
Learning Unit 15:

Bereavement counselling

**BOTH
TRACKS**



[\[TABLE OF CONTENTS\]](#)

Table of Contents

Learning Unit 15 – Bereavement counselling

- [Introduction](#)
- [Bereavement and attachment theory](#)
- [Stages of bereavement](#)
- [Grief work](#)
- [The Dual Process Model \(DPM\) of bereavement](#)
- [Children and bereavement](#)
- [The counsellor's own grief](#)
- [Assessment](#)

Introduction

[\[TABLE OF CONTENTS\]](#)

Why do you think bereavement is so often overlooked as an important cause of physical and psychological stress? Except for the death of a loved one, what other factors can cause bereavement? How do we deal with bereavement? These are the questions which are considered in this learning unit.



Key questions

Use the following questions as pointers to ensure that you retain your focus on the important issues in this learning unit:

- How does bereavement relate to loss and attachment?
- What are the stages of bereavement?
- What is the purpose of grief work according to Worden
- How does the Dual Process Model of bereavement attempt to manage stress in bereaved persons through a process of oscillation?
- How should I deal with children and bereavement?
- How should I, as a counsellor, deal with my own grief?

[\[NEXT\]](#)

Key concepts

Look out for the following key concepts. Make sure that, after you have completed this learning unit, you know what they refer to and how they are used:

<u>Attachment theory</u>	<u>DPM</u>
<u>Worden's tasks of bereavement</u>	<u>Oscillation</u>
<u>Cognitive restructuring</u>	<u>Complicated Grief</u>

[\[NEXT\]](#)

Bereavement and attachment theory

[\[TABLE OF CONTENTS\]](#)

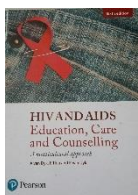
How do you feel when you lose something that you were attached to – something like a favourite pair of shoes or a memento of sentimental value? You may feel sad or angry, while in some cases you may even be shocked, or you may be all three. It is interesting that this kind of reaction can even be observed in animals and small babies. Try to hide one of your pet's favourite blankets or toys and see how they react. Often you will see searching behaviour and mild to severe emotional reaction which may include aggression. People (and animals) react to loss in a more-or-less predictable way. This reaction to loss is called bereavement or grieving and it may vary from mild to severe.

ACTIVITY 15.1 – THINK ABOUT A PAST LOSS

Click on [Activity 15.1](#) to do some self-reflection about past losses in your life.

Feedback: It is often extremely painful to think about a loss, not only the loss of a loved one through death, but any kind of loss of something which mattered to you. What may have surprised you is the fact that a similar process of grieving may result from very different kinds of losses. The acuteness of the bereavement often does not depend on the type of loss which you have suffered, but how attached you were to the person, pet or object. We will now further consider the nature of bereavement and attachment theory.

Study



Prescribed book: pp. 470-471

Introduction. Consider the importance of bereavement and bereavement counselling in the Aids context.

Section 15.1: Attachment theory and bereavement. Separation or loss of a person, pet or object may initiate a process of grief. Pay special attention to Bowlby's theory of attachment and the psychological needs attachments fulfil in our lives. This explains why we are so upset and angry when we lose a person or object of attachment.

To experience a loss is always painful. Understanding which reactions to expect following a loss – and realising that these are not “abnormal” and are often shared by other people – may be comforting.

[\[NEXT\]](#)

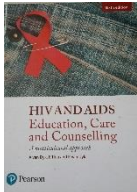
Stages of bereavement

[\[TABLE OF CONTENTS\]](#)

How do people grieve? Is the process of bereavement different in each person or are there many similarities? These are the questions considered in this section by introducing the classical bereavement stages .



Study



Prescribed book: pp. 471-472

Section 15.2: Stages of bereavement. Concentrate on how many similarities there are in the feelings experienced by people during bereavement.

- Appreciate the fact that the order of the stages of bereavement may sometimes differ from person to person, as may the relative importance of each stage. Click on the link <http://goo.gl/ZtPXB1> to watch a video on the stages of bereavement.
- Do not fall into the trap of thinking that these stages are completely separate and neatly follow one another. They may overlap and sometimes a person can revert back to a previous stage or even skip a stage.



ACTIVITY 15.2 – OWN REACTION TO LOSSES

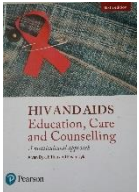
Think about the loss that you reflected on in activity 15.1 and then click on [Activity 15.2](#) to reflect on your own reactions to a loss.

Feedback: When dealing with bereavement, counsellors should be open and even expect reactions which may sometimes seem extreme. How reactions are expressed may also vary considerably between cultures.

When you know the theories about bereavement you are able to expect and understand certain reactions from the bereaved person. For example, why does the person feel so angry or act so aggressively (also towards the counsellor)? Can you recognise feelings of guilt, even though bereaved persons may be unaware of them?

[\[NEXT\]](#)

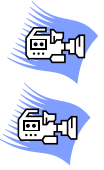
Study



Prescribed book: p. 473

Section 15.3: Grief work. Take note of the important differences between the stages approach and Worden's tasks of bereavement.

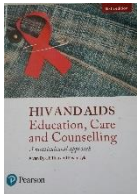
- The main difference is the fact that Worden wanted to stress the active aspect of the process.
- Worden's approach tries to avoid the idea that a bereaved person just has to passively wait for the bereavement stages to "flow over" them, without any active input in the process. Click on the link <http://goo.gl/kAXHyJ> to watch a video on Worden's tasks of bereavement.
- Click on the link <http://goo.gl/u8IX7W> to watch a YouTube video in which the well-known actor Liam Neeson discusses his grief after the death of his wife



The Dual Process Model (DPM) of bereavement

[\[TABLE OF CONTENTS\]](#)

Study



Prescribed book: pp. 473-481

Section 15.4: The Dual Process Model (DPM) of bereavement. Pay special attention to how this model of bereavement:

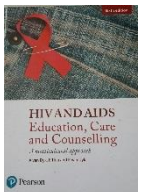

- Improved on previous models;
- Manages stress;
- Acknowledges that a bereaved person oscillates between loss-orientated and restoration-orientated processes;
- Emphasises the importance of reconstructing the meaning of life;
- Works towards avoiding complicated grief; and
- Stresses the enormous variations which may exist between sub-groups and cultures in the manifestations of grief.

[\[NEXT\]](#)

Children and bereavement

[\[TABLE OF CONTENTS\]](#)

One of the most common misconceptions is that small children don't experience grief, or else that they experience it to a much lesser extent. If you also think so, consider the next section.

<p>Study</p> 	<p>Prescribed book: pp. 481-483</p> <p>Section 15.5: Children and bereavement. Appreciate the similarities in the grieving process between children and adults, but also the differences and how the symptoms of bereavement may sometimes manifest themselves in a slightly different way in children. Click on the link http://goo.gl/lvC45a to watch a video on child bereavement and grief support.</p>	
---	--	---

Children are special. We must never forget them and the amount of trauma and emotional and physical stress they are confronted with in the HIV and Aids society of today. Not the least of these is the experience of acute grief: grieving for lost parents, for the loss of a loving and secure home and in some cases, grieving for the health and future which they may have lost by being HIV positive.

[\[NEXT\]](#)


The counsellor's own grief

[\[TABLE OF CONTENTS\]](#)

How can you do bereavement counselling if you are in the process of acute bereavement yourself or if you feel like bursting into tears every time your client speaks about their own losses? The counsellor's own grief can sometimes become a major stumbling block in providing bereavement counselling to other people. It is therefore important that, before attempting to help others, you first recognise and deal sufficiently with your own grief, for example by going for counselling yourself.



Bereavement in counsellors can be caused either by losses of their own, or (and this is often not recognised by people working in the Aids field) by the relentless exposure to the losses of others.

<p>Study</p> 	<p>Prescribed book: pp. 483-484</p> <p>Section 15.6: The counsellor's own grief. Empower yourself by being able to recognise your own grief and protect yourself against burnout and overload. The South African study on the amount of grief experienced by Aids caregivers is particularly tragic, but also enlightening.</p> <p>Section 15.7: Conclusion. This section is a recap of what the bereavement counsellor can expect.</p>
---	--

You are now finished with this learning unit. Click on [Assessment](#) to do some self-assessment questions.

Study reflection

After completing Learning Unit 15 (Bereavement counselling), you should have acquired the following knowledge and understanding and be able to:

- Appreciate the link between attachment to animate, inanimate and abstract objects and how their loss or anticipated loss may trigger a process of bereavement.
- Name the stages and tasks of bereavement.
- Explain the Dual Process Model of bereavement and the importance of oscillation.
- help children deal with grieving in their own unique way.
- recognise and deal with your own grief and implement practical ways in which you can prevent burnout.

Self-Assessment 15



Now is the time to pause briefly and to assess whether you have acquired the necessary knowledge and skills. Click on the link [Self-Assessment 15](#) to do a few questions on this learning unit. The feedback to the questions will be given to you immediately after you have completed each question.

You are now finished with the assessment. Please go to the next Learning Unit as indicated below:

- **Guidance Track -> Learning Unit 16**
- **Care Track -> Learning Unit 17**

Appendices

- Activities
- Assessment
- Glossary

ACTIVITY 15.1 SELF-REFLECTION EXERCISE – THINKING ABOUT A PAST LOSS

Let's start with a bit of self-reflection. Think about someone or something that you really were attached to and that you lost in the last few years. It can be a person, an object, a pet or something more abstract like your job, health or friendship. The only thing that matters is that it was someone or something that you really held dear. Now sit back in a quiet place, close your eyes and think about the following:

- When exactly did the loss occur?
- Where were you when you realised or heard about the loss?
- What was the first feeling that you experienced?
- Did you at any stage try to avoid thinking about the loss or try to avoid situations or objects which reminded you of the loss?
- Do you still feel the pain of the loss when you think about it?

[\[BACK\]](#)

ACTIVITY 15.2 OWN REACTIONS TO LOSSES

Think about the loss that you reflected on in activity 15.1 and answer the following questions:

- Which phases of bereavement did you experience after your loss? How did you feel? Did you recognise all your feelings at the time?
- What did you do to get over your loss?

[\[BACK\]](#)

SELF-ASSESSMENT 15

Read the following story and then answer the questions.

Tracey has Aids and in the last month has contracted tuberculosis as well as various other opportunistic infections that do not react well to treatment. She is 20 years old and lives at home with her parents and her sister Susan, who is 9 years old. Tracey is very sick and everybody realises that she is going to die.

QUESTION 1

When should bereavement counselling be started with Tracey's family and, ideally, which members should be involved in the counselling process? Choose the correct alternative.

- (1) The moment Tracey dies, all her family members should receive bereavement counselling.
- (2) Bereavement counselling should start as soon as possible because the anticipated loss of a family member often initiates the bereavement process. Tracey, her sister and her parents should be counselled because of the anticipated loss involved.
- (3) The best time to start bereavement counselling is one month after the burial of the deceased person and only people with symptoms of complicated grief should be counselled.
- (4) All the **adult** family members (i.e. Tracey and her parents) should immediately be counselled.

QUESTION 2

Tracey experiences severe bouts of anger and starts to verbally abuse the social worker who counsels her family. How would you handle the situation if you were the social worker? Choose the correct alternative.

- (1) Explain to Tracey that anger is unacceptable and that she should rather channel her emotional energy towards helping her family.
- (2) Put an ultimatum to Tracey that if she doesn't stop her verbal abuse you will stop helping her family.
- (3) Acknowledge her anger as a natural part of bereavement and explore the reasons for her anger.
- (4) Ask the doctor to give her drugs to suppress her anger.

QUESTION 3

Tracey's mother flatly denies that her daughter has Aids. What might be the reasons for her denial?

- (a) She lives in a very conservative community and possibly fears stigmatisation of her daughter and family.
- (b) She understands the link between Tuberculosis and Aids.
- (c) Denial is a typical reaction to bereavement.

Choose the correct combination:

(1) (a), (b) & (c)

(2) (c)

(3) (a) & (c)

(4) (b)

[\[FEEDBACK\]](#)

FEEDBACK 15

Feedback Question 1

Alternative 2 is correct, because counselling should start even before a loss occur, that is, when the loss is anticipated and all members of the family (including the child) should be counselled. Alternative 4 is incorrect because it excludes the young sister.

Feedback Question 2

Alternative 3 is correct, because anger is a natural part of the bereavement process. The best is therefore to explore the reasons for this anger rather than reprove Tracey.

Feedback Question 3

Alternative 2 (c only) is correct. Denial is often irrational, but is nonetheless a part of bereavement.

[\[BACK\]](#)

Attachment theory

According to the attachment theory of bereavement, grief is a reaction to the loss of something one is emotionally attached to.

[\[BACK\]](#)

DPM

This is the acronym which stands for the Dual Process Model of bereavement proposed by Stroebe and and Schut.

[\[BACK\]](#)

Worden's tasks of bereavement

William Worden adapted the stages of bereavement (suggested by Kübler-Ross) by saying that one should rather talk about "tasks of bereavement". He thereby wished to suggest that bereavement should ideally be a more active process where the bereaved person actively work towards acceptance, rather than merely passively accept that he/she will go through various stages of bereavement.

[\[BACK\]](#)

Oscillation

Within the Dual Process Model of bereavement the term 'oscillation' refers to the constant process of alternating between loss-orientated and restoration-orientated processes.

[\[BACK\]](#)

Cognitive restructuring

This is a process whereby a grief counsellor tries to help a client to get rid of negative or destructive thoughts and adopt healthier and life-affirming thoughts.

[\[BACK\]](#)

Complicated Grief

Complicated grief refers to maladjustment by grieving persons when they do not alternate between loss-orientated and restoration-orientated processes, but either exclusively focus on their loss (chronic grievers) or alternatively focus only on restoration (absent grievers).

[\[BACK\]](#)