

2022

Complicated Grief: Counseling Considerations and Techniques

Loretta Bradley

Texas Tech University, loretta.bradley@ttu.edu

Nicole Noble

Texas Tech University, nicole.noble@ttu.edu

Kumudu Witanapatirana

Texas Tech University, kumudu.witanapatirana@ttu.edu

Follow this and additional works at: <https://mds.marshall.edu/adsp>



Part of the [Counseling Commons](#), and the [Counseling Psychology Commons](#)

Recommended Citation

Bradley, Loretta; Noble, Nicole; and Witanapatirana, Kumudu (2022) "Complicated Grief: Counseling Considerations and Techniques," *Adultspan Journal*: Vol. 21: Iss. 1, Article 1.

DOI: <https://doi.org/10.33470/2161-0029.1004>

Available at: <https://mds.marshall.edu/adsp/vol21/iss1/1>

This Research Article is brought to you for free and open access by Marshall Digital Scholar. It has been accepted for inclusion in Adultspan Journal by an authorized editor of Marshall Digital Scholar. For more information, please contact beachgr@marshall.edu.

Complicated Grief: Counseling Considerations and Techniques

Abstract

This article presents a case study about a fictional client's experience of complicated grief. This article differentiates between complicated grief and normal (adaptive) grief. It also distinguishes between bereavement, grief, and mourning. The counseling process is described using developmental theory and narrative reconstruction to illustrate how to implement creative techniques.

Keywords

adaptive grief, complicated grief, COVID-19 grief, creative techniques, spousal loss

Cover Page Footnote

Author Note Loretta Bradley <https://orcid.org/0000-0003-3959-4339> Nicole Noble <https://orcid.org/0000-0003-1285-0494> Kumudu Witanapatirana <https://orcid.org/0000-0002-2848-4030> Correspondence concerning this article should be addressed to Loretta Bradley, College of Education, Texas Tech University, 3002 18th Street, Lubbock, TX 79409. Email: loretta.bradley@ttu.edu

Complicated Grief: Counseling Considerations and Techniques

Loretta Bradley

 <https://orcid.org/0000-0003-3959-4339>

Texas Tech University

Department of Educational Psychology, Leadership, & Counseling

3002 18th Street, Lubbock, TX 79409

loretta.bradley@ttu.edu

Nicole Noble

 <https://orcid.org/0000-0003-1285-0494>

Texas Tech University

Department of Educational Psychology, Leadership, & Counseling

3002 18th Street, Lubbock, TX 79409

Kumudu Witanapatirana

 <https://orcid.org/0000-0002-2848-4030>

Texas Tech University

Department of Educational Psychology, Leadership, & Counseling

3002 18th Street, Lubbock, TX 79409

Abstract

This article presents a case study about a fictional client's experience of complicated grief. This article differentiates between complicated grief and normal (adaptive) grief. It also distinguishes between bereavement, grief, and mourning. The counseling process is described using developmental theory and narrative reconstruction to illustrate how to implement creative techniques.

Keywords: adaptive grief, complicated grief, COVID-19 grief, creative techniques, spousal loss

Complicated Grief: Counseling Considerations and Techniques

Although often unwelcomed and unwanted, the loss of a loved one is not a unique experience. Crunk et al. (2017) wrote that “death is a ubiquitous human experience that is associated with heightened psychological and physical distress on the part of the survivor” (p. 226). Unfortunately, loss of human life or death occurs on a daily basis. In the United States, the Centers for Disease Control and Prevention (CDC, 2020), the Worldometer (2020), Johns Hopkins University of Medicine (2020), and the World Health Organization (2020) reported over 280,000 COVID-19 related deaths as of December 6, 2020. In 2017, the death rate was 7.7 (7.7 out of 1,000; Xu, 2019). With the arrival of COVID-19 in the United States on January 21, 2020, and the first COVID-related death on February 6, 2020 (Hauck et al., 2020), this death rate will likely increase. Average life expectancy in the U.S. is 78.6 years (Kochanek et al., 2019). The leading causes of death are heart disease, cancer, accidents, and respiratory diseases (Kochanek et al., 2019). Each individual’s response to the death of a loved one is unique.

This article is written for three purposes. First, we discuss the premise that a survivor’s initial response to death influences their adjustment to the loss. Second, we differentiate between “normal” and “complicated” grief. Third, we focus on counseling issues and techniques for helping clients who are experiencing complicated grief.

Bereavement, Grief, and Mourning

Although *bereavement*, *grief*, and *mourning* are often used interchangeably, these terms differ. *Bereavement* is the state of having lost a loved one through death (Stroebe et al., 2008). *Grief* is the complex psychological response to bereavement, composed of feelings, thoughts, and beliefs related to the loss (Crunk et al., 2017). Grief is viewed as a deep sorrow resulting from loss of a loved one; this intense sorrow is often associated with grief. *Mourning* refers to

the public expression of grief demonstrated through various rituals and customs endorsed by societies and cultural groups (Crunk et al., 2017; Shear, 2012; Stroebe et al., 2008).

The *Diagnostic and Statistical Manual of Mental Health Disorders* fifth edition (DSM-5) lists “Persistent Complex Bereavement Disorder” as a diagnosable condition; some of the criteria for diagnosing the disorder are that the individual experienced the death of a close loved one and had unusual symptoms of intense loss that lasted for at least 12 months (American Psychiatric Association, 2013, p. 789). Similarly, the *International Classification of Diseases for Mortality and Morbidity Statistics* lists “Prolonged Grief Disorder” as a disturbance following the death of a significant loved one, which consists of symptoms of persistent preoccupation with the deceased lasting for more than 6 months, exceeding norms of a typical loss, and causing a significant impairment (World Health Organization, 2018). In this article, we present two different types of grief: *normal* and *complicated*.

The intensity and severity of symptoms of grief as well as their effect on life domains distinguishes between *normal grief* (ordinary grief, adaptive grief, uncomplicated grief) and *complicated grief*. During normal grief, the individual experiences sadness and loss due to a death (Browning, 2008; Dyer & Hagedorn, 2013), but with time, healing occurs, the griever faces the reality of the loss, adapts, and rebuilds their life. In addition, the individual, while never forgetting the deceased person, is able to assimilate their life narrative with movement toward adapting to life without the deceased (Crunk et al., 2017; Shear, 2012; Stroebe & Schut, 1999). By contrast, during complicated grief the pathway to normal is obstructed, and the individual experiences unremitting distress in response to loss. Complicated grief includes confusion about role identity and the presence of intense sadness, inability to trust self and others, increased shock, bitterness, and anger (Neimeyer & Burke, 2012; Parks, 2007; Prigerson et al., 2002;

Shear, 2012; Stroebe & Schut, 1999; Supirno & Luptak, 2013). Complicated grief has extreme intensity and negatively influences multiple life domains (Briggs & Pehrsson, 2008; Crunk et al., 2017, Newson et al., 2011; Rossheim & McAdams, 2010). Further, O'Connor and Arixmendi (2014) concluded that the individual experiencing complicated grief experiences "unusually high levels of intrusive thoughts and yearning for the deceased loved one. Individuals with complicated grief are more likely to be triggered by bereavement related cues" (p. 12).

Although normal and complicated grief share similarities, they have distinct differences. In normal grief, the survivor recognizes the reality of life events and can begin to move forward with life while the grief decreases over time. In contrast, complicated grief is marked by overwhelming grief, intense longing for the deceased, feelings that life is meaningless, and intensity of heightened grief negatively influencing multiple life domains.

The Fictional Case of Margaret

Margaret and John were high school sweethearts. Following graduation from high school, they enrolled in the same university and graduated 4 years later. One month after their graduation, they were married. John became a successful engineer, and Margaret became a successful accountant. The couple lived in Seattle.

John and Margaret had a great relationship; their friends envied their successful marriage. Although the couple did not always agree, they were able to discuss and work through their major problems. The couple had two sons, and the sons agreed that they had seldom witnessed their parents arguing. Their sons characterized their parents as honest, good providers, and caring, loving parents, who showered them with praise and encouragement. Further, John and Margaret never compared their sons and instead made them both feel loved.

Because of their careful savings and wise investments, the couple was able to retire early at age 62. The first 4 years of retirement were great. At last, John and Margaret had the time to travel. In the past, traveling was difficult because of their work schedules. In retirement, they were also able to spend time with family and friends. At the beginning of their 5th year of retirement, John had a heart attack. Although recovery was slow, John continued to improve over the next year. Then, about a year after his heart attack, John suddenly became ill. Initially, John said he felt tired, was experiencing breathing issues, and was hot. Margaret suggested that John see his physician. John replied, "This is the flu, and I will be better in a few days." Within 24 hours, John was feeling worse. This time, John agreed to see his physician who pronounced his illness as the flu. John was given an antibiotic prescription and told to take Tylenol, drink plenty of fluids, and rest. However, his symptoms did not improve. The next day, Margaret drove John to the emergency room, and he was admitted to the hospital. This was early February 2020. Although John was hospitalized, his condition was not getting better. He was diagnosed with COVID-19, a disease with which John and Margaret were unfamiliar. At one point, John seemed to be improving, but then his symptoms worsened, and John died at age 68. Margaret could not believe her beloved husband had died. She was distraught that because of COVID-19 restrictions, she could not visit John or be at his bedside when he died. Following John's death, Margaret was devastated. She had been married to John for 47 years, and she did not know how she could face life without him.

It had been more than 10 months since John died. Margaret's grief was not getting better; in fact, her sons believed her grief was markedly worse. Even on her better days, Margaret still cried throughout the day and even sometimes at night. On many days, Margaret did not get out of bed before noon; she often remained in her night gown all day. Margaret was so distraught

that she routinely forgot to feed her dog and cat, refused to socialize with family and friends, and complained life was no longer fun. She often wondered if she had insisted that John had gone to the hospital earlier, would he still be alive?

One day, Margaret told her sons that she hated to get up and face the day. Although she insisted, she would never kill herself, she said she would like to die so that she could be with John. Initially, the sons thought their mother's grief would get better with time; however, they now worry this is not likely. The sons have decided their mother needs professional help. Together, the sons visited with their mother and suggested that she make an appointment with a counselor. Margaret was surprised and unhappy. She reacted by saying, "I guess you think I am crazy. Well, I am not crazy, and I will not see a counselor." However, after much discussion, several days later Margaret agreed to schedule an appointment with a counselor, Maria.

Initial Counseling Session

Surprisingly, Margaret kept her first counseling appointment with Maria. In that initial session, Maria tried to establish a good relationship with Margaret. Establishing the counseling relationship was not easy. First, Margaret was open in saying that she only came to counseling to please her sons. It was apparent that she did not want to be in counseling. Second, it was difficult to counsel with Margaret because when she talked about John, she would burst into tears. Third, it was difficult keeping Margaret focused during counseling. Despite these challenges, the session provided insight for both Margaret and Maria, and Margaret scheduled two additional counseling sessions.

Case Conceptualization

As Maria began to process the initial session and plan for the next session with Margaret, she concluded that Margaret was definitely mourning John's death. This resulted in Margaret

having intense grief to the extent that things seemed hopeless. Freud (1917/1963) was one of the earliest therapists to identify grief. Freud asserted that, in grief, the libido remains attached to a lost object (in this case, John). Although Freud viewed grieving as a natural process, he also viewed the grieving process as one in which the griever (in this case, Margaret) needs to sever the bond to the deceased to allow for healing and to permit moving on with life. As Maria considered Margaret's grief, she concluded Margaret was not moving on with life.

In considering various developmental theories, Maria reviewed Erikson's (1950) eight stages of psychosocial development. Margaret was now 68 years old, which placed her in Stage 8 of Erikson's stages; Stage 8 begins at age 65 years and continues through death. The major task at this stage is a review of life with the intent to create harmony and make peace. Essentially, the task is one in which the individual makes meaning of life. If the individual views their life as meaningful and productive, ego identity, or a strong sense of self, is usually achieved. If, on the other hand, the review of life is viewed as unfulfilled, meaningless, and despairing, then ego identity is not achieved (Whiting & Bradley, 2007).

In considering, the concept of life review, Maria considered work by Butler (2002), who coined the term *life review*, described as follows:

As life nears its end, life review—whether written as a memoir, spoken to a trusted health care worker, family member or friend, or whispered in private to the walls—is the last chance to edit a life story and make it come out “right.” It is the last effort to explain, integrate and reconcile everything that has happened in the course of a lifetime. (p. 7)

Similarly, Neimeyer (2000) a thanatologist, or a scientist who studies death, discussed the importance of a life review. He referred to this as storytelling in which the individual becomes the author of their own life story.

Although the Kubler-Ross (1969) theory about death and dying has been questioned (Neimeyer, 2000), Maria decided to review the five stages of death and dying. Maria noted that Stage 4—Depression is characterized by mourning for the deceased; Margaret seemed to be immobilized at this stage. However, because Kubler-Ross's (1969) theory of grief lacks evidence-based support, especially in its linear progression (Neimeyer, 2000), Maria also used the dual process model of grief, which identifies two types of stressors associated with the loss of a loved one: loss-oriented and restoration-oriented (Richardson, 2006; Stroebe & Schut, 1999). *Loss-orientation* involves coping with the loss of some aspect of the deceased person. *Restoration-orientation* involves secondary sources of the loss, such as social loneliness or a need to master tasks the deceased person previously completed (Stroebe & Schut, 1999). Further, the dual process model of grief presumes that the griever copes with the stressors through a process of oscillation—rather than in a linear progression—which entails both confronting and avoiding loss and restoration stressors (Stroebe & Schut, 1999).

Based on the counseling session, the criteria in the DSM-5 for depression, the Beck Depression Inventory, and review of theories, Maria concluded that Margaret was depressed. Further, Margaret's pace through the developmental stage of depression had been interrupted, even halted. Margaret was not advancing to the final stage of grief of acceptance. As Maria continued to integrate the information, she thought Margaret's grief was not the "normal" (usual) progression of grief; instead, Margaret's grief was more pronounced and intense. Margaret's sons and the counseling session showed that her grief was very intense. Further, her grief seems to have paralyzed her ability to move forward with life. Maria concluded that Margaret's behavior exhibited the characteristics of complicated grief.

As Maria recalled the initial counseling session with Margaret, she remembered that Margaret said she enjoyed reminiscing about her time spent with John. Margaret stated that his life ended too quickly. In that initial session, Maria had inquired about what Margaret enjoyed; this question elicited Margaret's only smile during the session. Margaret replied, "I enjoy thinking about the good times with John, although that makes me sad because those times are gone." Although without much enthusiasm, Margaret said that before John's death, she used to enjoy art, music, traveling, seeing family, and taking family pictures.

Counseling Sessions

Maria's goal was to try to better understand Margaret's complicated grief. Using concepts from narrative therapy (Erford, 2019; Farzadfard et al., 2015; White & Bailey, 1990), Maria began to plan for future counseling sessions.

Maria decided to concurrently integrate concepts from psychosocial development, complicated grief, and life review in her attempt to help Margaret blend these into a narrative reconstruction, which is a means for recreating identity after loss. Butler (2002) stated, "the strength of life review is in...making peace with their life story" (p. 6). Whiting and Bradley (2007) posited that broad categories of the narrative reconstruction "might include family history, marriage history, career highlights, unique lessons learned, and important heartaches and hurts" (p. 126). Because Maria wanted to help Margaret successfully reconstruct her narrative, she decided to use creative counseling techniques that would capitalize on Margaret's expressed interests during the initial counseling session.

In their second counseling session, Maria continued to establish rapport with Margaret. Because John's death interrupted Margaret's life, and because her grieving process has been dysfunctional, Maria decided to use narrative therapy as the therapy foundation. A premise of

narrative therapy is that clients are the “experts” of their lives. Accordingly, Maria offered compassionate guidance as she encouraged Margaret to be the expert of her narrative reconstruction. Maria remembered that in their initial session, Margaret had been positive about her family. Maria decided to help Margaret focus on her family history from birth–68 years (Margaret’s current age). To enhance their counseling discussions, Maria asked Margaret if she would be willing to participate in the *lifeline technique* (Bradley et al., 2009). Margaret replied, “probably.” The lifeline technique guides counseling clients in creating a timeline of their lives. The client is asked to draw a horizontal line across a large sheet of paper. The client labels the beginning of the horizontal line *birth* and the end as their current age (in Margaret’s case, 68 years). The area between birth and death is divided in 5-year intervals. Using a green pen, the client marks an X above the horizontal line for each age in which there was a positive event. Using a red pen, the client marks an X below the horizontal line at each age in which there was a challenging or unhappy event. After Margaret completed the task, Maria and Margaret discussed her timeline. The goal of the technique is to allow the client to summarize and process particularly impactful positive and challenging events that are still lingering with the client. At the end of the discussion, Margaret said the timeline was helpful in allowing her to process the events. To obtain additional information, Maria asked Margaret if she would complete another technique at home. Margaret replied, “perhaps.” Maria asked Margaret to locate 10–12 family pictures and bring them to the next counseling session.

In their third counseling session, Margaret brought 12 photos. Maria helped Margaret discuss the photos. Then she asked Margaret to place the photos in chronological order. Maria asked Margaret to discuss the photos by describing the picture in terms of Margaret’s age, when the picture was taken, and any memories associated with the pictures. With both the family

pictures and throughout the timeline, Margaret described many aspects about John that she missed. Margaret shared several areas of her life with John that she missed, including the relationship itself, her bond with John, and activities they had engaged in together; she even shared how she imagined John would react to her life now. Maria used the dual process model of grief to recognize that Margaret was substantially coping with loss-orientated stressors of missing John (Stroebe & Schut, 1999). In assisting Margaret with this task, Maria was careful to point out Margaret's strengths, successes, and supports. Maria summarized the task to ensure that Margaret had an understanding of the tasks involving the photos. At the end of the session, Margaret volunteered that she found counseling helpful, and she wanted to return for another session.

By their fourth session, Maria believed that Margaret was experiencing more trust. In fact, Margaret volunteered that she had looked forward to this counseling session because counseling was helping her have a better understanding of her situation. She said that she had more support in her life than she had realized. Further, she was beginning to realize that she had been so negative that she had "shut herself off" from family and friends who had always cared for her. She said she would try to be with her sons and their families more often, and that if her friends called again that she might consider meeting them for lunch. Maria encouraged these socializing behaviors because she recognized that through Margaret reconnecting with others in her life, she would begin coping with the restoration-oriented areas of her loss, such as her feelings of loneliness (Stroebe & Schut, 1999). According to Lundorff et al. (2019), individuals grieving the loss of their loved one tend to cope better if they shift from loss-oriented to restoration-oriented coping over time. Therefore, Maria recognized Margaret's progress toward coping more successfully with her loss. As the session continued, Maria was careful to guide the

narrative reconstruction so that it was focused on integrity instead of despair. Maria's goal was to have Margaret accept herself and her life so that she could achieve satisfaction with herself.

Maria asked Margaret to begin accepting calls from her friends, with a goal of talking for at least 3 minutes; Margaret said she would try. At the end of the session, Maria gave Margaret some additional homework. Using the model for bibliotherapy following loss (Briggs & Pehrsson, 2008), Maria recommended a book for Margaret to read about grief.

In reviewing the counseling sessions, Maria concluded narrative reconstruction was necessary for Margaret to achieve grief reconciliation. In their fourth session, Margaret seemed to talk more about John, which may have been precipitated by the photo review that occurred in their third session. Although Margaret was still grieving, Maria gently helped Margaret see her strengths and her many contributions to the marriage, her family, and friends. Maria believed that this approach would help Margaret move more successfully through the grieving process. Specifically, this approach allowed Margaret to reflect positively on her experiences with John without getting stuck focusing on the fact that he was no longer with her.

In later sessions, Margaret talked more about her activities at home. She said she had started a few drawings and enjoyed watching some TV (e.g., news, Jeopardy). She said that although she did not feel ready to meet her friends for lunch, she did meet her sons and their families for an early dinner. She had wanted an early dinner because she was less likely to run into friends. Although she missed John, Margaret said the dinner was fine, and she tried to keep her conversation positive and friendly. Margaret also shared that although she had read a few pages of the book Maria assigned, she could not seem to concentrate. She said she would save the book for reading at a later time. Maria assured Margaret that there was no rush to read the book.

Maria introduced Margaret to the *windows technique* (Bradley et al., 2009; Gladding, 2016). Maria asked Margaret to draw a scene in which she was looking through a window. Maria explained that the purpose of this exercise was to help Margaret draw a scene that has current significance for her. Margaret drew a scene looking into the window, a scene that occurred about 20 years ago. The scene included John, Margaret, and their sons. Margaret described this as a scene of the family playing Monopoly together, an activity her family enjoyed. She said, “I wish this scene could occur today; however, I realize John is gone, and the boys are married with their own families...while it is hard, I realize I must live without John; I guess I drew an ideal scene.”

In later sessions, Margaret, with Maria’s help, discussed what had transpired in the previous sessions. They reviewed the creative counseling techniques. Although Margaret said she had enjoyed all of the techniques, the windows technique was her favorite. Margaret also said that she would like to continue counseling, and she scheduled three additional appointments. Maria thought additional sessions would be needed; however, she did not share this with Margaret.

Discussion

The number of adults experiencing loss is increasing (Fullen, 2016). Influenced by the work of Kepic (2019) and Wagner et al. (2019), this article was written to help older adults experiencing loss achieve life satisfaction. Specifically, this article focuses on the loss of a spouse and depicts assisting a fictional client in transition from complicated grief to normal grief.

Narrative therapy was used to illustrate helping a client (Margaret) adjust to life without her husband (John). The case example depicted Erikson’s (1950) psychosocial stages through the client (Margaret) experiencing dysfunction during Stage 8. In addition to Erikson’s psychosocial stages, the dual process model (Richardson, 2006; Stroebe & Schut, 1999) was incorporated into

the case conceptualization to illustrate some areas counselors should particularly focus on when conducting grief counseling. In this article, the differences in normal grief and complicated grief were explained, and a rationale as to why Margaret was experiencing complicated grief was provided. Further, we provided a brief overview of several counseling sessions.

Narrative therapy was an appropriate approach for counseling with Margaret because it allowed her to reconstruct her life. In this article 4 creative counseling techniques were incorporated and other resources from Bradley et al. (2009), Erford (2019), and Gladding (2016) were included. Although our fictitious client (Margaret) experienced some improvement, she still had many issues involving grief and loss to process. In summary, a narrative therapy approach was presented to illustrate counseling for helping an older adult make peace with their life story, a lengthy and complex process.

Although this fictional case depicted a straight couple whose racial and ethnic backgrounds were not specified, there could be unique considerations for counselors working with same-sex couples, couples from diverse ethnic and cultural backgrounds, or couples with a disability. These issues include limited social support or family involvement as well as legal, medical, occupational, and financial challenges (Woodburn, 2016). As always, counselors working with clients who hold identities considered a part of a minority group should consider how societal norms might influence their diverse clients' grief experiences. Specifically, counselors should incorporate any relevant counseling competencies such as the *Counseling Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals* (Harper et al., 2013), *Competencies for Counseling Transgender Clients* (Burnes et al., 2009), *Competencies for Counseling the Multiracial Population* (Kenney et al., 2015), and *Disability-Related Counseling Competencies* (Chapin et al., 2018).

To illustrate common concerns clients experience after the loss of a spouse, the fictional case example focused solely on a few of the potential challenges that counselors might encounter. Counselors should consider other potential challenges as well as interventions or techniques beyond those we featured. For example, one challenge counselors might assist their clients with is overcoming emotional pain that limits their basic functioning; applying relaxation interventions, guided imagery, and breathing techniques can help with this challenge (Winch, 2014). Following the loss of a spouse or loved one, counselors might also wish to teach their clients to adjust to the changes in their daily routines through collaborating with clients to identify a new daily schedule (Stroebe, & Schut, 1999; Winch, 2014). Counselors should also help clients cope with their changing identity after the loss of a spouse (Stroebe & Schut, 1999; Winch, 2014). To assist clients who are withdrawing from others, counselors can foster relationship building (Winch, 2014). Finally, counselors should support clients in creating a new purpose for living (Neimeyer, 2000; Winch, 2014). Counselors should also consider recommending other resources like grief groups, podcasts, and books to help clients navigate their grief outside of therapy. Further, due to the sensitive and emotionally charged work of counseling clients coping with the death of a significant loved one, counselors must be aware of their own grief experiences and emotional strengths and weaknesses when engaging in grief counseling.

As COVID-19 mitigation strategies continue to evolve, along with the typical issues that clients encounter when coping with the death of a loved one, additional stressors could include an inability to visit the loved one prior to their passing, an inability to mourn the death in person through attending a funeral, limited social support present both before and after the death of the loved one, financial insecurity, unemployment, and other changes in lifestyle as a result of the

pandemic (CDC, n.d.). To address some of these additional stressors, counselors might recommend virtual methods for connecting with others and creating memories or rituals in a virtual or physical space. Further, when counselors acknowledge these additional stressors, clients can more fully process their loss and the profound grief of being unable to say goodbye to their loved one in person. This inability to connect physically in the final moments of life might cause clients additional grief and trauma that needs to be resolved through counseling.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>
- Burnes, T. R., Singh, A. A., Harper, A., Pickering, D. L., Moundas, S., Scofield, T., Maxon, W., Harper, B., Roan, A., & Hosea, J. (2009). *ALGBTIC competencies for counseling transgender clients*. Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. https://www.counseling.org/docs/default-source/competencies/algbtic_competencies.pdf?sfvrsn=d8d3732f_12
- Harper, A., Finerty, P., Martinez, M., Brace, A., Crethar, H. C., Loos, B., Harper, B., Graham, S., Singh, A., Kocet, M., Travis, L., Travis, L., Lambert, S., Burnes, T., Dickey, L. M., & Hammer, T. (2013). Association for lesbian, gay, bisexual, and transgender issues in counseling competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex, and ally individuals. *Journal of LGBT Issues in Counseling*, 7(1), 2-43. <https://doi.org/10.1080/15538605.2013.755444>
- Bradley, L., Hendricks, C., & Crews, C. (2009). Expressive techniques: Counseling interventions for children and adolescents. In A. Vernon (Ed.), *Counseling children and adolescents* (4th ed., pp. 83-123). Love.
- Briggs, C. A., & Pehrsson, D. E. (2008). Use of bibliotherapy in the treatment of grief and loss: A guide to current counseling practices. *Adultspan Journal*, 7(1), 32-42. <https://doi.org/10.1002/j.2161-0029.2008.tb00041.x>
- Browning, F. C. (2008). Synchronizing loss with life over a life span: A dynamic perspective. *Adultspan Journal*, 7(1), 26-31. <https://doi.org/10.1002/j.2161-0029.2008.tb00040.x>

Butler, R. N. (2002). Age, death, and life review. In K. J. Doka (Ed.), *Living with grief: Loss in later life* (pp. 3-11). Hospice Foundation of America.

Centers for Disease Control and Prevention. (n.d.). *Grief and loss*.

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/grief-loss.html>

Centers for Disease Control and Prevention. (2020, December 6). *United States COVID-19 cases and deaths by state: Reported to the CDC since January 21, 2020*. Retrieved December 2, 2020, from https://covid.cdc.gov/covid-data-tracker/#cases_casesper100klast7days

Chapin, M., McCarthy, H., Shaw, L., Bradham-Cousar, M., Chapman, R., Nosek, M., Peterson, S., Yilmaz, Z., & Ysasi, N. (2018). *Disability-related counseling competencies*. American Rehabilitation Counseling Association.

https://www.counseling.org/docs/default-source/competencies/arca-disability-related-counseling-competencies-final-version-5-15-19.pdf?sfvrsn=c376562c_6

Crunk, A. E., Burke, L. A., & Robinson, E. H. M., III. (2017). Complicated grief: An evolving theoretical landscape. *Journal of Counseling & Development*, 95(2), 226–233.
<https://doi.org/10.1002/jcad.12134>

Dyer, J. E. T., & Hagedorn, W. B. (2013). Navigating bereavement with spirituality-based interventions: Implications for non-faith-based counselors. *Counseling and Values*, 58(1), 69–84. <https://doi.org/10.1002/j.2161-007X.2013.00026.x>

Erford, B. T. (2019). *45 techniques every counselor should know* (3rd ed.). Pearson.

Erikson, E. H. (1950). *Childhood and society*. W. W. Norton & Co.

Farzadfard, S. A., Abdekhodae, M. S., & Chaman-Abadi, A. G. (2015). Effectiveness of combined purposeful play therapy and narrative therapy on pre-school children's

- attention and concentration. *Journal of Fundamentals of Mental Health*, 17, 353-359.
[https://jfmh.mums.ac.ir/jufile?ar_sfile=280249#:~:text=Results%3A%20Children's%20attention%20increased%20significantly,group%20\(P%3D0.31\)](https://jfmh.mums.ac.ir/jufile?ar_sfile=280249#:~:text=Results%3A%20Children's%20attention%20increased%20significantly,group%20(P%3D0.31))
- Freud, S. (1963). Mourning and melancholia (J. Strachey, Trans.). In J. Strachey, A. Freud, A. Strachey, & A. Tyson (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (pp. 237-260). Basic Books. (Original work published 1917)
- Fullen, M. C. (2016). Counseling for wellness with older adults. *Adultspan Journal*, 15(2), 109-123. <https://doi.org/10.1002/adsp.12025>
- Gladding, S. T. (2016). *The creative arts in counseling* (5th ed.). American Counseling Association. <https://doi.org/10.1002/9781119291961>
- Hauck, G., Gelles, K., Bravo, V., & Thorson, M. (2020, June 23). Five months in: A timeline of how COVID-19 has unfolded in the U.S. *USA Today*. <https://www.usatoday.com/in-depth/news/nation/2020/04/21/coronavirus-updates-how-covid-19-unfolded-u-s-timeline/2990956001/>
- Johns Hopkins University of Medicine. (2020, December 7). *Coronavirus resource center: COVID-19 Dashboard*. Center for Systems Science and Engineering. <https://coronavirus.jhu.edu/map.html>
- Kenney, K. R., Kenney, M. E., Alvarado, S. B., Baden, A. L., Brew, L., Chen-Hayes, S., Crippen, C. L., Harris, H. L., Henriksen, R. C., Malott, K. M., Paladino, D. A., Pope, M. L., Salazar, C. F., & Singh, A. A. (2015). *Competencies for counseling the multiracial population*. Multi-Racial/Ethnic Counseling Concerns Interest Network of the American Counseling Association Taskforce. <https://www.counseling.org/docs/default->

[source/competencies/competencies-for-counseling-the-multiracial-population-2-2-15-final.pdf?sfvrsn=c7ba412c_14](https://doi.org/10.1002/adsp.12079)

- Kepic, M. (2019). Life satisfaction after spousal loss: The potential influence of age, gender, and leisure. *Adultspan Journal*, 18(2), 109-123. <https://doi.org/10.1002/adsp.12079>
- Kochanek, K. D., Murphy, S. L., Xu, J., & Arias, E. (2019). National vital statistics reports: Deaths: Final data for 2017. *U.S. Department of Health and Human Services*, 68(9), 1-77. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf
- Kubler-Ross, E. (1969). *On death and dying: What the dying have to teach doctors, nurses, clergy and their own families*. Macmillan.
- Lundorff, M., Thomsen, D. K., Damkier, A., & O'Connor, M. (2019). How do loss- and restoration-oriented coping change across time? A prospective study on adjustment following spousal bereavement. *Anxiety, Stress & Coping An International Journal*, 32(3), 270-285. <https://doi.org/10.1080/10615806.2019.1587751>
- Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24(6), 541-558. <https://doi.org/10.1080/07481180050121480>
- Neimeyer, R. A., & Burke, L. A. (2012). Complicated grief and the end-of-life: Risk factors and treatment considerations. In J. L. Werth (Ed.), *Counseling clients near the end-of-life: A practical guide for mental health professions* (pp. 205-224). Springer.
- Newson, R. S., Boelen, P. A., Hek, K., Hofman, A., & Tiemeier, H. (2011). The prevalence and characteristics of complicated grief in older adults. *Journal of Affective Disorders*, 32(1), 231-238. <https://doi.org/10.1016/j.jad.2011.02.021>

- O'Connor, M. F., & Arizmendi, B. J. (2014). Neuropsychological correlates of complicated grief in older spousally bereaved adults. *Journal of Gerontology*, 69(1), 12-18.
<https://doi.org/10.1093/geronb/gbt025>
- Parks, C. (2007). Complicated grief: The debate over a new DSM-5 category. In K. Doka (Ed.), *Living with grief, before, and after the death* (pp. 129-152). Hospice Foundation of America.
- Prigerson, H., Ahmed, I., Silverman, G. K., Saxena, A. K., Maclejewski, P. K., Jacobs, S. C., Kasl, S. V., Aqeel, N., & Hamirani, M. (2002). Rates and risks of complicated grief among psychiatric clinic patients. *Death Studies*, 26(11), 781-792.
<https://doi.org/10.1080/07481180290106571>
- Richardson, V. E. (2006). A dual process model of grief counseling: Findings from the changing lives of older couples (CLOC) study. *Journal of Gerontological Social Work*, 48(3), 311-329. https://doi.org/10.1300/J083v48n03_03
- Rossheim, B. N., & McAdams, C. R., III. (2010). Addressing the chronic sorrow of long-term spousal caregivers: A primer for counselors. *Journal of Counseling & Development*, 86(4), 477-488. <https://doi.org/10.1002/j.1556-6678.2010.tb00048.x>
- Shear, M. K. (2012). Getting straight about grief. *Depression and Anxiety*, 29, 461.
<https://doi.org/10.1002/da.21963>
- Stroebe, M., & Schut, H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death Studies*, 23, 197-224. <https://doi.org/10.1080/074811899201046>
- Stroebe, M. S., Hansson, R. D., Schut, H., & Stroebe, W. (2008). Bereavement research: Contemporary perspectives. In M. S. Stroebe, R. D. Hansson, H., Schut, & W. Stroebe (Eds.), *Handbook of bereavement research and practice: Advances in theory and*

- intervention* (pp. 3-25). American Psychological Association.
<https://doi.org/10.1037/14498-001>
- Supirno, K. P., & Luptak, M. (2013). Complicated grief in older adults: A randomized controlled trial of complicated grief group therapy. *The Gerontologist*, 54(5), 840-856.
<https://doi.org/10.1093/geront/gnt076>
- Wagner, N. J., Muller, P. R., & Sims, R. A. (2019). Professional counselors' interests in counseling older adults. *Adultspan Journal*, 18(2), 70-84.
<https://doi.org/10.1002/adsp.12078>
- White, A. G., & Bailey, J. S. (1990). Reducing disruptive behavior of disruptive physical education students with sit and watch. *Journal of Applied Behavior Analysis*, 23(3), 353-359. <https://doi.org/10.1901/jaba.1990.23-353>
- Whiting, P., & Bradley, L. (2007). Artful witnessing of the story: Loss in aging adults. *Adultspan Journal*, 6(2), 119-128. <https://doi.org/10.1002/j.2161-0029.2007.tb00037.x>
- Winch, G. (2014, April 1). *The 5 psychological challenges of loss and grief: How loss disrupts our lives and how to heal*. Psychology Today.
<https://www.psychologytoday.com/us/blog/the-squeaky-wheel/201404/the-5-psychological-challenges-loss-and-grief>
- Woodburn, C. (2016). *The experience of same-sex partner loss among people age 55 and older*. [Master's thesis, Smith College]. Smith ScholarWorks.
<https://scholarworks.smith.edu/cgi/viewcontent.cgi?article=3061&context=theses>
- World Health Organization. (2018). *International classification of diseases for mortality and morbidity statistics* (11th ed). <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1183832314>

World Health Organization. (2020, December 7). *United States of America situation*. Retrieved December 7, 2020, from <https://covid19.who.int/region/amro/country/us>

Worldometer. (2020, December 7). *United States Coronavirus cases*. Retrieved December 7, 2020, from <https://www.worldometers.info/coronavirus/country/us/>

Xu, J. (2019). Morbidity and mortality weekly report. *The National Center for Health Statistics*, 68(26), 593. <https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6826a5-H.pdf>