Principles and Practice of Grief Counseling
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Dr. Winokuer has conducted workshops and seminars throughout the United States as well as nine foreign countries, including programs for St. Christopher’s Hospice and St. George’s Medical Center, London, U.K.; The National Assistance Board, Barbados; and the United States Embassy at The Hague, Netherlands. He wrote a bimonthly column in The Concord Tribune entitled “Understanding Grief” and hosted a regular radio show on WEGO entitled Life Talk. He was a consultant to WBTV, the local CBS affiliate in Charlotte, North Carolina, after the tragedy of September 11 and has been the mental health “professional on call” for Fox TV’s news show The Edge. He has recently appeared on the radio show Healing the Grieving Heart and has been interviewed by the American Counseling Association journal and Counseling Today, as well as in the Staten Island Advance, the Houston Chronicle, The Charlotte Observer, the Detroit Free Press, and the Chicago Tribune. He also led an international delegation of funeral directors to Russia and Holland to study death and funeral practices in those countries.

Dr. Winokuer has been actively involved in the field of dying, death, and bereavement since 1979. He has presented workshops and seminars to many organizations, including the National Funeral Directors Association, the University of North Carolina’s Department of Neurological Surgery, the Tennessee Health Care Association, and the Presbyterian Hospital. He also developed the crisis management plan for the Cabarrus County School System. He has been an active member of ADEC for almost three decades and is a past president of the organization. In his almost 30 years of membership, he has chaired the national public relations committee, cochaired the 2000 and 2003 national conferences, served on the board of directors, cochaired the 2011 international conference that ADEC cohosted with the International Conference on Grief and Bereavement in Contemporary Society, served as president, and was one of the coeditors for Grief and Bereavement in Contemporary Society: Bridging Research and Practice.

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Principles and Practice of Grief Counseling

SECOND EDITION

DARCY L. HARRIS, PhD, FT
HOWARD R. WINOKUER, PhD, LPC, NCC, FT
For Brad and Lauren
— D.L.H

I would like to dedicate this book to all my students, colleagues, clients, and friends who have influenced my life both personally and professionally. I would also like to dedicate this book to Dr. Darcy Harris, my coauthor, whom it has been a joy, privilege, and honor to work with.
— H.R.W.
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Preface

This book grew out of our need to have a text for the university-based courses that each of us teaches to students who are interested in furthering their knowledge and skills in grief counseling and support. We found that there are many good texts that explore research and theory in counseling psychology, and many other books that expound upon grief and bereavement theory and research. However, we have been unable to find a book that combined both the practical aspects of counseling with the current research and the theory related to grief and bereavement. After years of piecing together articles, course reading packets, and chapters selected from different texts, we decided to design a book that would explore both the practical knowledge and skills that are available in counseling psychology with some of the current research and theory in the area of loss, grief, and bereavement. Both of us have been practitioners in this area for over 30 years, and we have drawn upon our own clinical work to “flesh out” things that we think would be most helpful to clinicians who wish to work effectively with bereaved individuals.

We are often asked by clinicians who specialize in other areas of counseling, “How can you do this kind of work all the time?” We also smile at our students’ surprised faces when they see that we are not (always) dressed in black, morbid, and void of humor, as those who work around individuals who are dying or bereaved are often stereotyped. We try to convey to our students our passion for this area, and the rewards that we find in our practice with bereaved individuals. We realize that every day is precious. Our clients continually remind us that life is a gift, and that our time is limited—so we make the most of it. We firmly believe that working with individuals who are dying and bereaved makes us live our lives more consciously, fully, and with a greater appreciation. In our work with individuals
who have experienced all types of losses, we have had the privilege of sharing very personal time with people who are hurting, vulnerable, and broken. However, we also have the opportunity to see how people are able to draw upon their strengths and innate resilience, and re-enter the world with a stronger sense of themselves and of the gifts that life has to offer.

We view the practice of grief counseling as a unique sphere of practice, which is another reason why we wanted to write this book. Although counseling in general is meant to address issues that occur in everyday life, and loss is certainly a universal experience, we wanted to be able to focus upon grief as a painful but adaptive process, with some unique features that separate it from other types of issues that are addressed in general counseling practice. We further expand upon this idea later, but we want to state at the beginning that we believe a key aspect of grief counseling is that it does not focus upon what is wrong, but rather on what is right about the grieving process, and our emphasis is upon how we can facilitate the healthy unfolding of this adaptive process rather than on its containment.

One other unique feature of this book is the discussion of grief as a response to losses that are death related and nondeath related, tangible and intangible in their description. An individual does not have to lose a loved one to death in order to grieve; grief can occur after placing a loved one with advanced dementia in a long-term care facility, with the ending of an intimate relationship, with the loss of hopes and dreams, and with the loss of self that may accompany life-altering events. Grief is viewed as an adaptive response to experiences that challenge our assumptions about how the world should work, and how we view ourselves and others within that world. Although we devote an entire chapter to this topic, this broader view of grief will be woven through all of the material that is presented in the various chapters.

Because we make no assumptions about the background of the reader, we start with the basics of counseling and the therapeutic relationship. In Chapters 1 and 2, we explore the purposes that counseling may serve, and the unique aspects and challenges that may occur in counseling individuals who have experienced significant losses. We then move into some basic material about current theories of grief and bereavement and how these understandings apply to clinical practice in Chapter 3. New to this edition is a chapter (Chapter 4) that explores the social context of loss, detailing the ways that we are socialized to think about and respond to loss and grief. We then focus on issues that are salient to setting up the therapeutic relationship with clients, and specific counseling practices that we believe are relevant to working with bereaved individuals. We devote an entire chapter (Chapter 5) to the cultivation of presence within the context of the counseling relationship, using this material to form the foundation upon which grief counseling should occur. In no other form of counseling is the value of presence more
relevant or timely; counselors who focus on trying to problem solve and “fix” things with their clients may find working with bereaved clients to be an exercise in frustration and futility. We think it crucial for grief counselors to understand and embrace the gift of presence as the primary therapeutic stance in working with bereaved individuals. We then take the material from the previous chapters and discuss basic concepts of counseling practice in Chapter 6.

In Chapter 7, we begin to integrate counseling theory and practice directly with grief and bereavement theory. In this chapter, we explore some of the “nitty-gritty” expectations of the counseling process with bereaved clients. We then expand upon definitions and understandings of loss and grief in Chapter 8 by exploring grief that may be present, but which may often be unrecognized or invalidated because it is not related to a death per se. We include a chapter (Chapter 9) on working with strong emotions because many clinicians find working with clients who are experiencing such intensity to be intimidating or difficult, and their focus is often upon containment of emotions rather than upon the potential to use strong emotional content to deepen the client’s therapeutic process. In this chapter, we discuss concepts such as emotional intelligence and specific ways that strong emotions can provide valuable grist for the mill in the clients’ process (and the counselor’s self-awareness).

Chapter 10 opens up the discussion of when grief goes “off track,” and how to recognize when additional resources and referrals are indicated in complicated grief scenarios. Chapter 11 provides an overview of some of the therapeutic techniques and tools that we have found to be effective in working with bereaved individuals, adding to the clinicians’ “toolbox” some possible resources that may be helpful with specific types of clients and situations. In Chapter 12, we explore ethical issues that may be particularly relevant to grief counseling, and we make recommendations for how grief counselors can ensure that they are practicing in ways that are competent and ethically sound. In Chapter 13, we identify some of the common pitfalls that can affect grief counselors, and how the unique features of individuals who are drawn to this type of work can actually make the counselor more vulnerable to experiences such as burnout and secondary traumatization. In Chapter 14, we explore some of the current and upcoming issues that we see in our field, so that individuals who wish to specialize in the area of grief counseling can critically reflect and incorporate best practices into their clinical work. We include a section at the end of each chapter to allow the reader an opportunity to better absorb and reflect on the content with directed questions and exercises and a glossary of important terms. In the Appendix section, we have provided sample case studies for the reader to analyze using the book materials. Qualified instructors may obtain access
to ancillary materials, including an instructor’s manual and PowerPoints, by contacting textbook@springerpub.com.

We hope that you find this book both practical in its clinical content and stimulating in its theoretical underpinnings and philosophy. We find our work with grieving individuals challenging at times, but it is also highly rewarding both professionally and personally. It is our desire that you learn some things that you might not have thought of earlier, and that you might feel better equipped to offer your healing presence to grieving individuals as a result of reading the material in this book. We also hope that you find, as we do, that this work is an opportunity to appreciate the strength, innate resilience, and capacity of human beings. Finally, it is our wish that you find an affirmation of the gifts that are present in your ability to care about others as we encounter fellow travelers in our life’s journey.
For both of us, the decision to become counselors and then to write a book about counseling represents the culmination of many life experiences and relationships with people who encouraged, supported, and entrusted each of us in many ways.

Dr. Harris would like to express her gratitude to the individuals in her life who supported her during her own times of upheaval and loss, and who encouraged her to use the strength she found at these times to embrace the concept of the wounded healer. She would also like to specifically express her thanks to the mentors and colleagues who have offered her inspiration and have served as models to her practice: Anne Cummings, Margaret Rossiter, Marg McGill, Derek Scott, Gary Smith, Ralph Howlett, and Paul Liebau.

Dr. Winokuer would like to express his thanks to his mentors, Robert Rieke, Mary Thomas Burke, Jonnie McLeod, Joe Ray Underwood, and Craig Cashwell, who guided him through the education process; and to Billie Thomas, his friend and colleague, who has been there through both the good times and the bad.

Both of us would like to express deep appreciation to our clients, who granted us the privilege of sharing deeply personal and vulnerable times with us. We feel honored by the trust that you have placed in each of us. In addition, we dedicate this book to the students who seek to learn more about this process and themselves in our grief counseling classes. It is a great joy to share this vocation with others who are traveling on the same path. This work constantly reminds us of the profound connection that we share with each other and of the common thread of human experience that binds us together in this world. It is with this awareness that we feel both humility and excitement in sharing this book with our readers.
Principles and Practice of Grief Counseling
CHAPTER 1

Thoughts About Counseling

Most of the time, we find our own way through the difficult times in our lives without the need for a professional to assist us. Life is full of ups and downs, and we usually learn to adjust to change, cope with difficulties, and develop our own sense of resilience along the way. There are times, however, when some of our life experiences throw us into a place of great upheaval, severely taxing us and overwhelming our coping abilities. Many of the experiences that challenge us at this level involve painful and significant losses that force us to deeply question ourselves, others, and the world. It is at these times that we may choose to seek the assistance of a counselor. In this chapter, we explore what counseling is and examine some of the more common misconceptions about counseling. We will also look at the therapeutic relationship that develops between the counselor and the client in the counseling setting, consider the different contexts in which counseling may occur, and briefly discuss the goals of grief counseling.

WHAT IS COUNSELING?

In its simplest form, counseling is about two people sitting down in privacy, with one of these individuals listening intently and responding in a helpful manner to the other person who is expressing his or her concerns about problems in living (Feltham, 2010; Yalom, 2009). The field of counseling psychology arose out of a grassroots movements of the 1960s as a response to what were viewed as heavy-handed, elitist therapies that focused on the weaknesses and foibles of the client and that were seen as perpetuating client dependence and disempowerment.

Counseling is seen as a means to address everyday life concerns and issues related to daily living, not as a means to dissect an individual’s deep
psychic secrets and family dysfunctions. The philosophy of counseling is basically that human beings possess innate strengths and resilience that can be drawn upon during times of struggle and crisis. Counseling offers the opportunity to help identify these areas of strength within individuals. The counseling process provides an avenue for empowerment of individuals to draw from these resources in order to work through difficult situations. Goals of counseling may include the following:

- Assisting clients to gain insight and perspective on their situation, behavior, emotions, and relationships
- Providing a safe place for clients to express feelings and clarify their thoughts
- Providing a context for the client’s experience within a broader perspective (e.g., within a family context, social and political structures, existential viewpoint).
- Enhancing the development of clients’ skills in dealing with painful and distressing situations
- Empowering clients to become their own best advocates
- Facilitating clients’ process of finding and making meaning in their life experiences

Counseling is an experience, a relationship, and a process. The counseling process is highly dynamic and interactional between the client and the counselor, with the central focus on the client’s needs and experiences. Counseling does not involve having an expert analyze the client with the goal to fix him or her. In the counseling relationship, the counselor and the client work together as a team to help the client to understand his or her experiences, and to develop awareness of what he or she can do to work through the current issue.

It is important at this juncture to delineate between counseling and therapy. Counselors typically assist people with issues and problems that arise in everyday life that are causing angst and difficulty. Counselors typically engage with clients who are basically functional, but who are struggling with an issue that is having an impact on their life in a significant way. Counseling is usually of short term or limited in the time that the client needs this assistance. In contrast, therapy involves in-depth work with clients, aimed at long-standing struggles and unresolved deeper issues that may require longer, ongoing supportive work. In therapy, clients usually work on restructuring their core aspects. In counseling, clients focus on reframing everyday life events and identifying the strengths and resources that they need to draw upon to work through these events.
MISCONCEPTIONS ABOUT COUNSELING

Popular media and culture perpetuate a negative view of counseling by frequently portraying a client who is loosely identified as “neurotic” sitting in an office with a gloating professional who acts like a condescending parent figure, talking to the client in a way that is belittling and demeaning. In addition, call-in radio and television shows that feature a guest psychologist or “doctor” of some sort who tells people how to solve their problems in 10 minutes or less for the sake of entertainment do not give a very accurate representation of the counseling process. Many people probably have a very unrealistic and stereotypical view of counseling as a result of these types of portrayals. In this section, we try to dispel some of the more common misconceptions about counseling.

Misconception #1: Only Individuals Who Are Weak Seek Counseling

Many people think of going to a counselor as a sign that something is wrong with them, or that seeking professional assistance is an indication of weakness. This commonly held thought is predicated on the belief that people seek professional help because they are somehow inadequate or needy. This misconception is most likely an extension of the value our society places on stoicism and rugged independence, which rewards us for denying and hiding our emotions at times of vulnerability, rather than supporting our healthy need to reach out to our communities and healers when we need to do so. Public expressions of the more vulnerable emotions, such as sadness or anxiety, do not necessarily result in offers of support; rather, their disclosure seems to serve as an invitation for criticism and judgment, along with lowered social status (Harris, 2009–2010).

Our society places a great deal of expectation for us to be “above” emotion and to “overcome” our humanness, and counseling is often associated with emotions that are socially stigmatized. Therefore, seeking counseling is seen as something that “weak” people do because they cannot control their feelings or they are too weak to manage them according to social expectations. Seeing a counselor is not about whether one is weak, but rather it is more closely associated with our human need to reach out for support at a time when our ability to accommodate something that has happened is deeply challenged. We are social creatures who live in community with others, and yet there is a strong dichotomy in regard to needing to be close to others while not allowing others to see us when we are not strong and independent. Professional counselors understand the courage it takes for a client to be willing to confront his or her problems.
head on and to expose such vulnerability in order to work through these difficult times.

**Misconception #2: The Counselor Is the Expert**

Another misconception about counseling focuses on the role of the counselor as the expert. Certainly, professional counselors have usually completed a great deal of training and they often have graduate-level degrees in their field. The natural assumption is that the counselor is in a position of being the expert, and the client comes to the counselor to find answers to problems by drawing from the counselor’s expertise. We distinguish between the expertise of the counselor in the *process of counseling* and the expertise of the client in his or her *life and choices*. The client knows his or her values, beliefs, and life experiences better than anyone else, and the role of the counselor is not to give advice or figure out what the client *should* do. Instead, the counselor acts as a facilitator to help the client to find his or her own answers, solutions, and choices. We strongly believe that each person has his or her own best answers deep inside, and that the role of the counselor is not to solve the client’s problems, but rather to help that person find what he or she needs to work through the painful times and problematic areas.

**Misconception #3: People Who Need Counseling Are Basically Emotionally Unstable**

Another misconception about the counseling process is that a person must be crazy or unstable if he or she is seeking help from a counselor. It is true that when someone is going through a difficult time, especially an acute grief reaction, there is a wide range of emotional responses that can be associated with that loss (Worden, 2009). Those emotions are often described by bereaved individuals as similar to riding a “rollercoaster,” with feelings changing rapidly and varying widely, and the sense of being out of control often highly distressing. Such feelings have led many of our clients to ask questions, such as, “Am I normal?”; “Am I going crazy?”

We often reassure these clients that although they are normal, the dis-equilibrium that they are experiencing can be the stuff of crazy making! It is not because people are going crazy or that something is wrong with them that they seek counseling, but rather it is because they are experiencing a significant challenge (e.g., a death, divorce, grief, a personal trauma, unresolved childhood issues), and they need to have a safe place to sort these things out with someone who can walk alongside them in an empathetic, yet objective, way.
**Misconception #4: People Who Have Good Friends Do Not Need a Counselor**

Many individuals would say that they could get the same support from having a discussion with close friends or family members as they can by speaking with a counselor, and it is true that most of us have friends and family members who we rely on for support during difficult times. However, sometimes these individuals are also personally involved in the same difficult situations, or they are directly affected by them. As a result, these individuals may have their own opinions or strong feelings that may hinder our ability to openly share our difficulties or to seek their counsel.

In actuality, a counselor can provide a listening ear and trained support that a friend might not be able to provide. Lewis Aron describes the special type of listening in which counselors engage:

> That is what we offer: We listen to people in depth, over an extended period of time and with great intensity. We listen to what they say and to what they don’t say; to what they say in words and to what they say through their bodies and enactments. And we listen to them by listening to ourselves, to our minds, our reveries, and our own bodily reactions. We listen to their life stories and to the story that they live with us in the room; their past, their present, and future. We listen to what they already know or can see about themselves, and we listen to what they can’t see in themselves. We listen to ourselves listening. (Safran, 2009, p. 116)

This specific type of listening is unique to counseling and is unlike other types of interaction. Unlike a relationship with a friend, relative, colleague, or another caring human being, counselors do not just listen—they provide a means for clients to hear themselves more clearly, and hopefully, come to some awareness of what is causing them to feel the way that they feel. Although friends might have wonderful listening skills and a desire to help, there is often a problem with friends acting as counselors because it is very difficult to see a friend who is hurting and the desire to “fix” or “rescue” may interfere with the client’s ability to solve the problem or issue for himself or herself. Suffice it to say that most of our clients have good friends and family members available to them, but they usually find that the unique relationship with the counselor offers something important that these other relationships cannot during certain difficulties.

**Misconception #5: Focusing on Problems Will Make Them Worse**

The last misconception that we would like to address is the belief that we should just forget about our problems and move on in life. Although we
readily agree that not everyone will find counseling helpful, especially if they are not prone to talking openly with others about the more personal aspects of their lives, it is concerning that there is so much social pressure for people to ignore their feelings and act as if everything is fine when it is not. Unfortunately, this scenario is what commonly occurs, and in many instances, the problem festers and resides in the background, drawing energy away and resurfacing in unwanted ways throughout one’s life. It is true that in counseling we tend to focus on client’s feelings and their expression rather than supporting their suppression, which is more socially acceptable. However, focusing on feelings and actively working with strong emotions will not cause a client to lose control and have a “mental breakdown.” Delving deeply into the difficult emotions that clients bring to the session does not cause depression or encourage the client to “wallow” in pain and self-pity. The contrary often seems to occur, as many of our clients will tell us that they feel lighter and more connected with themselves and others after they have been able to identify and share their feelings with someone who supported them in this way.

As a counselor, it is important to be aware of these common misconceptions and how they may influence your clients. Many people are very fearful of pursuing counseling mainly because of these misunderstandings about the purpose and process of counseling. However, if they were to understand what the counseling process is really about, they might view the process differently.

THE THERAPEUTIC RELATIONSHIP

Developing a range of skills and techniques is very important and useful in working with clients. However, no intervention is more important than first establishing the relationship on which the therapeutic encounter is founded (Horvath, Del Re, Fluckiger, & Symonds, 2011; Norcross, 2010). The relationship between a counselor and a client is both like and unlike any other kind of relationship. What makes this relationship unique? The following list gives an overview of what is unique about what we call the therapeutic alliance with a client:

- The relationship exists to meet the needs of the client; the client’s needs and agenda are the primary focus.
- Although the counselor possesses training and experience that are unique to the process, there is recognition that the client is the true expert, because only the client has had direct experience with his or her life and only the client knows what is best for himself or herself.
- The relationship is a real relationship; counselors will have real feelings about the process and the client, and the client’s feelings and stories
will most likely have an impact on the counselor. Because the relationship is a real relationship, issues of personality and goodness of fit may have an effect on the success of the therapy. It is important for counselors to recognize that they may not work well with everyone, and for clients to realize that finding a counselor who is a “good fit” is as important as finding a counselor with appropriate training and credentials.

- The relationship has specific, described boundaries that are in place to protect both the client and the counselor.
- The relationship exists within a framework of defined ethical practices for counseling.
- The relationship is not a friendship, a parental relationship, or a teacher–student relationship, although certain aspects of each of these types of relationships may, at times, be present within the therapeutic alliance.
- The relationship is built upon a model of respect and empowerment; the counselor follows the lead of the client and builds upon the inherent strengths that are present in the client.

The basic conditions for counseling were defined in person-centered therapy by Rogers (1995) as accurate empathy, unconditional positive regard, and congruence. Accurate empathy refers to the ability of the counselor to enter the client’s inner world of private personal meanings and feelings “as if” it were that of the counselor, but without ever losing the “as if” quality. Entering the world of the client in this way conveys a deep sense of the message, “I am with you completely.” Unconditional positive regard is the stance of the counselor to the client, indicating an attitude that, despite one’s failings and faults, the counselor relates to the client with deep respect, with value, and without any conditions. It is not that the counselor “sugarcoats” problematic areas in the client’s life and way of being, or that the counselor ignores negative or unskillful tendencies that are apparent, but the counselor chooses to focus on trusting in the innate tendency of human beings to grow and develop when given the right conditions for this to occur.

Finally, congruence is a little more complex in its description within the therapeutic alliance. Basically, when a counselor is congruent, he or she is aware of his or her own thoughts and feelings within the encounter with the client, and shares these real thoughts and feelings with the client. A related term to congruence is genuineness, in which the counselor is not merely just fulfilling a role within the therapeutic relationship, but is actively engaged as a real person in that relationship, and shares thoughts, feelings, and reflections with the client that are based within the counselor’s personal experience with the client and not just drawn from theoretical knowledge and
viewed through a diagnostic lens (Geller & Greenberg, 2012; Slife & Wiggins, 2009; Yalom, 2009). In this book, we repeatedly go back to these conditions as the foundation of the counseling relationship, with an understanding that the concept of engaged presence is the prerequisite to the counselor’s being able to offer these necessary conditions to the client.

**GRIEF COUNSELING**

Now that we have discussed what counseling is and what it is not, it would probably be helpful to discuss the specific subset of counseling practice that focuses on grief and bereavement. In her book, *Necessary Losses*, Viorst (2010) states that loss is something that we cannot avoid and that loss experiences can be both difficult and transformative. Our lives are often shaped and shattered by the experience of various losses over time. The death of a loved one can certainly be one of the most crippling events that we encounter. Because we live in a society where we expect to live a long, healthy life, and there is little exposure to death on a regular basis, most people do not have the opportunity to develop a repertoire of responses to death before being plunged headfirst into a major loss experience. We also do not have many good role models for how to walk the path of grief in a way that allows for much variation, other than the typical social messages that offer empty platitudes and reward bereaved individuals for being busy and distracted, and for “getting over it” as soon as possible. A counselor who understands the basic tenets of good counseling practice and who also has expertise in the grieving process can provide a highly specialized form of support to an individual who is struggling with a significant loss (Larson, 2014; Worden, 2009).

**Individual Counseling**

Perhaps the most common venue for grief counseling, individual counseling can provide the support and guidance to help a bereaved individual navigate through significant loss experiences. Clinicians who are trained in the unique aspects of grief counseling can help a person better understand this experience and place it into a sense of perspective in regard to normalcy and expectations. Grief counseling might also help the client to identify and develop effective tools to cope at this very time. In addition, the grief counselor is often the safe person who can hear about things that are difficult for the client to tell others within his or her friendship network and family circle. Grief counseling is directly related to general counseling because loss and grief are universal and everyday experiences, and counseling is aimed at helping individuals to get through times in everyday life that are especially challenging or difficult.
Marriage/Couple Counseling

When two individuals who share an intimate relationship experience a significant loss, there are often challenges to the couple in the form of disparities in grieving style. The most common scenario for couple counseling is after the death of a child (Finkbeiner, 2012; Rosenblatt, 2000). The death of a child is one of the most difficult losses that can be experienced; it is expected that we will inevitably bury our parents, and there is a 50–50 chance that we will have to bury a spouse, partner, or significant other. However, it is not the natural order for parents to have to bury a child. It is not unusual, even in healthy marriages, for conflicts to occur. Partners who are already in a great deal of pain after the loss of a child often do not have the energy to resolve conflicts with the other partner. There is also the compounding issue of differences in grieving style that often surfaces during this painful time (Doka & Martin, 2010). As a result, it is common to hear partners grieve the loss not only of their child but also of each other due to the deep, paralyzing grief that each experiences and the disparities in how that grief is manifest. In this scenario, couple counseling can provide the grieving couple with an understanding of their grief and the tools to explore where they are stuck in their grief. As a result, they may be able to learn new behaviors and skills to break out of the destructive cycle of blame and isolation that can cause a great deal of damage to the relationship between them.

Family Counseling

Although there is the expectation that family members will grieve together and provide support to one another, the reality is that dissimilar or incongruent grief often occurs and causes conflicts within the family system (Harris & Rabenstein, 2014; O’Leary, Warland, & Parker, 2011). People who experience a mutual loss within a family may be the least able to support each other, because the relational dynamic with each other and the deceased person may impede the ability to find common grief pathways. Loss of a family member disrupts the family system, and the family must reorganize after the loss. Family members may also be depleted after a long period of caregiving, and there may be a lack of available energy to deal with the underlying family dynamics and stresses that have built up over time, and often come to the surface after a family member dies. Counselors who are trained in family therapy and who also understand the complexities of grief within these family systems may be able to bridge the gaps in the family system that has been torn by caregiving burdens, losses, and dissynchronous or asynchronous grief.
GOALS OF COUNSELING

The purpose of grief counseling is to help individuals work through the feelings, thoughts, and memories associated with the loss of a loved one in a way that is congruent with the bereaved individual’s personality, preferences, values, and goals. Understanding the goals of grief counseling can help clinicians to work more effectively with clients. Although most people associate grief counselors with assisting individuals who are grieving the loss of a loved one, the scope of grief counseling encompasses supporting individuals through all kinds of change, transitions, and losses. As you look through these goals, think of how they may also apply to losses that may not be related to death, such as the ending of a relationship, the loss of employment, or the loss of functionality or health.

Some of the goals of grief counseling are as follows:

- Providing the bereaved a safe place to share their experiences and feelings
- Helping the bereaved to live without the person who died and to make decisions alone
- Helping the bereaved to honor the continuing bond with the deceased person while moving forward into life again at some point in the future
- Providing support and time to focus on grieving in a safe environment
- Recognizing the importance of important times, such as birthdays and anniversaries, and supporting the client through these dates and special times
- Providing education about normal grieving and the normal variations in grieving among individuals
- Assisting clients to integrate the loss into their assumptive world or to rebuild that world after a significant loss
- Helping the bereaved to understand his or her methods of coping
- Engaging clients to recognize their innate strengths in coping and adapting to significant loss experiences
- Identifying coping problems the bereaved may have and making recommendations for further professionals and resources in the community
- Empowering the client in approaching life and others after experiencing a life-changing loss

We have written this book in a way to hopefully provide you with a solid foundation in counseling and grief theory, interspersed with practical suggestions for your work with bereaved individuals. At its core, grief counseling is basically good counseling practice that is also embedded with the current research, theory, and clinical wisdom from those who have spent years in
research and practice with bereaved individuals. We hope that the contents of this book help you to be a better informed and reflective practitioner with clients who have experienced significant, life-altering losses.

CONCLUSION

Counseling is a unique form of support that occurs within a relationship between the counselor and the client, occurring within specific boundaries with the goal of supporting and empowering the client through difficult times in life. Counseling may occur with an individual client, a family, or a group of individuals who share similar loss experiences. Grief counselors help individuals as they work through the grieving process in a way that is congruent with the grieving individual’s personality, preferences, values, and goals.

Glossary

Accurate empathy—The ability of the counselor to enter the client’s inner world of private personal meanings and feelings “as if” it were that of the counselor, but without ever losing the “as if” quality.

Congruence—When a counselor is congruent, he or she is aware of his or her own thoughts and feelings within the encounter with the client, and shares these real thoughts and feelings with the client.

Core conditions of counseling—Established by Rogers in person-centered counseling; these are the three conditions that must be in place for the therapeutic alliance to occur: accurate empathy, congruence, and unconditional positive regard.

Counseling—Professional support that has defined boundaries with the intent of assisting individuals to effectively work through everyday life issues that cause difficulty or distress.

Therapeutic alliance—The unique relationship with a client that is focused solely on the client’s needs, whereby the client feels safe, supported, and understood by the counselor.

Therapy—In-depth professional work with clients, aimed at long-standing struggles and unresolved deeper issues that may require long-term supportive work. In therapy, clients usually work on restructuring core aspects of themselves.

Unconditional positive regard—The stance of the counselor to the client, indicating an attitude that, despite one’s failings and faults, the counselor relates to the client with deep respect, with value, and without any conditions.
Questions for Reflection

1. Brainstorm about some of the media personalities and popular depictions of counselors that come to your mind. How are the counselors portrayed in these depictions? How do you think these portrayals influence the profession of counseling and the view of the general public about counselors and those who seek counseling? Based on the information in this chapter, how is the actual counseling process different from these portrayals?

2. In this chapter we discuss how counseling is different from receiving support from friends or family members. What do you think are the specific differences between support from a counselor and other types of support?

3. After reading this chapter, has your thinking about what counseling offers changed from what it was previously? If so, in what ways?

4. If you were to provide grief counseling to bereaved individuals, what do you think would be your biggest challenge personally?

REFERENCES


Viorst, J. (2010). *Necessary losses: The loves, illusions, dependencies, and impossible expectations that all of us have to give up in order to grow*. New York, NY: Simon and Schuster.
