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The mourning process is as unique as each person, and research shows there are certain “mediators of mourning” which provide insights to counselors about how their clients may be processing their grief and loss, the intensity and timing to equip them with how to best support the client. Grief is especially difficult in cases of complicated mourning. And, it is possible that two people in the same family and roles may experience mourning in different ways. The mediators of mourning shed some light as to where counselors should seek to know their client on a deeper and relational level.

The counselor needs to understand the relationship between the client and the deceased, known as kinship. Grief is intensified by the degree of kinship to the deceased. A study in 1993 indicated the degree of mourning a survivor expresses is more severe when the death is a parent or spouse than the death of a child or siblings.

The nature of attachment the survivor had with the deceased also plays a role in the intensity of mourning. Counselors need to learn about the strength of the attachment the client had with the deceased, and the intensity of love they had for the deceased. The greater the love, often the more severe the grief reaction. The emotional security of the attachment also plays into the process in terms of how important a sense of well-being of the survivor was related or derived by the deceased. In other words, how is the client’s self-esteem and security impacted by the passing of this person; understandably the passing of a spouse who served the role of providing self-esteem and emotional security will express a much deeper grief reaction. There is typically some degree of ambivalence in relationships, no matter how deep the love, there may be some things the deceased did which were negative, and usually the positive feelings far exceed, but in

the case of a highly ambivalent relationship, the death can lead to feelings of guilt about having these feelings that may manifest as worry over not having done as much as they “should” have done and sometimes with anger over being left alone. Another factor that complicates grief is the presence of conflicts with the deceased around the time of their death, or even a history of conflicted relationship. Clients who suffered physical and/or sexual abuse with the deceased or had arguments may be left feeling conflicts now remain unresolved with the deceased. An example in my life is my mother having argued with her mother and waking the next day to discover her mother had died in her sleep that night, the date of my mother’s 13th birthday. Throughout my life, my mother has encouraged me never to let the sun set and remain angry. I often feel it is because of the guilt she felt over the argument and conflicted relationship she had with her mother. Finally, attachment is impacted by dependent relationships. A person’s degree of dependence on the deceased for daily living and activities will more severely suffer chronic grieving.

The third mediator impacting how the client will manage the tasks of mourning is tied to deaths categorized as natural, accidental, suicidal and homicidal. The accidental death of a child may be grieved differently than the death of an older person who passed from natural causes. The death of a young mother may be mourned differently than the death of a suicidal father.

Aspects the counselor should note include proximity - geographically where the death occurred and if it happened near or far from the survivors. Deaths far away may cause a sense of the unreality of the death, which affects the task of mourning. Home deaths studied in Britain showed the survivor suffered more severe psychological distress and missed the deceased and had greater difficulty coming to terms with death than caregivers whose deceased family member was cared for in a hospital setting reflected in a Mass General Hospital study. And the

half the respondents said they preferred having the dying family member at home, while the other half found it impossible and preferred the hospital.

The suddenness or unexpected death has been studied and the younger the survivor and the more sudden the death does impact the degree of difficult grief compared with warning of a year or two. In children, sudden death and expected death both affected the adjustment factor. Two years after the death, the children were more impacted by the surviving parent's poor functioning after the sudden death of the spouse that affected the children's adjustment more so than the fear of suddenly losing the surviving parent. When death is natural, the longer the survivor had to anticipate the death, the better his or her adjustment

Violent and traumatic deaths can be long and complicated mourning because it challenges the survivor's sense of self-efficacy and the internal adjustments of what they could have done to prevent the death from happening is often a continuous loop. Meaning making and the person's worldview is often shattered, and it is not uncommon for the survivors to suppress anger and blame. Complicated grief exists when the survivor accidentally killed or murdered the deceased. Guilt is a factor as well as PTSD. The Harvard Child Study shows accidents, suicides and homicides are associated with the most intense grief and complicated bereavement. My family of origin is deeply close friends for more than 30 years with a family and their son was murdered in the Las Vegas Massacre. We found to work through the complicated bereavement and grief, we avoided, and continue to tune out, all media coverage. It was bereavement overload of multiple losses of the massacre and no clear answers or guilt that made logical sense that complicated the loss. Because it was a preventable death, in my mind. Ambiguous deaths occur when someone vanishes, whether a runaway or at war or kidnapped or natural disaster or terrorist bombing. These cases cause an in-between place of hope or grief. Stigmatized death due to AIDS or suicide are socially uncomfortable, and negate the support for the mourner.

Historical antecedents are the fourth mediator and an example of a person's deep depression remission now returns because of a trigger caused again by a new loss.