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PRACTICE

Working With Non-Death Losses in Counseling: An Overview of Grief Needs and Approaches

Paul H. Smith and Heather Delgado

Non-death losses are a common occurrence in counseling, but little attention in the profession has been directed at using grief models with these losses. Using a case study and two contemporary models, we outline how to effectively use grief models in counseling with non-death losses across the life span.

Keywords: grief, non-death loss, counseling theory, grief counseling, case study

Grief counseling has emerged in recent years as a significant element of counselor education (Doughty Horn et al., 2013; Ober et al., 2012) and has been a long-standing feature of counseling practice (Bowlby, 1961; Freud, 1917/1957; Kubler-Ross, 1969). Significant losses, primarily of loved ones, have created the need for counselors to be trained and educated about the grief process and how to best support grieving clients. Beginning with Sigmund Freud up to the present time, many models of grieving have been created to help orient people to the process of grieving after a loss. These models have primarily focused on bereavement, which is grieving from the death of a significant person in someone's life (Humphrey, 2009). Lacking in the professional literature are general recommendations on how to integrate grief counseling models and non-bereavement grief in the counseling setting. The aim of this article is to expand the utility of these models by highlighting the clinical importance of non-death losses across the life span. Additionally, a goal is to explicate how many of these grief models can be used for understanding and intervening with clients experiencing a wide variety of losses. Building on recommendations in the professional literature, we present two well-established grief counseling models, the dual process model (DPM; Stroebe & Schut, 1999) and Worden's (2008)

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tasks of mourning, and discuss how these models can be used with non-death losses. These two grief models highlight unique, research-based approaches to understanding grief and loss. The wisdom embedded in these models offers much insight into working with clients from a wide array of loss-related concerns and presentations.

REVIEW OF THE DEVELOPMENT OF GRIEF MODELS

Ways of understanding grief have existed formally and informally for much of human history. Cultural and religious traditions codify and symbolize the significance of loss into certain practices, such as funerals. Within more recent developments in mental health treatment, new paradigms offer a fuller picture of grieving experiences, considering diverse social, emotional, and psychological reactions.

Freud (1917/1957) categorized healthy and less healthy ways of grieving through his analysis of mourning and melancholia (Strachey, 1957). Mourning, by his understanding, was a more appropriate process by which the griever works through the pain of the loss in order to free the ego. Conversely, melancholia, typified by withdrawal and anhedonia, stagnates the grieving process and continues ego conflict.

Bowlby (1961) conceptualized grief and loss from the perspective of attachment. Despite many theoretical differences to Freud, both proposed healthier ways of grieving with the end goal of detaching from the loss object. Bowlby's criteria for pathological mourning, such as a denial of loss or anger toward the lost object, were indicators of unhealthy early childhood attachments. For Bowlby, the process of mourning functioned through the following stages: an urge to recover the lost object, disorganization, and reorganization. Later in the 1960s, Kubler-Ross (1969) outlined five stages of grief, which provided a common framework for understanding grieving and became popularized over the years. Denial, anger, depression, bargaining, and acceptance composed the stages. Worden (2008) questioned these notions of stages and outlined what he believed to be central tasks when adapting from a loss, particularly a death. These potentially iterative tasks involved the following: accepting the reality of the loss, working through the pain of the grief, adjusting to the new environment, and maintaining a connection to the deceased.

Although these previous understandings of the grieving process advanced a public discourse and education about loss, more recent models of grieving more directly consider systemic influences in grieving and are less stage focused. These models attempt to provide normalizing and descriptive information about grief yet avoid being too prescriptive about how to face the loss given the diversity of grieving experiences.

Recent models of grief focus on the importance of meaning making in grief (Neimeyer et al., 2010), cognitive stress (Lazarus & Folkman, 1984), and personal variations or styles of grieving (Doka & Martin, 2010; Machin, 2008; Stroebe & Schut, 1999). Also, situating loss within the life span helps people

see a loss as normal, although challenging, feature of life (Browning, 2008). Using psychoeducation about grief and bibliotherapy (Briggs & Pehrsson, 2008) shows potential for engaging clients in their grief experience beyond talk therapy. These more contemporary approaches highlight the complexity of grieving and how to assist those in the counseling context. In addition, these approaches offer more flexibility and creativity when conceptualizing non-death losses dependent on the individual context.

APPLYING GRIEF MODELS TO NON-DEATH LOSSES

Non-death losses encompass a wide array of life experiences. Loss can be defined as “the real or perceived deprivation of something deemed meaningful” (Humphrey, 2009, p. 5). Losses can occur slowly or immediately, overtly or subtly, publicly or privately, and temporarily or permanently. Fundamentally, the defining feature of a loss is the realized experience that something is no longer present in the way that it has been in the past. For example, an employee might get fired from a fulfilling job. A high school student might realize the reality of not having the talent to play a professional sport. An older adult might lose an important cognitive ability. All of these experiences indicate a loss of some kind. Non-bereavement grief, therefore, is the process by which one reacts and responds to these non-death losses. As articulated in the literature, non-bereavement grief can share many features of bereavement (Papa et al., 2014), including in areas such as job loss (Brewington et al., 2004; Papa & Maitoza, 2013) or loss of a significant place or period of time (Gitterman & Knight, 2019). A similar feature of these grieving experiences outlined by Papa et al. (2014) is the identity reconsolidation brought about by engagement in compensatory activities relative to the loss. In other words, by acting in ways that are responsive to the loss, one can bring about a rebuilding of a sense of self. Additionally, many of the central aspects of grief models are often present in non-death losses, such as readjusting to life roles and environments (Stroebe & Schut, 1999; Worden, 2008), engaging in meaning reconstruction (Neimeyer et al., 2010), and coping with new stressors (Lazarus & Folkman, 1984).

Variations of grieving are dependent not only on the type of loss but also on how that non-death loss is understood and experienced by the individual. Therefore, the individual meaning placed on a loss is a significant consideration for clients’ healing and subsequent meaning reconstruction after a loss (Gillies & Neimeyer, 2006). For example, Pickover and Slowik (2013) explored how mortgage foreclosure can elicit grief experiences because of loss of place and loss of trust in institutions. In addition, Zeligman and Wood (2017) highlighted that the treatment advancements for people living with HIV/AIDS directly affected the grieving process postdiagnosis. Accordingly, the nature of the non-death loss, in the context of one’s life, informs how the grief will be experienced.

Despite the emerging literature about the potential for overlapping reactions from non-death and death losses (e.g., Hobby et al., 2007; Papa & Maitoza, 2013), few recommendations exist on how grief models can help in understanding the needs of clients with non-death losses. New conceptualizations could open avenues for more therapeutic approaches when working with these clients. Emerging research on non-death losses gives focused recommendations depending on the nature of the loss experience, such as aphasia (Doughty Horn et al., 2016) and HIV/AIDS (Zeligman & Wood, 2017). These loss-specific recommendations assist counselors when working with clients in these specific situations. However, because of the many potential similarities between death and non-death losses, many grief models can be useful across loss experiences.

Because of the relevance of grief models across loss types, we present overviews of two grief models and a fictitious counseling case to provide additional understanding of non-death loss experiences. Although these models were originally developed to understand death-related losses, these models assist in the conceptualizations of non-death losses and address different underlying assumptions about grief reactions (Stroebe & Schut, 1999; Worden 2008). Future areas of research are noted based on some of these conceptualizations.

Worden's Tasks of Mourning and the DPM

Overview of Worden's tasks of mourning. As with older stage-based models, Worden (2008) developed four tasks that need to be completed in the grieving process. These tasks are not necessarily linear or iterative but rather depend on a variety of contextual and individual factors. Worden encouraged people after a loss to be active and participatory in their grief, rather than passive and removed, hence the language of “tasks” versus “stages” or “phases” in his model. Worden's model divides the grieving process into four distinct tasks. The first task is to accept the reality of the loss. Often after the death of a loved one, it is quite difficult and painful to acknowledge the reality of the loss. Kubler-Ross (1969) and Bowlby (1961) noted this reaction through their models of grieving. The second task is to process the pain of grief. This pain can include a diverse array of feelings that one might have after the loss (e.g., sadness, anger, guilt). Many times, people seek out counseling to assist with this task (Worden, 2008). The third task is to adjust to a world without the deceased. Worden described these adjustments as external (e.g., new supports), internal (e.g., identity), and spiritual (e.g., worldview shifts). Finally, the fourth task is to find an enduring connection with the deceased while moving forward with one's life. Embedded in this final task is the encouragement to integrate the memory of the loved one into one's life through rituals or shifts in one's worldview. This integration prompts the construction of new meaning from the loss, which can be important for the healing process. Other theorists have articulated this task as the establishment of continuing bonds with the deceased (Klass et al., 1996).

Overview of the DPM. The DPM of grief emerged from the movement to view grieving less in stage-like segments and more, as the name denotes, as a unique and individualized process after a loss (Stroebe & Schut, 1999). The DPM conceptualizes an individual's response and coping from a loss through two particular aspects: stressors and responses to those stressors. Quite commonly, people are inclined to solely focus on the loss itself. For example, one might look at old photos, talk to the friend in one's mind, or be hesitant to think about life without the loved one. This mode of coping is referred to as *loss orientation* and encompasses primary stressors directly related to the loss (Stroebe & Schut, 2010). At other times, people are inclined to attend to the aspects of their life that need adaptation because of the loss. For example, after a death of a friend, one might find new ways to socialize or distract oneself to avoid thinking about this loss. This mode of coping is referred to as *restoration orientation* and encompasses indirect stressors (Stroebe & Schut, 2010). The model assumes that there is an oscillation between both modes of coping, and both are necessary to a healthy response to a loss. Typically, people have a particular preference for one orientation, so working with that preference might be a helpful place to start in counseling. Yet, vacillating between the two ways of coping is normal—and arguably necessary—to cope in a way that addresses the severity of the loss and adapt to necessary life changes.

Nevertheless, from the model's inception, the focus has been on bereavement. Stroebe and Schut (2010), the creators of the DPM, made clear that the primary research on the DPM continues to be on bereavement, yet they postulated that the DPM can be used for "minigrief" (Stroebe et al., 2016, p. 345) phenomena, such as homesickness. Other researchers have proposed that the model can be applied to certain losses, such as cross-cultural reentry into a home context (Selby et al., 2011). As illustrated in the following case example, the tenets of the DPM and Worden's (2008) tasks of mourning can be useful in understanding non-bereavement grief and potential ways of working with a grieving client.

Case Study

Sophia is a 26-year-old Latina woman who was recently laid off from her place of employment, where she had worked as a software engineer for the past 5 years. Until she was laid off 3 months ago, Sophia always envisioned working at this local company long term. Sophia is married, and she and her partner are financially responsible for their two children. In addition, the loss of her job has triggered fears that her partner might not be able to cover all of the expenses because he works as a salesman, and income is not stable. She is seeking help from a counselor because she can no longer cope with this loss on her own. Consistently, Sophia is experiencing intense sadness, anxiety, difficulty getting out of bed, and a lack of interest in things that used to make her happy. When asked what she believes that she has lost, she emphasizes the loss of income, loss of being a productive member of society, and loss of a dream job. In addition, her family is frustrated because they are having to support her both financially and emotionally.

Application of Worden's tasks of mourning. Using Worden's (2008) model to understand the case of Sophia, a counselor would support her through this loss and continued transition. Although these tasks are discussed in a linear manner, Sophia's grief needs may not align in this sequence. The counselor should explore and assess Sophia's needs to determine which tasks to start with and attend to the appropriate task throughout the process. The first task, accepting the reality of the loss, might be particularly challenging for Sophia given the constant realization of the job loss in her day-to-day life. She expresses many challenges that losing the job caused in her life with respect to income, self-concept, and relationships. Using Worden's model, the counselor could assist her in placing this loss within the context of her life and development in the hope of normalizing this loss in her life as an expected, albeit challenging, facet of the working world (see Browning, 2008). As emphasized by Worden, a counselor should gently ensure that Sophia is honest about the nature of the loss and the implications for her career future. Denying the reality of the loss, although a normal reaction, can inhibit one's ability to face the grief and pain of the loss (Worden, 2008).

Worden's (2008) second task, working through the pain of the loss, involves helping Sophia recognize and process the emotions that emerge because of the loss. For Sophia, this loss is multifaceted, as it is for many facing a job loss (Papa & Maitoza, 2013). Compounded losses involve many losses at the same time. These compounded losses for Sophia entail not only the loss of income but also the loss of an identity and meaning in her life and the beginning of larger family conflict. A counselor supporting Sophia in this task would aspire to find balance by exploring her emotional pain of the job loss while simultaneously instilling hope for future ways to get back into the working world. By normalizing her varied reactions and providing a safe space for Sophia to feel comfortable experiencing her emotions, a counselor would provide a conducive environment for emotional processing central to this second task. Additionally, because of some of Sophia's intensive symptoms, the counselor should screen for complicated or prolonged grief (Crunk et al., 2017) to determine how best to assist her in her grieving.

Adjusting to the world without the deceased, or that which was lost, is Worden's (2008) third task. Adjustment for Worden consists of external, internal, and spiritual categories. External adjustments communicated by Sophia incorporate her change of daily schedule, altered family relationships, loss of work relationships, and loss of income. Internal adjustments consist of how she finds meaning through the loss and how she wants to rebuild her sense of self after the job loss (see Papa et al., 2014). Spiritual adjustments integrate how Sophia understands this loss as a part of her worldview and spirituality. For each specific category, the counselor would guide Sophia toward an exploration of identifying how best to adjust given her experience of the losses. After a period of exploration, the counselor might focus on establishing small

goals to accomplish the relevant adjustments that are necessary after the loss. Examples of these adjustments might entail engaging in self-care initiatives to assist with day-to-day life, finding ways to socialize with former work friends, or seeking out ways to supplement her family's income.

Worden's (2008) final task involves finding an enduring connection with the deceased (or that which was lost) in the midst of embarking on a new life. For Sophia, an enduring connection to her previous job might be the establishment of a new job in the same or similar field. This desire for a similar job is clear in Sophia's narrative. Her previous job meant much to her, so a counselor could assist Sophia with finding ways to maintain a connection to her previous job experience. Depending on what it means for Sophia to be connected with her previous job experience, a counselor might provide career counseling and resources to assist in finding a new job, or a counselor could work with Sophia to find alternative ways of connecting to what she found meaningful in her previous job (e.g., friends, intellectual engagement, accomplishment). For example, a counselor could explore the underlying value and meaning associated with her career and brainstorm ways that she can connect with these values. Having purpose and a sense of security were benefits of her employment and difficult aspects to let go, so a counselor could help Sophia reframe ways in which she gets these experiences in her life currently or ways she can seek these out.

Application of the DPM. Like Worden's (2008) tasks of mourning, the DPM (Stroebe & Schut, 1999) informs how a counselor might conceptualize and work with Sophia given her recent job loss. Fundamental in the DPM is the recognition that Sophia will experience stressors relative to the loss itself and as she tries to restore her life. Loss orientation refers to the focus on the loss itself. Sophia needs support dealing with the psychological, social, and emotional experience of getting fired from a job that she found much fulfillment in and that she used to financially support her family. In contrast to permanent losses, Sophia hopes to be reemployed in a similar job. The loss of employment, ideally, is short term. Nevertheless, Sophia might attach meaning to this loss that might not be recovered (e.g., loss of a dream, feelings of betrayal, early career disappointment). A counselor, working from the DPM, would support Sophia with this loss by excavating the importance of the loss and the feelings that emerged after the loss. As with Worden's model, the counselor would focus on Sophia's process of working through the pain of the loss and stressors related to the loss experience itself. Stroebe and Schut (1999) noted that the focus on the pain of the loss is typically earlier on in the loss experience. Therefore, the counselor provides a safe space for Sophia to process through her emotions and helps her transition to the restoration orientation. This act can be accomplished by changing the types of questions and focusing on more of the tasks or behaviors that are needed in her life to adjust to the loss.

The second component of the DPM, restoration orientation, refers to the stressors and coping related to the changes and adaptations that Sophia makes

relative to the loss. Sophia seems to be trying to cope with how to financially support her family, how to face a new relationship with her family because of the additional support she receives, and the desire to feel productive in her life. A counselor, using the DPM, would support Sophia by establishing specific tasks and goals related to these changes and helping her think through how to best respond in these situations. Specifically, assisting Sophia with a plan for applying to new jobs and adjusting to routines of her daily life would give her some steps to take between counseling sessions. It is important for counselors not to impose values of what changes should be made in a client's life; rather, one should focus on where the client desires tangible change. Encouraging Sophia to focus on specific restoration changes in her life empowers her to prioritize her needs and develop a plan of action.

Embedded in the DPM is the underlying assumption that she will vacillate between the loss and restoration orientations (Stroebe & Schut, 1999), rather than becoming stuck in one or the other. Facing the emotional reactions from the loss (loss orientation) and the new life challenges (restoration orientation) seems important for Sophia given her situation. A counselor could display a visual of the DPM to illuminate and normalize the dual challenges she is facing relative to the pain of the loss and her adaptation to the new environment.

IMPLICATIONS FOR PRACTICE AND DIRECTIONS FOR FUTURE RESEARCH

As illustrated by the previous case example and application of grief models, grief can emerge from a wide variety of life experiences, transitions, and events. Counselors are encouraged to use grief models to understand clients dealing with these types of losses. The DPM (Stroebe & Schut, 1999) and Worden's (2008) tasks of mourning are two such models that inform counselors on how to address the needs of these individuals and implement effective mental health treatment. Without addressing the grief needs, counselors are missing a vital piece of the client care. More specifically, counselors who conceptualize from a grief and loss lens will be able to set appropriate goals and select effective techniques or interventions for clients dealing with non-death losses (see Doughty Horn et al., 2016; Zeligman & Wood, 2017). In addition, counselors should consider incorporating grief language, provided from grief models, to give clients the capability to verbalize and describe their experience, which ultimately leads to a better understanding of their current situation. Given the prevalence of these losses in counseling, it is essential that counselors be trained about the research on grief and the use of grief models with non-death losses (see Doughty Horn et al., 2013; Ober et al., 2012). Training to work with the grief of non-death losses can be integrated in clinical supervision courses; a counseling skills course; a career counseling course; and/or courses related to crisis, trauma, or advanced skills. Grief is a significant, yet normal, reaction to life experiences across the

life span, and counselors need to understand the features of grief and effective ways to respond to grieving clients.

More empirical research is needed to explicate how the application of grief models varies based on the type of loss. Many of the established models of grief highlight the utility of these models with non-bereavement grief (Humphrey, 2009), yet there is limited evidence provided in the literature on how the models would apply similarly or differently based on the type of grief. Results from more of these types of studies (e.g., Papa et al., 2014) would continue to highlight treatment implications for each specific loss. To further the evidence for the use of grief models, quantitative and qualitative studies are needed to examine the counseling effectiveness of various interventions or techniques for non-death losses. Within counselor education, researching how grief training assists with counselors' competence with non-bereavement grief in counseling would build on the research by Ober et al. (2012) that focused on death-related grief.

CONCLUSION

Both death and non-death loss experiences are similar in many ways, including the way in which clients can be conceptualized using various grief models. Although research is limited on these exact similarities, grief models can provide insight for counselors into a client's experience of a non-death loss (Humphrey, 2009). These losses can include anything from the loss of a relationship, to the loss of an ability, to the loss of a dream. As a way to advance the exploration of the intersections of grief models and non-bereavement experiences, this article provided a counseling application of both the DPM (Stroebe & Schut, 1999) and Worden's (2008) tasks of mourning with a fictitious case study of a non-death loss. Understanding non-death losses from a grief perspective highlights client needs and prepares counselors to assist clients in the therapeutic process of healing after a loss.

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