor have been established.

Chapter 3:

"Investigating Complex Issues that Arise in Grief Counseling Settings"

In the field of grief counseling, there are various problems that can arise from childhood bereavement due to the complexity of the manner. In grief counseling approaches, it is important to navigate through problems and understand what the grieving process entails to find the appropriate solutions. In this chapter, the problem that will be discussed is how bereavement in childhood often leads to unfortunate statistics in adulthood and especially in the diagnosis of complicated grief where the prognosis is even more difficult to combat.

Before the age of eighteen, approximately 4% of children will experience the death of a primary caregiver which often results in unfortunate outcomes such as behavioral issues, emotional struggles, and a threatened sense of security (Ener, 2018). Solely in the United States, approximately 1 of 20 children and adolescents have experienced a loss this detrimental. (Dyregrov, 2013). These children's mental health will most likely be affected with researchers estimating that 5 to 10% of children and adolescents may experience depression, PTSD, and prolonged grief disorder (Boelen, 2021). In many cases, bereaved children battle with fear and struggle with expressing their pain verbally which can result in externalizing stress and aggressive behavior (Ener, 2018). Research has shown that bereaved children are susceptible to long term consequences in adulthood, impacting their overall quality of life, and can experience health consequences such as the worst case scenario of premature death (Dyregrov, 2013). Long term and latent effects also include a higher risk of developing psychiatric disorders as an adult (Chen, 2018). Deaths that are taken the hardest by children and lead to complicated grief often involve traumatic aspects, sudden or unexpected death, and affect parenting roles (Dyregrov, 2013). Complicated grief (CG) or prolonged grief disorder is when a bereaved individual has a

difficult time assimilating into life without the person and accepting that they're gone. (Tofhagen, 2017). Childhood bereavement is a prevalent issue that causes innocent children to suffer immensely.

While developing treatment interventions and solutions for grieving children, counselors must remain informed and on guard about the unique mental health needs of bereaved children. The child's cognitive development level at the time of the death must be considered by the counselor and how this factor determines the way they will handle the death, as well as their understanding on irreversibility, finality, inevitability, and their general perception of the loss (Ener, 2018). In regards to complicated grief, diagnosing it in children can be challenging, but can be recognized when grief is prolonged and intense, which alters the child's ability to engage in the life they knew prior to the death as well as their ability to function emotionally, physically, cognitively, and socially (Dyregrov, 2013). In order to provide appropriate solutions while working with bereaved children, counselors must understand the cognitive development level of the child along with differentiating if their grief is classified as normal or complicated.

Solution: Medical Diagnosis and Treatment

Solutions and treatment regarding complicated grief in children may be taken in a medical approach since CG is recognized in the DSM-5 as persistent complex bereavement disorder (PCBD) (Fields, 2018). The diagnosis is the first step to treating a patient, and it can benefit counselors to study professional feedback on what constitutes complicated grief while diagnosing clients. Professionals widely believe that CG can be displayed through intensity and duration of reactions which is information to further diagnostic abilities (Dyregrov, 2013). CG is also characterized by bereavement responses that are periodically longer than normal and are often related to parental deaths which hold stigmas such as AIDs related deaths or suicide

(Dyregrov, 2013). In many cases, a solution to CG is the use of psychotherapy as well as providing the client with tasks they must complete. These tasks can include establishing a "new normal," promoting self-regulation, building social connections, setting aspirational goals for the future, and remembering old memories in a positive way (Fields, 2018). Since CG is classified as a medical diagnosis, treatment often involves medication such as the use of selective serotonin-reuptake inhibitors, or SSRIs (Fields, 2018). Medication is beneficial for both children and adults when used with other CG treatments alongside it and was found to have 61% positive response rates whereas CG treatment without medication led to only a 41% response rate (Fields, 2018). Early interventions in CG such as referrals to supportive care services and mental health professionals can jumpstart effective treatment before serious harm to a patient occurs (Tofhagen, 2017). CG is also known to require extended treatment periods to yield desired results (Tofhagen, 2017). Complicated grief being classified as a disorder in the DSM-5 allows for treatment from health care professionals with medication and psychotherapy.

Solution: Various Therapeutic Orientations

With or without the presence of complicated grief, the stakes are high for complex issues to arise in childhood bereavement and usually requires professional interventions which can include therapeutic orientations such as play therapy, expressive arts therapy, cognitive-behavioral therapy, and music therapy (Chen, 2018). These therapies are crucial to childhood bereavement as children are more likely to grieve through behaviors, bodily expressions and play, rather than verbal expression (Chen, 2018). Therapeutic consistency with cultural backgrounds is also ideal in this setting and can be implemented in the various therapeutic orientations (Chen, 2018). Play therapy is the most commonly used intervention for children, and has shown to decrease behavioral and psychological issues by expressing grief in a

healthy and achievable manner for children (Chen, 2018). Children naturally lack expressive abilities, and repetitive play is a significant and common outlet for them (Dyregrov, 2013). The dual-process model of coping with bereavement, designed by Stroebe and Schut, can be facilitated and successfully used through the use of art therapy since it promotes oscillation between negative and positive emotions during grief (Green, 2021). The nature of art therapy is to allow children to express both negative and positive emotions which facilitates the use of oscillation as coping mechanisms and coincidently promotes the use of the dual process model (Green, 2021). Music therapy and trauma-focused school-based brief intervention were also identified as two promising treatment models for grieving children (Chen, 2018). In getting children to directly communicate their emotions and to normalize their grieving experience, cognitive-behavioral therapy is effective and can help children overcome these specific areas (Chen, 2018). It has also proven to be effective in improving children's psychological and behavioral symptoms (Chen, 2018). Overall, partaking in child-friendly therapeutic orientations is an expressive outlet and intervention for them that has been proven to work effectively.

Solution: Solid Child-Parent Relationship

Lastly, another important variable and solution to working through grief in childhood, and preventing effects from bleeding into adulthood, is to create a strong child-parent relationship with the surviving parent (Chen, 2018). In Chen's (2018) study, a majority of the interventions involved parent or family components and greatly encouraged parents to help their child cope by facilitating stronger relationships. Parents being cognitive about their reactions to the loss is important since children's reactions are often influenced by parent's expressed feelings and thoughts (Dyregrov, 2013). It can be damaging to assume a child is too young to understand a death and neglect their grief, resulting in the child being punished, ignored, and tormented

(Dyregrov, 2013). Criteria that moves toward a healthy non-pathological response is parental warmth and establishing clear boundaries in the home (Dyregrov, 2013). Keeping a strong child-parent relationship and making the child feel secure can also alleviate the effects of children's stress and fear of other family members dying (Dyregrov, 2013). These implementations are key predictors of improving the outcomes of bereaved children and parents have a direct influence on determining the likelihood of their child developing CG (Dyregrov, 2013). Through implementing strong child-parent relationships, negative effects can be alleviated and calmed while the child is young while parental responses either have the potential to positively impact or negatively affect their child's grieving process.

Overall, bereavement in childhood is a commonality that can be addressed before adulthood to overcome statistics and prevent mental disorders from developing. There are interventions that can begin early to promote healthy coping mechanisms in children's grieving processes as well therapeutic orientations that are effective outlets to express their emotions. Perhaps mental health disorders of bereaved children can be fully avoided in adulthood if it is widely understood that children are never too young to understand tragedy in their lives. With proper medical diagnosis and treatment, various therapeutic orientations, and a solid child-parent relationship, it is possible to alleviate the prognosis of complicated grief as well as the unpleasant statistics of childhood bereavement.

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