

Introduction to Grief & Bereavement



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What are your experiences learning about grief/grief therapy as well as clinical experience?

https://www.polleverywhere.com/multiple_choice_polls/zrm5T5LYMM6z14gYd6nqp

Respond at:

[PollEv.com/hollyweber414](https://www.pollEv.com/hollyweber414),

text HOLLYWEBER414 to 37607 once to join

OR use QR Code below



Agenda

- Defining grief & related terms
- Grief & cultural responsiveness
- Grief in marginalized communities
- Overview of grief theories
- Review of counseling literature
- Grief therapy approaches
- Case Example
- Acute grief
- Integrated grief
- Prolonged grief disorder

A moment for self-reflection...

What are your past and present experiences with grief and loss?

- Think about a past experience you had with loss (doesn't have to be death of a loved one)...how did you feel at different points throughout that experience?
 - What challenges arose for you during the grieving process?
 - How did you cope with the losses you experienced?
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Definitions & Key Terms

- **Bereavement:** state of having experienced a death of a significant person (Shear, et al., 2011)
- **Mourning:** expressions of grief displayed through customs and rituals that vary depending on society and culture (Stroebe, et al., 2008)
 - Active process of coping with bereavement and grief (Rando, 2018)
- **Grief:** complex response to bereavement that spans many domains such as
 - Cognitive
 - Affective
 - Physical
 - Behavioral
 - Social
 - Spiritual

(Corr et al., 2018, Worden, 2018)

Cognitive:

- Shock
- Numbness
- Poor attention span and memory
- Hard to concentrate
- Unable to find the right words
- Easily distracted
- Diminished ability to retain information
- Have a hard time making decisions

Emotional:

- Fear
- Anxiety
- Panic
- Yearning
- Loneliness
- Abandonment
- Vulnerability
- Helplessness
- Powerlessness
- Numbness
- Sadness
- Anger
- Irritability
- Relief
- Guilt
- Longing

Social:

- Your "give a damn" is broken
- Hypersensitive to your loss
- Feeling dependent on others
- Withdrawn and isolative
- Noticing others may be avoiding you
- Snapping at others (easily agitated)
- Having over-the-top reactions

Physical:

- Exhaustion
- Appetite & weight changes
- Muscle tension
- Easily startled
- Shortness of breath
- Headaches
- Chest pain
- Nausea
- Immune system illnesses
- Gastro-intestinal irritations
- Fatigue
- Sleeping problems

Spiritual:

- Spirituality can be a source of comfort
- Spiritual Distress - unable to find meaning/purpose in life
- Feeling spiritually connected to God
- Finding hope in prayer/spiritual beliefs
- Finding purpose in life

Family/ Work:

- Hyper-vigilance regarding your loved ones'/coworkers' and your own health/safety
- Distancing to protect yourself and others from your grief
- Differences in how each person's reactions to the loss may cause misunderstandings
- Divided loyalties

Grief from a Cultural & Sociological Perspective

- To truly understand a person's loss, it must be considered in sociological context
- Basic Social Institutions frame grief within society
 1. Family
 2. Religion
 3. Political
 4. Economic
 5. Educational
- Societies govern behavior through norms including grieving rules
 - How grief should be processed
 - Which losses are acknowledged
 - Beliefs about death
- Grieving rules vary across subcultures & levels of acculturation
- Across cultures, grief rituals provide structure for mourners to express grief & fulfill obligations to the deceased

(Doka, 2023; Rheingold & Williams, 2023)

Grief & Cultural Responsiveness

- Beliefs, perspectives, & practices related to death, grief, & mourning vary greatly across individuals, families, & cultural groups
- An individual's reaction to death of loved one is unique
- Approach clients from a stance of cultural humility to understand their specific grief process
- Ways to practice cultural humility include:
 - Learn about how different cultural groups approach and perceive death and loss
 - Be curious about client's unique experience based on their intersecting identities & personal identification with cultural identities
 - Inquire about how client views mental health services during times of grief
 - Understand their cultural practices related to death/mourning
 - Inquire about how cultural backgrounds of client influence beliefs about death/mourning.

(Hook et al., 2013)

Reflection Questions

- What are your beliefs about death?
 - What are your beliefs about grief?
 - What mourning rituals/practices are typical for you & your community?
 - What bias(es) do you have surrounding death/grief to look out for in your work with clients?
-

Acknowledging Bias

- Western Psychology continues to be Euro-centric including in it's view of grief
 - Tends to pathologize grief
 - Beginning, middle, end
 - Expectation to work through grief enough to resume being productive member of society

(Moore et al., 2020)

Important Reminder

Before discussing grief work with various racially minoritized groups...

Marginalized group experiences of grief are NOT a monolith. Remember there are differences between & within subgroups.

Grief Work with Black Clients

- Common values that impact grief
 - Collectivism
 - Present-time orientation
 - Use of ritual
 - Reliance on informal support networks & social capital
 - Spirituality/religion
 - Strength-physical, emotional, cognitive, spiritual
 - Forward movement amid adversity
- Beliefs about death/dying
 - Death & mourning is time to honor deceased loved one
 - Death = transition to spirit world, beginning of a better after-life
 - Find comfort in relief that loved one's spirit is present
 - Funeral = celebration of loved one's spirit crossing over

*The above largely reflects Christian faith, doesn't account for diversity of beliefs within Black community including those who identify as Muslim, Jewish & other faiths/spiritual traditions

(Bordere, 2023; Moore et al., 2022)

Grief Work with Black Clients

- Minimal research on grief in the Black community
 - Black individuals as compared to white people
 - More likely to experience grief due to homicide
 - More often continue stronger ongoing bonds with deceased loved ones
 - Experience more grief for extended kin
 - Have stronger social support
 - Less likely to seek professional help
- Clinical recommendations
 - Consider history & negative effect of racism without pathologizing
 - Acknowledge intergenerational grief related to U.S. chattel slavery & consequent trauma
 - Use a strengths-based approach
 - Involve children & extended-kin in therapeutic process
 - Explore cultural meanings/interpretations of health & self-care

(Bordere, 2021; Moore et al., 2022)

Grief Work with Latiné Clients

- Salient cultural values
 - Fatalism: future is not under our control & is determined by God
 - Simpatia: social interactions emphasize harmony, courtesy, & affection
 - Personalismo: valuing close relationships
 - Familismo: focus on family, prioritizing needs of family above personal needs
 - Collectivistic: emphasizes interdependence & importance of community
- Impact of culture dependent on acculturation level
- Relationships continue after death: dreams, altars, stories, faith traditions
- Bereavement in context of prior immigration experiences
 - Similarities to immigration: physical separation from loved ones, change in social identities
 - Already navigating multiple non-death related losses and added stressors
 - Buffers for negative outcomes for immigrants include increased closeness with family, community support, religious community, cultural rituals

(Falzarano et al., 2022)

Grief Work with Latiné Clients

- Religious/spiritual elements of bereavement ingrained in Latiné culture
- Minimal research on grief in Latiné community
 - Involvement of priests in end-of-life care/bereavement services increases comfort, reduces risk for negative psychosocial outcomes
 - More intense grief for sudden death compared to White Americans
 - Tend to rely on social support before seeking professional help & may decline grief therapy
 - Culturally insensitive mental health care system
 - Lack of Spanish-speaking professionals
 - Structural barriers
 - Lack of perceived effectiveness

(Falzarano et al., 2022)

Grief Work with Asian American & Pacific Islander (AAPI) Clients

- Tendency to lump all Eastern cultures into one
 - AAPI includes almost 50 countries with their own cultures and subcultures & thus beliefs, rituals, & experiences of grief vary widely
- Commonalities
 - Collectivistic cultures
 - Venerate ancestors
 - Emphasize ongoing bonds between living & deceased
 - Tendency to value controlling expression of “negative” emotions to maintain group harmony
 - Grief rituals tend to be less focused on the emotional experience of bereaved & more focused on well-being of deceased

(Braun & Nichols, 1997; Doka, 2023; Klass & Chow, 2021)

Grief Work with Asian American & Pacific Islander (AAPI) Clients

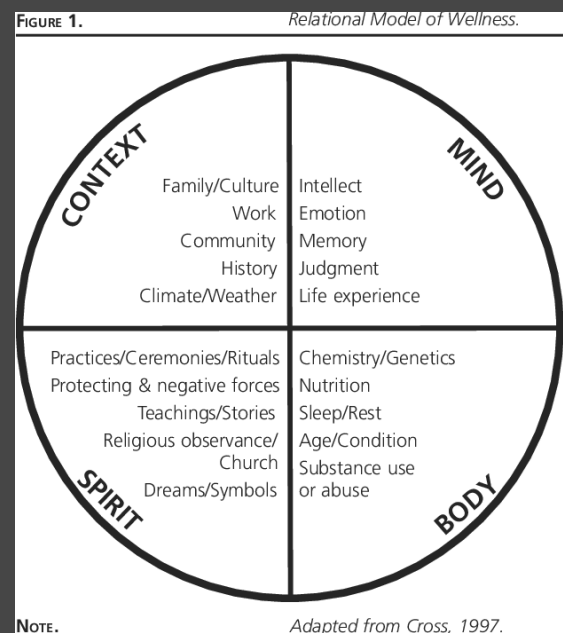
- Very minimal research on AAPI grief
 - May be more inclined towards restoration-oriented coping than white counterparts
 - More reluctant to explicitly ask for support than white people due to concerns about losing face, straining relationship, making others' worried
 - Instead, AAPI tend towards implicit support seeking

(Braun & Nichols, 1997; Klass & Chow, 2021)

Grief Work with Indigenous & First Nations Clients

- Recognize Indigenous people carry historical trauma & grief of genocide & ongoing trauma of forced acculturation
- Indigenous ways of knowing & being
 - Interconnection & interdependence
 - Symbiotic relationship with nature
 - Understanding of life is spiritual, not material
 - Relational worldview/Relational model of wellness
 - Not time-oriented
 - Intuitive

(Grayshield et al., 2020; Sharp et al., 2015)



Grief Work with Indigenous & First Nations Clients

- Commonalities:
 - Most see death as sacred & part of natural order
 - Grieving = necessary to create strength during times of suffering
 - May express through chants & songs
 - Focus on helping deceased transition comfortably
 - Fearful of deceased—efforts made to prevent deceased from coming back to disturb living
 - Tend to prefer to reach out for support from friends/family versus mental health professionals
- Clinical recommendations
 - Display openness to traditional healing modalities
 - Refer to traditional healer and/or collaborate with traditional healer
 - Use oral tradition of storytelling as a therapeutic technique
 - Talking Circles
 - Incorporate strengths including humor & laughter

(Grayshield et al., 2020; Sharp et al., 2015)

Classical Theories of Grief

Task-Based Theories: Freud

- Grief and mourning not pathological
- Mourner must detach emotionally from the lost person
- Psyche invests in loved people/entities with libidinal energy (energy that drives all behavior)
- This energy must be withdrawn to heal from loss
- Melancholia (depression/dysthymia) = withdrawal process not successful
 - New task = transfer libidinal energy to a new love object
- Detachment process/mourning takes a year

(Walter & McCoyd, 2015)

Theories of Grief: Worden's 4 Tasks of Mourning

1. Accept reality of loss
2. Work through pain of grief
3. Adjust to environment without deceased
4. Emotionally relocate deceased and move on with life

(Worden 1996, 2002)

Stage-Based Theories: Bowlby & Parkes' 4-Stage Model

- Extension of Bowlby's attachment theory to encompass grief
- 4-Stage Model
 1. Shock and Numbness
 2. Yearning and Searching
 3. Disorganization and Despair
 4. Reorganization
- Used to aid in conceptualizing varied reactions to bereavement
- Connections between attachment style and grief responses

(Bowlby & Parkes, 1969)

Kübler-Ross's Theory of the Dying Process

- 5 Stage Theory
 1. Denial-Dissociation-Isolation
 2. Anger
 3. Bargaining
 4. Depression
 5. Acceptance

(Kübler-Ross, 1969)

Criticisms of Stage/Task/Phase Theories

- One-size fits all approach for a process that is highly individualized and influenced by culture
- These theories all propose that the primary task of grieving is emotional processing
 - Grief-work hypothesis
 - Discredited in the 90s
 - Pushing emotional processing can worsen subgroup of bereaved
 - Many will heal without professional support

(Walter & MCoyd, 2015)

Contemporary Models of Grief & Mourning

Meaning Reconstruction

- Neimeyer (1998, 2001)
 - Major death losses disrupt personally & socially constructed narratives, assumptions about the world, & personal identity
 - Reconstruction = primary task of bereaved person
 - Mourning = meaning reconstruction
 - Primary task = building meaningful life without deceased loved one

Dual Process Model of Coping with Bereavement (DPM)

Strobe and Schut (1999)

- 2 types of stressors encompass grieving process
 1. Loss-oriented stressors
 2. Restoration-oriented stressors



(Schut, 1999, pp. 213)

Discussion Question

Which theory/theories are you drawn towards and why? Please write your answer in the chat.

STAGES OF GRIEF



REALITY



Source: <https://secondwindmovement.com/grieving-process/>

Overview of Grief Therapy Literature

Grief Therapy Meta-Analyses

- Allumbuah & Hoyt (1999)
 - 35 studies
 - Majority used 2-group design (tx vs. control)
 - 13 studies had 1-group design (pre to post)
 - Examined standardized mean-change scores to compare 1 & 2 group studies
 - Results:
 - Moderate effect size, but smaller than expected for therapy
 - Moderators:
 - Larger effect size for those who sought help versus those who were recruited
 - Larger effect size for those who experienced recent loss
 - Conclusion: grief interventions with self-selected clients within few months of loss likely to be as effective as general therapy
 - Limitations: 85% women, no mention of other identity variables, spousal loss focus, tx offered on avg 2+yrs post-loss

Grief Therapy Meta-Analyses

- Currier, Holland, & Neimeyer (2010)
 - 14 controlled trials of CBT vs. waitlist or non-CBT interventions
 - Results:
 - CBT showed modest advantage at post & follow-up
 - After controlling for researcher allegiance bias, results between CBT & control did not sig differ

Grief Therapy Meta-Analyses

- Wittouck et al. (2011)
 - 14 RCTs examining grief as primary outcome
 - 9 preventative interventions, most targeted high-risk groups
 - 5 txs for “complicated” (prolonged, severe, debilitating) grief
 - All adults
 - Results:
 - Preventive interventions not more effective than control
 - Tx interventions (mostly CBT) were more effective than control & non-grief txs at post & follow-up
 - Conclusion: Grief therapy indicated only for those displaying “complicated” grief reactions

Grief Therapy Meta-Analyses

- Johannsen et al., (2019)
 - 31 RCTs that targeted/measured grief
 - Small effect size
 - Larger effect size for studies that:
 - Assessed prolonged grief symptoms rather than general grief measures
 - Included participants based on elevated baseline symptoms
 - Offered tx <6 months post-loss
 - Individual tx more effective than group modality
 - Grief interventions most effective for reducing grief & PTSD rather than dep/anxiety sx

Grief Support Groups

- Minimal research on efficacy of bereavement groups (Szuhany et al., 2021)
- Some evidence that grief support groups decrease intensity of acute grief; may not be sufficient for treating prolonged grief disorder (Linde et al., 2017)
- Qualitative research found support groups to be most helpful closer to loved one's death (Näppä et al., 2020)
- Provides source of social support
 - Lack of social support is risk factor for prolonged grief disorder (Szuhany et al., 2021)

Grief Therapy Literature Highlights

- Grief therapy is effective, particularly when offered to those with severe, persistent, & debilitating symptoms
- Age, gender, cause of death, duration of bereavement don't predict efficacy
- > evidence to support individual vs. family/group interventions
- While CBT is most represented in effective grief therapies, little evidence they outperform alternative grief interventions
- Support for grief telehealth-based interventions
- Future research:
 - More diversity in samples, consideration of culture
 - Additional investigation of family/group interventions
 - More research on grief interventions for children
 - Analyses of therapeutic processes to refine grief therapy interventions

(Neimeyer, Breen, & Milman, 2023)

Grief Therapy Approaches

Attachment Informed Grief Therapy

- Based on Bowlby's attachment theory
 - Innate need to connect with caregivers
 - Loss of connection with caregiver activates attachment system & elicits distress meant to prompt reconnection with caregiver
- Bowlby's grief theory
 - Adult grief mirrors childhood separation distress
 - Variations in adult grief can be accounted for by differing attachment styles
 - Insecure attachment interferes with flexibility to shift between attachment & non-attachment behavior
 - Bowlby viewed "flexible attention" as primary characteristic of "normal" grief
 - Aligns with Dual-Process Model of grief

(Kosminsky, 2023)

Attachment Informed Grief Therapy

- Goal: integration of loss
 - Re-engage with life without disconnecting from deceased
 - Learn to live with loss rather than in it
- Therapist role: transitional attachment figure
 - Helps bereaved re-regulate after significant loss
 - Support client in experiencing & tolerating grief emotions
 - Help integrate new information about grief & coping skills
 - Assist client in developing new self-narrative incorporating impact of loss
- Techniques
 - Psychoeducation about grief as form of attachment loss
 - Discussion of attachment history
 - Build emotion regulation skills
 - Identify & address fears about future without loved one

(Kosminsky, 2023)

Cognitive Behavior Therapy for Grief

- Indicated for persistent, disabling grief
 - Less helpful for normal/uncomplicated grief
- Goals: changing maladaptive beliefs & behaviors
- Boelen and colleagues (2006) model of grief
 - 1) Lack of integration of loss-persistent disbelief, “unrealness”
 - 2) Negative beliefs about self, future, & responses to loss—self blame, fear of feeling grief reactions
 - 3) Avoidance of internal and external reminders of grief as well as avoidance of usual activities/social withdrawal
- Interventions
 - Exposure
 - Cognitive Restructuring-behavioral experiments, socratic questioning
 - Behavioral Activation

(Boelen & Eisma, 2023)

Case Example: Client “X”

Demographics & Background Information

- International student from Eastern Asian country in late 20s
- PhD student in STEM field
- Heterosexual, cis-man, entered into romantic relationship a few months into therapy, Agnostic, Grew up middle class
- Family of origin dynamics
- Presenting problem:
 - Grief related to the death of father from medical condition
 - Academic/career related distress as a result of delays in research due to bereavement
- Grief-related symptoms
 - Intrusive memories
 - Avoidance of painful memories
 - Guilt, anger, sadness
- Goals: reduce re-experiencing symptoms, decrease and/or better manage grief-related distress

Conceptualization of Presenting Concerns

- Attachment Lens
 - Avoidant tendencies
 - Father's physical absence
 - Mother being preoccupied with sister
 - Father's death activated avoidant attachment
 - This in addition to context of being a PhD student made it difficult to have space to process grief emotions
- CBT Lens
 - Being far from home/family & reminders of father made it more difficult to process & accept father's death
 - Negative beliefs about decisions he made at end of father's life are perpetuating distress
 - Avoiding thinking about memories related to father's decline/death are stagnating healing

Summary of Therapy

- ~15 sessions, 1st half of tx focused primarily on grief
- Explored who his father was & relationship with his father
- Narrative of father's death story
- Introduced & practiced grounding skills, distress tolerance skills
- Developed self-compassion for decisions he made throughout father's illness
- Examined negative beliefs about self and grief reactions
- Processed grief reactions that arose throughout work together
- Explored change in FOO dynamics including new roles/responsibilities
- Reflected on his beliefs about death/after-life
- Discussed cultural norms/beliefs about grief
- Encouraged engagement in cultural rituals/practices that align with his beliefs

Progress Towards Goals

- Significantly reduced intrusive thoughts/images/memories
- Increased ability to cope when re-experiencing symptoms occurred
- Greater acceptance/compassion for decisions he made
- Reduced grief-related distress
- Increased connectedness to father
 - More reminiscing on positive memories
 - Re-engaged in activities they used to enjoy together
 - Integrated cultural rituals to communicate with father
 - Able to hold all parts of father
 - Acknowledged what he learned from his father; gratitude for those skills
- Acknowledged positive life perspective shift post-loss

Acute, Integrated, & Prolonged Grief

Acute Grief

- Period of intense emotions
- Preoccupation with thoughts and memories of deceased
- Feeling disconnected from others
- Decreased engagement in usual life activities
- Varies in intensity and duration
- Can wax and wane over the course of the year
- Periods of worsening symptoms during specific times of year/dates is common
- Strongly influenced by religion/spirituality & culture

(Igelwicz et al., 2020)

Acute Grief Phase Interventions

- Task is NOT to make it better– acute reactions are valid & normal
- Providers may avoid raw emotion being expressed by griever as a way to manage intense distress displayed which can be detrimental to client
- Be aware of your own reactions to acute grief to prevent inadvertent harm

- Empathy and validation
- Sleep interventions
- Connect social support
- Find balance between feeling pain and distracting
- Encourage self-care activities

(Igelwicz et al., 2020; Rheingold & Williams, 2023)

Integrated Grief

- Adapted to loss so grief recedes into background
- Meaningfully re-engage in life without deceased

(Shear et al., 2013)



Image source:
<https://whatsyourgrief.com/growing-around-grief/>

Our grief can not be fixed. However, it can be spoken, it can be shared, it can be carried, it can be witnessed and integrated.

EMPOWEREDTHROUGHGRIEF.COM

Prolonged Grief Disorder (PGD)

DSM-5-TR Criteria (APA, 2022)

3+ of the following symptoms nearly every day for at least 1 month:

- Identity disruption
- Marked sense of disbelief about the death
- Avoidance of reminders that the person is dead
- Intense emotional pain related to the death
- Difficulty with reintegration
- Emotional numbness
- Feeling that life is meaningless
- Intense loneliness
- Significant distress and/or functional impairment
- Adults-loss occurred at least 1 year prior
- Children/adolescents-loss occurred at least 6 months ago
- Must exceed expected social/cultural/religious expectations of grieving

Discussion Question

Prolonged Grief Disorder has stirred debate...

What are your thoughts about Prolonged Grief Disorder being added to the DSM-5-TR? Please write your answer in the chat.

Criticisms of Prolonged Grief Disorder

- Stigmatizes bereaved & pathologizes grieving process
- Criteria for PGD were created using entirely White & Western samples (Milman & Rheingold, 2023)
 - Additional research is needed to determine relevance for other races/ethnicities
 - Potential for pathologizing grief of minority groups
- Removes culpability from oppressive system & wrongly puts blame on the individual (Bordere, 2023)

Benefits of Adding Prolonged Grief Disorder

- Insurance more likely to cover treatment
- Increased public awareness & recognition of PGD
- Diagnosis can be affirming & relieving
- Supports research/development of interventions specifically for severe, persistent, & debilitating grief
- Creates shared understanding of “normal” versus “abnormal” grieving
 - Normal grief does not fit criteria for PGD

(Collier, 2011; Prigerson, Singer, & Killikelly, 2023)

Prolonged Grief Disorder

- 7-10% of bereaved adults experience PGD
- 5-10% of bereaved children experience PGD, depression, PTSD
- Commonly comorbid with depression, anxiety, PTSD
- Sleep difficulties are common
- Associated with negative outcomes
 - Suicidal ideation/behaviors
 - Substance use
 - General health problems

(Szuhany et al., 2021)

Prolonged Grief Disorder

- Risk factors (Szuhany et al., 2021)
 - Demographic variables
 - Older adult
 - Woman
 - Lower SES
 - History of mood disorder
 - History of childhood adversity
 - Caregivers
 - Severe anticipatory grief
 - Depressive symptoms
 - Partner of deceased
 - Sudden death
 - Traumatic circumstances
 - Lack of social support

Prolonged Grief Disorder Assessment

The Inventory of Complicated Grief (Prigerson et al., 1995)

- 19-item self-report measure
- Clinical cut-off score = ≥ 25

1. I feel the urge to cry when I think about the person who died
2. I find myself thinking about the person who died
3. I think about this person so much that it's hard for me to do the things I normally do
4. Memories of the person who died upset me
5. I feel I cannot accept the death of the person who died
6. I have feelings that it is unfair this person died
7. I feel myself longing for the person who died
8. I feel drawn to places and things associated with the person who died
9. I can't help feeling angry about his/her death
10. I feel disbelief over what happened

Ending Reflection

- What is one thing you're taking away from this seminar?
 - How does the information discussed apply to your work?
 - What will you do differently in your work because of the information discussed today?
 - What peaked your interest from this seminar? What is a topic you would like to learn more about?
-



Questions?

Contact: weberh3@wwu.edu

References

- American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
- Allumbaugh, D. L., & Hoyt, W. T. (1999). Effectiveness of grief therapy: A meta-analysis. *Journal of Counseling Psychology*, 46(3), 370.
- Bowlby, J., & Parkes, C. M. (1970). Separation and loss within the family. *The child in his family*, 1, 197-216.
- Bordere, T. (2022). The Weight of Black Grief. *The Handbook of Grief Therapies*, 199.
- Braun, K. L., & Nichols, R. (1997). Death and dying in four Asian American cultures: A descriptive study. *Death studies*, 21(4), 327.
- Collier R. (2011). Prolonged grief proposed as mental disorder. *CMAJ : Canadian Medical Association Journal*, 183(8), E439–E440. <https://doi.org/10.1503/cmaj.109-3819>
- Doka, K. J. (2023). Bereavement: A sociological perspective. *The Handbook of Grief Therapies*, 189.
- Falzarano, F., Winoker, H., Burke, R. V., Mendoza, J. A., Munoz, F., Tergas, A., ... & Prigerson, H. G. (2022). Grief and bereavement in the Latino/a community: A literature synthesis and directions for future research. *Health Equity*, 6(1), 696-707.
- Corr, C. A., Corr, D. M., & Doka, K. J. (2018). *Death and dying, life and living*. Cengage learning.
- Grayshield, L., Begay, M., & Luna, L. L. (2020). IWOK epistemology in counseling praxis. *Indigenous Ways of Knowing in Counseling: Theory, Research, and Practice*, 7-33.
- Hook, J. N., Davis, D. E., Owen, J., Worthington Jr, E. L., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. *Journal of counseling psychology*, 60(3), 353.

References

- Klass, D., & Chow, A. Y. M. (2021). Culture and ethnicity in experiencing, policing, and handling grief. In *Grief and bereavement in contemporary society* (pp. 341-353). Routledge.
- Kato, P. M., & Mann, T. (1999). A synthesis of psychological interventions for the bereaved. *Clinical psychology review, 19*(3), 275-296.
- Limb, G. E., & Hodge, D. R. (2008). Developing spiritual competency with Native Americans: Promoting wellness through balance and harmony. *Families in society, 89*(4), 615-622.
- Kubler-Ross, E. (1969). *On death and dying*. New York: Macmillan.
- Iglewicz, A., Shear, M. K., Reynolds III, C. F., Simon, N., Lebowitz, B., & Zisook, S. (2020). Complicated grief therapy for clinicians: An evidence-based protocol for mental health practice. *Depression and anxiety, 37*(1), 90-98.
- Larson, D. G., & Hoyt, W. T. (2007). What has become of grief counseling? An evaluation of the empirical foundations of the new pessimism. *Professional Psychology: Research and Practice, 38*(4), 347.
- Milman, E., & Rheingold, A. A. (2023). Varieties and complexities of grieving. *The handbook of grief therapies, 13-28*.
- Moore, S. E., Jones-Eversley, S. D., Tolliver, W. F., Wilson, B., & Harmon, D. K. (2022). Cultural responses to loss and grief among Black Americans: Theory and practice implications for clinicians. *Death Studies, 46*(1), 189-199.
- Näppä, U., & Björkman-Randström, K. (2020). Experiences of participation in bereavement groups from significant others' perspectives; a qualitative study. *BMC palliative care, 19*(1), 1-10.
- Neimeyer, R. A., Breen, L. J., & Milman, E. (2023). The effectiveness of grief therapy: A meta-analytic perspective. *The Handbook of grief therapies, 29-40*.
- Pearson, D. M., Kim, H. S., & Sherman, D. K. (2009). Culture, social support, and coping with bereavement for Asians and Asian Americans. *Diversity Issues in Thanatology, 35*(2), 7-8.
- Prigerson, H. G., Singer, J., & Killikelly, C. (2023). Prolonged grief disorder: addressing misconceptions with evidence. *The American Journal of Geriatric Psychiatry*.
- Prigerson, H. G., Maciejewski, P. K., Reynolds III, C. F., Bierhals, A. J., Newsom, J. T., Fasiczka, A., ... & Miller, M. (1995). Inventory of Complicated Grief: a scale to measure maladaptive symptoms of loss. *Psychiatry research, 59*(1-2), 65-79.
- Linde, K., Treml, J., Steinig, J., Nagl, M., & Kersting, A. (2017). Grief interventions for people bereaved by suicide: A systematic review. *PLoS one, 12*(6), e0179496.

References

- Rheingold, A. A., & Williams, J. L. (2022). Fostering Resilience in the Acute Stages of Grief. *The Handbook of Grief Therapies, 169*.
- Shear, M. K., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., ... & Keshaviah, A. (2011). Complicated grief and related bereavement issues for DSM-5. *Depression and anxiety, 28*(2), 103-117.
- Schut, M. S. H. (1999). The dual process model of coping with bereavement: Rationale and description. *Death studies, 23*(3), 197-224.
- Sharp, C., Beckstein, A., Limb, G., & Bullock, Z. (2015). Completing the circle of life: Death and grief among Native Americans. *The world of bereavement: Cultural perspectives on death in families, 221-239*.
- Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: a randomized controlled trial. *Jama, 293*(21), 2601-2608.
- Shear, M. K., Ghesquiere, A., & Glickman, K. (2013). Bereavement and complicated grief. *Current psychiatry reports, 15, 1-7*.
- Shear, M. K., & Gribbin Bloom, C. (2017). Complicated grief treatment: An evidence-based approach to grief therapy. *Journal of Rational-Emotive & Cognitive-Behavior Therapy, 35, 6-25*.
- Shear, M. K., Reynolds, C. F., Simon, N. M., Zisook, S., Wang, Y., Mauro, C., ... & Skritskaya, N. (2016). Optimizing treatment of complicated grief: A randomized clinical trial. *JAMA psychiatry, 73*(7), 685-694.
- Shear, M. K., Wang, Y., Skritskaya, N., Duan, N., Mauro, C., & Ghesquiere, A. (2014). Treatment of complicated grief in elderly persons: a randomized clinical trial. *JAMA psychiatry, 71*(11), 1287-1295.

References

- Stroebe, M. S., Hansson, R. O., Schut, H. E., & Stroebe, W. E. (2008). Handbook of bereavement research and practice: Advances in theory and intervention (pp. xiv-658). American Psychological Association.
- Szuhany, K. L., Malgaroli, M., Miron, C. D., & Simon, N. M. (2021). Prolonged grief disorder: course, diagnosis, assessment, and treatment. *Focus*, 19(2), 161-172.
- Walter, C. A., & McCoyd, J. L. (2015). *Grief and loss across the lifespan: A biopsychosocial perspective*. Springer publishing company.
- Wetherell, J. L. (2022). Complicated grief therapy as a new treatment approach. *Dialogues in clinical neuroscience*.
- Worden, J. W. (2018). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. Springer publishing Company.
- Wittouck, C., Van Autreve, S., De Jaegere, E., Portzky, G., & van Heeringen, K. (2011). The prevention and treatment of complicated grief: A meta-analysis. *Clinical psychology review*, 31(1), 69-78.