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Prioritizing Bereavement in Counseling Education and Expressive Therapies: A Critical Review of

the Literature

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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Abstract

Bereavement is a topic of clinical counseling that is limited in the education of clinical counselors. This is possibly due to bereavement not being a required course for state licensure or CACREP standards; thus, it stands as a lower priority for colleges/universities to offer a course in this subject. I sought to research new counselors' perspectives on supporting clients who have experienced bereavement as they may not have had any foundational education on bereavement. Multiple articles have recommended that bereavement should be a prioritized course in master's level counseling education. As an expressive arts therapy student and counselor in training, I wanted to emphasize a more person-centered expressive therapy approach as each bereavement experience is unique, and that this form of therapy is a nonverbal expression which may be more inviting to clients as sometimes grief is beyond words/talk therapy. This search was conducted through databases to locate articles and utilized resources from community-based bereavement centers and local libraries. Due to grief theories being developed for a longer period of time, the research was published from 1917 to the present. The purpose of this literature review was to provide awareness and recommendations on bereavement, grief, and loss and the incorporation of the expressive therapies for professionals in the counseling field.

Keywords: bereavement, expressive therapy, master's level clinical counseling education

Author Identity Statement: This author identifies as a U.S. born, native English speaking, cis woman. This author resides in the South Shore of Massachusetts and would like to acknowledge the land that this author is residing on is Wampanoag land.

Prioritizing Bereavement in Counseling Education and Expressive Therapies: A Critical Review of the Literature

It has been said, “time heals all wounds.” I do not agree. The wounds remain. In time, the mind, protecting its sanity, covers them with scar tissue and the pain lessens. But it is never gone.

—Rose Fitzgerald Kennedy

Researchers and professionals in the counseling field have emphasized the importance of bereavement as a universal experience and multiple recommendations have been made for counselors to be educated in bereavement, grief, and loss (Agbe et al., 2013; Bat Or & Garti, 2019; Cicchetti et al., 2016; Doughty Horn et al., 2013; Hill et al., 2018; Testoni et al., 2019). How much research, manuscripts, theses, articles, journals, videos, interviews, periodicals, blogs, and books need to be written and reviewed in order for bereavement, grief, and loss to be incorporated into counseling education and practice? Articles have been published with similar opening statements regarding how grief is a universal experience and yet counseling professionals continue to not be educated in bereavement, grief, and loss. A list of these articles are in the Appendix. It has been reported that counselors and master’s level counseling students feel unease and hesitance in working with individuals who have come into counseling due to experiencing bereavement, due to lack of knowledge and training (Harrawood et al., 2011; Hill et al., 2018). This is possibly due to the Council for Accreditation of Counseling and Related Educational Programs (CACREP; 2016) standards which does not include bereavement, grief, and loss as a required course. Therefore, the majority of states in the United States do not

require a bereavement, grief, and loss course in their master's level education degrees thus it is less likely that a course is not offered in college/university course catalogs as well as their state licensure requirements.

By continuing to exclude bereavement, grief, and loss as a required course, counselors and therapists continue to possibly be unqualified to work with individuals experiencing events in the United States, such as the COVID-19 global pandemic, medical unknowns, suicide, mass shootings, drunk driving accidents, car accidents, HIV and AIDS, traumatic events, terrorist attacks, the opioid epidemic, gun violence, terminal illnesses, death by natural causes, and many more. In this thesis, I explored the impact of grief and bereavement in reference to past and current events and counselors' comfort levels to working with individuals who have experienced bereavement. I reviewed the timeline of grief and bereavement theory and grief counseling from Freud (1957) to Worden (2018). The most common theory in relation to grief theory is associated with the Kübler Ross (1969) five stages of grief. However, this model was originally meant for individuals who were dying as opposed to individuals who were grieving the loss of a loved one (Corr, 2015).

I find that as members of the clinical mental health counseling field, we are doing a disservice to the field and to our clients by not incorporating bereavement, grief, and loss in the education of attaining a degree in counseling and working with individuals. Most likely, every counselor will work with an individual who is grieving the loss of a loved one (Harrawood et al., 2011). I wonder if counselors and counseling students are not being educated or given the chance to be educated in their schools, how competent are they to provide counsel to bereaved

clients? The significance of a personal loss may impact the client's mental health and may be a possible reason for exploring counseling as a form of healing (Harrawood et al., 2011). I believe all counselors should have some foundational understanding in how to counsel a person who has lost a loved one and is seeking support and counsel. This thesis further discusses the implications of master's level counseling education curricula, the need for grief and bereavement in the curricula, and provides recommendations to how expressive therapies have been utilized in the counseling field and bereavement support. I will be referring to the term counseling professionals as licensed or master's level clinical mental health counselors who specialize in individual therapy.

This author identifies as a U.S. born cisgender White female. I have been privileged to attend Lesley University full time throughout this program and attend Stonehill College for undergraduate study. My first clinical placement for Lesley University was at a bereavement center and was driven to do so when one of my loved ones went through traumatic and complicated grief and not understanding how to help someone who is grieving.

Method

I sought to understand how grief, bereavement, and loss have been overlooked by not being considered as a requirement in the counseling field and thus, sought to learn new and current counseling professionals' perspective of grief and counseling individuals who have experienced bereavement. I also sought to understand how the expressive therapies have impacted and influenced grief and bereavement treatment in the counseling field. This included

exploring various expressive therapy modalities used with children, adolescents, adults, and families who experienced bereavement.

The review of literature included: grief and bereavement definitions; clinical definitions and considerations for bereavement from DSM-IV to DSM-5; cultural considerations for bereavement in reference to social, emotional, economical, legal, and professional, grief theories and practice in the counseling field; current CACREP standards; current MA counseling LMHC licensure standards; and, perspectives of new counselors who worked with clients experiencing bereavement, grief, and loss. There was also a review of research with recommendations from an expressive therapies lens, including narrative theory, person centered expressive arts therapy, and expressive therapies that were utilized in the grief and loss literature. I utilized an outline that highlighted specific topics addressed throughout this literature review as well as specific resources that were to be cited. Search terms that were included in my search of literature were: grief, bereavement, mourning, loss, death, counseling education, master's program in counseling, grief counseling, grief theory, bereavement theory, master's level therapists/clinicians, expressive arts/intermodal arts therapies, expressive therapies/creative arts therapies, art therapy, dance/movement therapy, drama therapy, play therapy, music/sound therapy, and poetry therapy.

I began my search using the Lesley University Library databases. Some instances required myself to request interlibrary loans due to limited access of grief counseling articles and research (which included articles focused on new master's level counseling students and their perceptions of grief). This progressed to utilizing Google Scholar as a resource for peer

reviewed literature. I was able to filter Google Scholar resources based on university/college databases I was privileged to have access to, which included Lesley University, Boston College, and Stonehill College. I broadened my search to blogs, videos, book chapters, books, theses, dissertations, and conferences where grief, bereavement, and loss were discussed and reviewed. This also included community resources, such as local public libraries, bereavement centers and palliative care centers, and counseling agency resources. My goal was to have the majority of items published within the last 10 years. It was useful to have earlier reviews and research in relation to grief, bereavement, and loss. This was due to the consistent themes of recommendations for counselors by gaining a foundational understanding of bereavement as well as multiple theories and practices were developed beyond 10 years ago. Due to expressive therapies being a younger field for research, review, and development, it was essential to go further back than 10 years. My resources were organized in a folder on the desktop of my computer which was categorized by year of publication. My thesis consultant (who is a registered art therapist and works at a bereavement center) provided specific resources, interventions, and common themes in expressive therapies in relation to bereavement to help enhance my search.

Literature Review

Grief, bereavement, and mourning have been a continuous part of the life cycle. For this review of the literature, the terms “bereavement”, “mourning”, and “grief”, will be specifically used only in the context of the death of a loved one. The term bereavement is “the experience of having lost someone close” (Shear, 2012, p. 461).

After reviewing the majority of literature, I noticed the terms grief and mourning were used throughout research and reviews interchangeably. However, each term is slightly different where grief is “the body’s reaction to the loss...[and] encompasses thoughts and feelings as well as physical, behavioral, and spiritual responses” (DeSpelder & Strickland, 2015, p. 343). These bodily reactions of grief can occur after the knowledge of the death, be delayed, or never occur (DeSpelder & Strickland, 2015). Grief also entails a broader context of loss such as the following: relationship breakup, friendship loss, financial/job loss, graduation from school, loss of independence, loss of health or ability, and changes in housing status. The term “mourning” is focused more on “the process by which a bereaved person integrates the loss into [their] ongoing life” (DeSpelder & Strickland, 2015, p. 343). Although all three terms are different in meaning within the same context, these terms seem to get misinterpreted and/or used synonymously (Granek, 2010; Shear, 2012).

There are specific classifications on types of grief and bereavement with specific terminology. Complicated bereavement “refers to the complications in the situation of the death” (Shear, 2011, p. 107). Complicated bereavement can lead to complicated grief, which is related to the reaction of losing a loved one to death (Shear, 2011). Disenfranchised grief is referred to as a type of loss that is not as acknowledged by others (Nolan et al., 2021; Walsh & Hourahan, 2020; Worden, 2018). Examples of disenfranchised grief include abortion, death by AIDS, suicide, if the deceased were engaging in an affair with bereaved clients, and losses within the LGBTQIA+ community now and throughout history (Nolan et al., 2021; Worden, 2018).

Grief and Culture

It is important to consider cross cultural perspectives when addressing death and bereavement in order to have a multicultural lens as a counseling professional in the counseling field. Agbe et al. (2013) considered the changes in financial status and the social role of the bereaved grieving the loss of the deceased. There is much to consider when working with bereaved clients such as grieving the loss of the deceased, the relationship with the deceased, individuals who were connected to the deceased's loved ones, and the economic status and gender role change in their life due to the loss. Agbe et al. considered the adjustments bereaved clients may face when adapting to society after the loss. This included social adjustment, economic adjustment, and psychological adjustment.

A consideration to defining bereavement was how various cultures defined "an appropriate length of time to grieve" or how to determine normal reactions to grief and for mourning (Bandini, 2015, p. 351). Based on what was considered by U.S. standardization and state governments (including employers, mental health professionals, etc.) an appropriate length of time for normal grief has been dictated by past and current theories of grief with the majority being formulated by European Americans with no multicultural considerations (Rosenblatt, 2017).

I acknowledge that multiple Indigenous peoples' cultures and tribes within the United States were deeply impacted and destroyed due to intergenerational trauma and colonization. Therefore, learning specific death customs, traditions, and beliefs are limited and lost. DeSplender and Strickland (2015) reviewed a generalized viewpoint of Indigenous culture and

discovered some Indigenous peoples' culture perceived death as a part of the ongoing life cycle and as "something that does not terminate one's existence but transforms it...[that] souls of the dead pass into a spirit world and become part of the spiritual forces that influence every aspect of [life]" (p. 108). Desplender and Strickland reviewed specific Indigenous People's using death songs which "summarize a person's life and acknowledge death as a completion of being" and as a form of healing and resolve (p. 110).

Akunna (2015) studied an ethnic group called the Igbo in which their communities are mostly made up into five states: Anambra, Imo, Abia, Enugu, and Ebonyi: which are located in Southeastern Nigeria. Mourning dances are incorporated in Igbo communities as a way to "yield meaning through emotions, body attitudes, and identities...[these] function symbolically, and as an art, illuminate, articulate, and even affect cosmic harmony, bodily self-integration, and healing" (p. 40). When a death occurred in an Igbo community, the event excluded specific types of complicated grief, such as death by suicide, a mourning dance allowed for a mind body connection of how someone is feeling and thinking about their loss.

When losing a loved one, some individuals found comfort in religion and/or spiritual affiliations. Agbe et al. (2013) highlighted the Tiv people of the Benue State "believe[ing] God is the giver and taker of life, [and] as a result they are comforted" (p. 316). There were other community members who identified as pagan who perceived death as "a mastermind by witchcraft" and can lead to strained and complicated relationships among bereaved family members (p. 316). This included the rights of the bereaved, appropriate time off after the loss, and in some cultures there are customs such as a widows engaging in the "remarriage to next

of kin of the deceased...custody of children [if the bereaved is a spouse or parent]" (p. 317). In this example, the possible loss and/or change of identity (e.g., wife to widow) seemed to be more fast paced for bereaved clients to adapt to life without the deceased. In Western culture, it is not as common to marry or date another individual if they recently lost a spouse or long-term partner to death.

Rosenblatt (2017) explored African American grief and highlighted the apparent differences in grief and culture within the United States. This included "African American funerals, ways of grieving, religious practices, and community supports...from what is common with European American deaths" (p. 621). Based on the research of Rosenblatt (2017), there is much impact of racism on African American grief. This included how racism is seen as a cause of death from "poorer health care" (p. 621). There is the consideration that most current grief theories and practices were empirically researched and studied by European white Americans and were affiliated by the dominant culture in the U.S. This led to the complexity of minoritized cultures and communities being counseled, within the U.S., which suggests counseling professionals are not only insufficient in understanding various cultural perceptions of death, but also not fully conceptualizing grief and bereavement.

In the state of Massachusetts, under absence policies, there was a section under leave of absence due to bereavement. This included the possible right for an employee to have from one to seven paid leave days for "certain family members" as the bereaved (Commonwealth of Massachusetts, 2022, para 2). This documentation defining leave of absence due to bereavement did not clarify what entails "certain family members". DiCello et al. (2018)

described Italian American culture including the importance of family which is a larger variety of networks including immediate family, extended family, and important others. This leads to the possibility that the policy for leave of absence due to bereavement was more relevant to the dominant culture's stereotype of a household family. For many states within the U.S., it is not required by law for companies to have a bereavement leave policy in place for employees. To clarify, there are "no federal laws requiring employers to provide workers with paid or unpaid time off following the death of a loved one... [the state of] Oregon is the only U.S. state that require[s] it" (Mallick, 2020, para 6). Oregon had this state law passed in 2014 (Mallick, 2020).

Grief in DSM-5

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) defines bereavement as "the state of having lost through death someone with whom one has had a close relationship. This state includes a range of grief and mourning responses" (APA, 2013, p. 818). Bandini (2015) reviewed from the DSM-IV that "after two months [of the death], the individual [grieving] can be diagnosed with major depression ... with the new guidelines in DSM-5, [major depression diagnosis] can be made after two weeks" (p. 351). Bandini introduced a concern that by removing bereavement exclusion (BE) from the DSM-5, could result in the overdiagnosis and overtreatment of major depression, thus more grieving individuals would be diagnosed with major depression in a shorter time span. In the DSM-5 for the diagnosis of major depressive disorder, there was an underlying note to consider

Responses to significant loss (e.g., bereavement...) may include the feelings of intense sadness, rumination about the loss, insomnia, poor appetite, and weight loss...

Although such symptoms may be understandable or considered appropriate to the loss, the presence of a major depressive episode, in addition to the normal response to a significant loss, should be also carefully considered. This decision inevitably requires the exercise of clinical judgment based on the individual's history and cultural norms for the expression of distress in the context of loss. (APA, 2013, p. 161)

The DSM-5, as stated from above, instructs professionals to utilize their own clinical judgment for the decision between a normal grief response versus a major depressive episode (MDE). It is interesting to consider how a counselor can provide their own clinical judgment without the foundational understanding or context of grief and bereavement in their education to become a counselor. Underneath the criterion for major depressive disorder, the DSM-5 described the differences between grief and an MDE by the intention of the symptomology and where the associations come from (APA, 2013). For example, the DSM-5 identified that "dysphoria in grief...occurs in waves. These waves tend to be associated with thoughts or reminders of the deceased. The depressed mood of MDE is more persistent and not tied to specific thoughts or preoccupations" (APA, 2013, p. 161). Although the DSM-5 identified symptomology between MDE and grief, there were two paragraphs under notes to describe the context of bereavement symptoms, and a whole chapter of symptomology for counseling professionals to review for a depressive disorder. Due to this difference in content, it is interesting to consider that counseling professionals may have more information and education given these facts by the DSM-5 and current licensure policies for clinical mental health counselors.

DeSpelder and Strickland (2015) argued the reactions to grief are variable. When losing a loved one, specific and individual grief experiences must be considered. When counseling a bereaved client, there are specific considerations including the relationship with the deceased, cause of death, society and cultural background, personality style, coping skills in place, past experiences with loss, support networks in place, and religious and/or spiritual beliefs and customs (Speaking Grief, 2022).

Shear (2012) concluded from the DSM-IV that “a two month time frame is not long enough to consider grief in the differential diagnosis of small-d depressive symptoms...we do not want to diagnose grief as depression...nor do we want to diagnose depression as grief” (p. 463). Traumatic bereavement was a new specifier in the DSM-5 (APA, 2013). This was listed under persistent complex bereavement disorder. Persistent complex bereavement disorder was first introduced under conditions for further study in the DSM-5. The DSM-5 defined traumatic bereavement as

bereavement due to homicide or suicide with persistent distressing preoccupations regarding the traumatic nature of the death (often in response to loss reminders), including the deceased’s last moments, degree of suffering and mutilating injury, or the malicious or intention nature of the death. (APA, 2013, p. 790)

After reviewing DSM-IV versus DSM-5 viewpoints of incorporating grief, bereavement, and loss, I have agreed with Julie Kaplow that “grief is not an illness or mental health problem. Grief is a natural part of life” (Kaplow as cited in Speaking Grief, 2022). Since grief and bereavement are a

natural part of life, it is interesting that grief and bereavement are not prioritized in the counseling education field.

Theories on Grief

Freud (1917/1957) was the first recognized scholar who introduced the topic of mourning, its relationship to melancholia, and its incorporation in the psychology field.

According to Freud, melancholia is, like mourning, “a reaction to real loss of a loved object; but over and above this, it is marked by a determinant which is absent in normal mourning or which...transforms the latter into pathological mourning” (p. 250). Freud was able to connect mourning and melancholia by explaining “in mourning, it is the world which has become poor and empty; in melancholia it is the ego itself” (p. 246). Considering the ego into the feelings of bereaved clients, Freud connected the topic of grief in reference to personal self of ego to melancholia.

As defined by Freud (1917/1957), the concept of mourning has an end point and a time for bereaved clients to acknowledge a relationship ending. This includes the effects and impact of loss for bereaved clients (e.g., possible loss of identity wife/widow, how to reintegrate into life; Agbe et al., 2013; Freud 1917/1957). This form of grief and bereavement research and practice reflects a psychoanalytic approach (Granek, 2010; Stroebe, 2002). This was the primary approach until attachment theory was presented into grief and bereavement research and practice.

Bowlby's (1980) trilogy of texts emphasizing the relationship between attachment and loss “describes the manner in which patterns of grieving are influenced, positively or negatively,

by experiences in the person's family of origin, as well as by more recent experiences" (Stroebe, 2002, p. 128). Part of his attachment theory in context with bereavement was that "the loss of an attachment figure will be an important and deeply troubling event, especially if there are levels of emotional dependency involved" (Beder, 2005, p. 257). It was concluded that childhood attachment styles and relationships were going to influence future relationships. Thus, their responses to death of individuals whose formed attachments were with the bereaved (Bowlby, 1980; Stroebe, 2002). For adults, they "show the need for attachment, especially when they are under stress and are disposed to cling to one another" (Beder, 2005, p. 257). Although Bowlby (1980) made early contributions to attachment and beginning ideas of grief and loss, Parkes, who worked closely with Bowlby (1980), sought to "understand death as the most extreme form of relationship deprivation that a person can experience" (Stroebe, 2002, p. 132).

Beder (2005) reviewed the concept of an assumptive world as "assumptions, or beliefs that ground, secure, and orient people, that give a sense of reality, meaning or purpose to life" (p. 258). When this stabilized view of an assumptive world is disturbed by trauma or death, personal beliefs and assumptions are unstable and shattered (Beder, 2005). Core assumptives that shape worldviews are "the world is benevolent, the world is meaningful, the self is worthy" (Janoff-Bullman, 1992 as cited by Beder, 2005, p. 258).

The Kübler-Ross five stages of grief model was first introduced as a linear format of stages including denial, anger, bargaining, depression, and acceptance (Kübler-Ross, 1969). It was developed for people coping with dying but has been misinterpreted as a template model for people grieving the deceased (Corr, 2015; Kübler-Ross, 1969; Walsh & Hourahan, 2020).

Kübler–Ross (1969) developed this model by interviewing patients who were dying in hospitals. Thus, the Kübler–Ross (1969) model was not made to provide a step–by–step process in how to grieve (Speaking Grief, 2022). This has continued to be highlighted in media today, including movies such as *The Starling* (Melfi, 2021) and *Cruella* (Gillespie, 2021), where both main characters have experienced a significant loss and have referenced the Kübler–Ross (1969) model for people grieving (Corr, 2015; Kübler–Ross, 1969). In lives that are not linear, what makes a linear model appropriate to be applied for both people dying and people grieving the loss of a loved one? These emotions may be felt overtime, but they can be continuous and constantly changing (Corr, 2015; Speaking Grief, 2022).

Stroebe and Schut (1999) developed the dual process model which included two bereavement related stressors: the loss and restorative oriented. The dual process model was originally developed for the loss of a partner, however, Stroebe and Schut (1999) concluded this could be adapted to other types of bereavement. The loss–oriented model focused on the relationship with the deceased, clients possibly ruminating about the loss and yearning for the deceased, yearning for the life they had with the deceased, and ruminating the events and situations that were occurring during the death (Stroebe & Schut, 1999). The restorative orientation involved the aftermath and adjustment of the loss including “what [and how it] needs to be dealt with” (Stroebe & Schut, 1999, p. 214). This also includes bringing attention to new roles and identities/relationships, distractions from grief, attending to life changes and challenges after the loss (Stroebe & Schut, 1999). The fluctuation in these stressors, loss oriented and restorative oriented, that a client can experience, is called “oscillation” (Fiore,

2021; Stroebe & Schut, 1999). The intention with “oscillation” was to describe how the bereaved would change between loss and restoration orientation. This was the pivotal point between the intention of “oscillating” and how that influenced the outcome of the bereaved physically and mentally (Stroebe & Schut, 1999).

Worden (2018) developed a more specific model for mourning called the four tasks of mourning. This included “to accept the reality of the loss, to process the pain of grief, to adjust to a world without the deceased, and to find a way to remember the deceased” (Worden, 2018, pp. 43–50). Mourning is a process, not a stage, and due to this, there is no linear timeline to complete it, but it requires work and effort (Worden, 2018). Worden (2018) emphasized that all tasks in some capacity (dependent on the loss) would be adapted into the bereaved clients’ lives. Worden (2018) believed that this model was more useful for clinicians to consider when counseling bereaved individuals.

State Licensure Review

Each state in the United States has their own state board guidelines and requirements in order to qualify for counseling licensure in that state. I reside in the state of Massachusetts so this is the state I analyzed for this literature review. For a clinical mental health counseling licensure in Massachusetts, a person can attain a license as a licensed mental health counselor, (LMHC). The curriculum required for licensure is composed of a standard 48 credits (or 60 possibly if there is an additional concentration). The ten core courses required are as follows: “counseling theory, human growth and development, psychopathology, social and cultural foundations, clinical skills, group work, special treatment issues, appraisal, research and

evaluation, and professional orientation” (Board of Allied Mental Health and Human Services Professions, 2015, para 7). Special treatment issues were defined as “areas relevant to the practice of mental health counseling, i.e. psychopharmacology, substance abuse, school or career issues, marriage and family treatment, sexuality and lifestyle choices, treating special populations” (Board of Allied Mental Health and Human Services Professions, 2015, para 7).

Massachusetts added an elective area that is defined as

graduate level courses which include knowledge and skills in the practice of mental health counseling. Appropriate graduate level courses may include but are not limited to... best practices for maintaining and terminating counseling and psychotherapy; consultation skills; outreach and prevention strategies; diagnosis and treatment issues; working in special populations; professional identity and practice issues, including historical perspectives; mental health regulations and policy; and management of community mental health programs. (Board of Allied Mental Health and Human Services Professions, 2015, para 8)

In some other neighboring New England states, Connecticut (which issues the LPC), require a course in career lifestyle and development (State of Connecticut: Department of Public Health, 2022). Vermont (which issues the LCMHC) also requires a career lifestyle and development course, and additionally requires a counselor to take two out of the following courses for licensure: “marriage, couples, and family counseling, human sexuality for counselors, crisis intervention, addictive disorders, and psychopharmacology” (Secretary of State: Office of Professional Regulation, 2022, para 6). Grief and bereavement is not a special

population treatment, and was not listed in any of the three state licensure board requirements or as examples of electives.

CACREP Standards Review

The CACREP and state licensure boards can be recognized as a template for colleges/universities for their course catalogs. Multiple universities/colleges are CACREP approved accreditation which has given counseling professionals flexibility for various state licensure boards. Some universities/colleges in New England are Boston University School of Medicine, Southern Connecticut State University, and the University of Vermont.

Under section 5 of the CACREP (2016) standards for counseling education with a specialization in clinical mental health counseling, students are to “demonstrate knowledge and skills necessary to address a wide variety of circumstances within the context of mental health counseling” (CACREP, 2016, para 1). CACREP standards are organized under three main components: foundations, contextual dimensions, and practice. Some of these standards include “theories and models, neurobiological and medical foundation and etiology of addiction and co-occurring disorders, impact of crisis and trauma on individuals with mental health diagnoses, [and] strategies to advocate for persons with mental health issues” (CACREP, 2016, para 2–4). Hill et al. (2018) completed a study with 123 participants who were enrolled in a CACREP-accredited program. Hill et al. (2018) provided recommendations to incorporate grief and loss in the chosen standards and/or courses including career and development, crisis counseling, and group work. Hill et al. (2018) reported “CACREP accredited institutions by and

large do not offer courses in grief theory or grief intervention. Results of the current study supported this notion” (p. 81).

COVID-19 Considerations

COVID-19 has been a global pandemic and has influenced many areas of life for individuals all around the world. Bereavement has been no exception to this and there is increased awareness and need for counseling professionals to help clients cope with loss. Due to COVID-19, and the lockdown in 2020 in the United States, many individuals lost loved ones and had an unusual form of mourning and grief than in the past. One example was minimal or no services held to commemorate the loved one. Almost a year after the lockdown of 2020, in July 2021, more than “600,000 people had died of COVID-19 in the United States, with thousands more deaths related directly or indirectly to COVID-19” (Hillis et al., 2021, p. 32). Hillis et al. (2021) sought to understand how children who experience and cope with the death of a caregiver, due to COVID-19, has impacted them. Hillis et al. (2021) learned that between the beginning of April 2020–through the end of June 2021, greater than “140,000 children in the United States experienced death of a parent or grandparent caregiver” (Hillis et al., 2021, p. 31).

Hooghe et al. (2021) sought to understand the impact of people grieving the loss of a child prior to the pandemic and how it has influenced the parents’ grief. This was done by interviewing 15 Belgian parents who lost a child (Hooghe et al., 2021). The researchers utilized the dual process model (Stroebe & Schut, 1999) as a reference and concluded that the “COVID-19 period accentuated all losses, awakening the parents’ grief for their own loss and their

empathy for others” (Hooghe et al., 2021, p. 1). Although COVID-19 has been present since 2019, marking almost the 3 year anniversary of the lockdown, counseling education requirements remain the same.

Counselor’s Feedback

Researchers and counseling professionals have acknowledged that there is not sufficient education on grief counseling and death education. Rosenthal (1981) provided a questionnaire to counselors and counseling educators. For counselors, the questionnaire included themes of training for counselors, prevalence and appropriateness for counselors, death education, and additional questions. For the counselor educators’, the questionnaire included themes of appropriateness for counselors, death education, and other additional questions. Both counselors (93%) and counseling educators (94%) “thought that counselor training programs needed to help trainees deal with the concepts of death and dying and...97% [counselors] believed counselors should attend training sessions to help them assess their attitudes and feelings about death” and 92% of counseling educators agreed (p. 205). For counseling educators, 21% “stated that their counselor trainees felt comfortable dealing with the issue of death with clients...[and] 39% of the respondents’ programs offered courses in death and dying” (p. 206). Rosenthal recommended “since counselors can’t teach what they haven’t learned, it seems apparent that counselor educators should give programmatic attention to this area in the future” (p. 209).

Ten years later Kirchberg and Neimeyer (1991) asked 81 newly graduated counselors to rate comfortability in working with clients in 15 specific scenarios (five on grief/loss related:

terminal illness, suicide, AIDS, grief; 10 on other issues: rape, alcoholism, marital problems).

Researchers found that newly graduated counselors “rated situations involving death and dying as substantially more uncomfortable than other presenting problems” (p. 603). In the discussion, Kirchberg and Neimeyer made the recommendation as part of their closing argument that as “more is understood about the sources of counselor discomfort in providing help to clients whose lives are touched by death, informed programs of death education for mental health professionals can be devised” (p. 609).

Twenty years later, Ober et al. (2011) reviewed the status of preparedness and competence of counselors counseling effectively for individuals who have experienced bereavement. This was done by surveying 369 licensed counselors on grief training, personal and professional experiences with grief, and grief counseling competence. Ober et al. found that the Kübler–Ross model was the most recognized by licensed counselors. More than half of the sample (54.8%) reported no specific grief and loss courses were completed, although 73.2% of respondents reported completing “at least one course that infused grief in a significant way” (p. #). Due to the Kübler–Ross (1969) model being one of the most recognized by licensed counselors, this report could be due to one required course, human development. This is possibly due to multiple American books including Kübler–Ross (1969) in the five stages of dying and terminal illness as part of the curriculum for the ending of life (Corr, 2020). Ober et al. (2011) recommended a comprehensive investigation in “the content and quality of the current training on grief counseling needs to be completed across counseling education

programs...[and] diverse database of resources on grief counseling, including topics such as studies on effectiveness, interventions, and community and professional resources” (p. 157).

Hill et al. (2018) recommended after completing a study with CACREP–accredited master’s level counseling students that the “need for grief education and training in grief theory and practice to be a part of the CACREP–accredited master’s level counseling programs” (p. 80).

Expressive Therapy and Bereavement

Expressive therapy is a multimodal umbrella term for specific types of alternative therapies: expressive arts therapy; music therapy; drama therapy; art therapy; dance and movement therapy; poetry therapy and expressive writing; and, play therapy. Expressive therapy has been used interchangeably with expressive arts therapy and creative arts therapy. However, expressive arts therapy is an intermodal approach that utilizes those various artforms listed above together, where there is a shift between one art form to another in order to enhance perspective, healing, and understanding (Rogers, 2000). It allows for the clinician and client to have various opportunities to explore various art forms during the counseling process based on curiosity, mood, and varied comfort levels. For this review, I referenced only expressive therapy since expressive arts therapy is a relatively new field as opposed to the other creative arts therapies which are more recognized and reviewed in mental health counseling research.

Natalie Rogers’ (2000) person centered expressive arts therapy approach was influenced by Carl Rogers’ work in client centered therapy. This included emphasizing the therapist’s role and being “empathetic, open, honest, congruent, and caring as they listen in depth and

facilitate the growth of an individual or group” (p. 3). Considering a person-centered approach is crucial when working with bereaved clients because there is focus on the loss of a relationship with the deceased and loss of identity (Agbe et al., 2013).

When exploring the integration of expressive therapy and bereavement, grief, and loss, there is a flexibility of imagination and expression of loss and grief (Brooke & Miraglia, 2015). Some common themes for bereavement and the expressive therapies include meaning making, meaning reconstruction, continual bonds, and exploring and acknowledging feelings (Barak & Leichtentritt, 2017; Dicello et al., 2018; Walsh & Hourahan, 2020; Weiskittle & Gramling, 2018). Due to the continuous growth of integrating expressive therapy, counseling, and bereavement research, clients seeking counseling services due to a loss or grief are “likely to encounter exposure to expressive art modalities within a therapeutic context” (Weiskittle & Gramling, 2018, p. 11). Therefore, there is a need for counseling professionals to be educated in this work as they may utilize expressive mediums as a tool in their treatment plan for bereaved clients. Although it is strongly preferred to have a license or certification in a specific expressive therapy approach, if a counseling professional is planning to do an expressive medium with a bereaved client, they should have a foundational understanding in both bereavement and what expressive medium may be best appropriate.

Expressive Therapy Modality Research

Testoni et al. (2019) highlighted continued bonds and finding meaning and/or making sense of the loss through a drama therapy lens. Testoni et al. studied strategies that drama therapists can use to help process grief and loss of a loved one, as well as confronting death.

Some included to meet death in person; enacting imagination; empty chair (a technique to help client speak out on any lingering thoughts or wishes to say to deceased); role reversal; doubling; auxiliary ego; and, projection into the future.

More than half of the participants in the study of Garti and Bat Or (2019) agreed that “in many early phases of treatment, they [art therapists who worked with bereaved clients] make sure to supply bereaved clients with relatively controllable art materials” (p. 71). Garti and Bat Or highlighted the consideration of chosen materials and the process for explorations and how it should be intentional and appropriate for the client’s situation and needs. According to Weiskittle and Gramling (2018), a little more than 80% of art therapists reported that they work with bereaved clients.

Photography, including scrapbooking, collaging, storytelling of photographs, taking photographs, collecting photographs or postcards, has been a beneficial form of expression. Mayton and Wester (2019) sought to explore experiences and feelings of survivors of suicide and to address their voices and input of what others want to know about their grief experience. Participants were asked to take at least three photos to represent what they would like others to know about their suicide loss experience and bring them into a focus group to share interpretations and meanings. This focus group discussion was guided by the SHOWED interpretation method: “What do you See here?; What’s really Happening here?; How does this relate to Our lives?; Why does this situation, concern, or strength exist?; How could this image Educate others?; and, What can we Do about it?” (p. 13). Seven themes were identified: lonely struggle; everything has changed; everyone has a story; changing emotions; choices; beyond

the horizon; and, unsettled forever. These identified themes and interpretation methods help gear interventions and discussions for working with bereaved clients.

Suárez et al. (2021) focused on the impact of the LGBTQIA+ community during the Pulse nightclub shooting and inquired: "What are some ways in which students process grief of violence through arts-based methods? [and] What can we observe through photovoice about the perceptions of six LGBTQ+ students at a predominately white institution (PWI) after the Pulse Massacre?" (p. 417). Participants were asked to document day to day routines and take photos based on the following prompt: "What does Pulse (the event) mean to you?" for one week (p. 419). One common theme was "intersectionality and colorblind intersectionality contributed to motifs of optimism, grief/mourning, and darkness" (p. 421). Both studies focused on photography as a form of expression in their grief and emphasized prompts with intentions on exploring their thoughts and feelings around their loss and grief. Along with photography, multiple art forms can be used "as a tool for the relief of suffering" (Dopulos, 2015, p. 321). Some expressive therapists have verbalized that grieving clients should explore their feelings, behaviors, and memories.

Barak and Leichtentritt (2017) constructed a study on expressive writing by giving writing prompts for bereaved parents who experienced a traumatic loss of a child. These researchers created three writing prompts: writing a dialogue with the deceased; writing an alternative reality; and, editing poems and reshaping meanings. These are similar to some ideas of drama therapy and other expressive approaches such as "Gestalt or verbal constructivist therapies [who] use enactments to facilitate change" (p. 947). It is emphasized that these kinds

of prompts and themes can provide a voice for current feelings and are facilitated as long as the client is ready to explore these feelings. At the conclusion, there was an additional exercise introduced called the memorial booklet about their loved one that would include all three writing exercises.

Integrating Narrative Therapy with Expressive Therapy

Narrative therapy is a common integrative approach with expressive therapies. Baştırmur and Başı (2021) reviewed the integration of narrative therapy and art therapy. Part of the integration included the possibilities through storytelling, engaging in nonverbal expressions, removing a possible language barrier for a client to be authentic in their own storytelling and expression. The role of a narrative in an individual's life is crucial in "creating narratives about ourselves, our lives, and others, by linking various events together over time in order to interpret our experiences in meaningful ways...[and] to explain and make sense of our experiences" (Hadley, 2013, p. 374). Therefore, narrative therapy is an appropriate approach to consider with the relationship between expressive therapies and bereavement support. Narrative therapy allows for clients to explore, process their story, become the expert in their own story, and invite them if they wish to rewrite their stories (Baştırmur & Başı 2021). This can be incorporated together through interventions revolving around art therapy, narrative therapy, children's literature, and bereavement awareness for bereavement children's programs.

Discussion

The purpose of this research is to review what research has been done regarding current standards and protocols with incorporating bereavement in counseling education, how

expressive therapies have been incorporated in bereavement, and counselor's perspectives of counseling bereaved clients. Bereavement is something that every human being will go through at least once in their life. However, counselors continue to not have any, or have limited, education in death education and/or grief counseling. These studies and reviews have revealed that newly graduated counselors are uncomfortable or felt that they do not have experience or proper training in working with clients who have lost a loved one. COVID-19 has only been active since 2019, and due to its recency, there are limited studies that have been accessible and published. The CACREP standards were last published in 2016 prior to COVID-19. Since the CACREP's last publication of standards was in 2016, there should also be a consideration for the increase in school mass shootings. In 2018 alone, it reached the highest record on record for school mass shootings in the U.S. (Zimmerman et al., 2019).

Conclusion

I have reviewed the literature with researchers interested in bereavement, grief, and loss and authors continue to repeat similar opening statements and recommendations to counselors, educators, and students of the counseling field. Minimal changes have been made. It has been 3 years since COVID-19 became a national pandemic where many lives were lost and impacted, 6 years since the updated CACREP standards were released, 9 years since the DSM-5 was released, over 20 years since 9/11, and 41 years since the AIDS epidemic. State licensures for clinical mental health counseling have continued to be renewed but with no consideration for bereavement and every day someone loses a loved one.

I propose further discussions and research in the counseling field to incorporate grief, bereavement, and loss in counseling education and the incorporation of the expressive arts therapies to counseling treatment. I recommend and predict further research will need to be addressed for COVID-19 as it continues to impact the current mental health crisis.

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Appendix

Articles Referencing Universal Experiences of Grief

Author	Phrasing
Abi-Hashem, N. (1999).	"Grief is a universal experience. It is inevitable and real" (p. 7).
Agbe, N. N., Akume, G. T., & Kohol, B. (2013).	"Adjustment to bereavement is one of the very critical phenomena that possess to individuals in all societies of the world. This is probably because bereavement is a universal phenomenon" (p. 315).
Bat-Or, M., & Garti, D. (2019).	"Loss and death are inevitable and highly stressful events that most of us will cope with in our lifetimes" (p. 193).
Cicchetti, R. J., McArthur, L., Szirony, G. M., & Blum, C. G. (2016).	"Grief is regarded as a critical life event" (p. 3).
Fiore, J. (2021)	"Grief is a natural part of life as people lose jobs, relationships, or significant people in their lives due to death" (p. 415).
Hill, J. E., Cicchetti, R. J., Jackson, S. A., & Szirony, G. M. (2018).	"Anyone can experience some form of loss during a life time" (p. 74).
Kouriatis, K., & Brown, D. (2011).	"Loss is a recurrent theme in human life, ever present and bound up with a person's existence" (p. 205).
Nolan, R., Kirkland, C., & Davis, R. (2021).	"Grief is a normal, natural reaction to loss of any kind. Most commonly the result of bereavement, grief has been identified as a universal human experience that did not discriminate based on sex, gender, or sexual orientation" (p. 647).
Peña-Vargas, C., Armaiz-Peña, G., & Castro-Figueroa, E. (2021).	"Grief is a phenomenon that carries an unpleasant feeling, which human beings inevitably experience" (p. 1).
Stroebe, M., & Schut, H. (1998)	"Grief as a universal reaction can be understood in terms of our biological heritage and survival of the species (p. 7).
Testoni, I., Cichellero, S., Kirk, K., Cappelletti, V., & Cecchini, C. (2019).	"Death is the most threatening experience to human life because it is inevitable and causes irreversible loss" (p. 516).
Weiskittle, R. E., & Gramling, S. E. (2018).	"Bereavement is a ubiquitous human experience that often recurs throughout a lifetime" (p. 9).

THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy**

**Student's Name: Kayla M. Frazer
Type of Project: Thesis**

Title: Prioritizing Bereavement in Counseling Education and Expressive Therapies: A Critical Review of the Literature

Date of Graduation: May 21, 2022

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Donna C. Owens, PhD