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By

Aaron Suomala Folkerds

A Dissertation Presented in Partial Fulfillment of the
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In
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Death: A Qualitative Content Analysis of Counseling Journals, 1986-2016

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This dissertation is dedicated to the memory of my daughter, Helena Katharine Suomala Folkerds, who taught me about life, death, and the power of love. Though gone from this earthly life, her presence continues to be my guide and teacher. Her death inspired me to find new and expansive ways of exploring death in life and eventually in the field of counseling. Through my exploration I discovered that new life happens when death is confronted.

I give thanks to my wife, Mary Suomala Folkerds, and my son, Paul Folkerds, who graciously supported me through this endeavor. Their love and support gave me the motivation to see this project to the end. I give thanks to my advisor, Dr. Diane Coursol, who guided me through all the trials, tribulations, and joys of writing a dissertation. I also give thanks to the members of my committee: Dr. John Seymour, Dr. Karin Lindstrom Bremer, and Dr. Jacqueline Lewis. Each of them supported me, challenged me, and gave me the feedback that I needed to fully develop this work. Lastly, I give thanks to my parents, Rev. John and Judy Folkerds, my in-laws, Paul and Dr. Dorothy Suomala, and all of my family and friends. It is my hope that this dissertation will continue and expand the conversation on death, dying and life.
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Doctorate of Education in Counselor Education and Supervision

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ABSTRACT

This qualitative content analysis (QCA) examined five American Counseling Association (ACA) journals and their coverage of death related issues: Journal of Counseling and Development (JCD), Journal of Humanistic Counseling (JHC), Journal of Multicultural Counseling and Development (JMCD), Counselor Education and Supervision (CES) and Counseling and Values (CV). Of the 5508 journal articles published across all five journals, 59 articles covered death related topics. Eight major death related themes emerged through the QCA process: Research on Death-Related Issues, Personal Reflection and Poetry, Grief and Loss Education, Book Reviews, Responding to Campus Death, Providing Grief Counseling, DSM and Bereavement Diagnosis and Counseling the Dying. Special attention was also given to analyzing how the five journals covered death related issues from a multicultural perspective. Results indicated that minimal attention has been paid to death related issues in the field of counseling. Death will touch 100% of all people and yet it was only covered one percent of the time in the five counseling journals analyzed for this study across 30 years. The results of this study clearly demonstrate an extreme neglect of publishing about death. There is an urgent need to begin and expand a robust research agenda which will help counselors, counselor educators, counselor trainees and most importantly the clients that seek counseling services. Limitations of the study, recommendations for future research and implications for professional practice are provided.
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CHAPTER ONE

INTRODUCTION: THE PROBLEM OF DEATH

In Tolstoy’s book, *The Death of Ivan Illich*, the protagonist (Ivan) is a 40-something lawyer in Russia of the early 1900s. Ivan is dedicated to his work and he has quickly climbed the social and monetary ladder. Ivan is married with two children and has provided a comfortable lifestyle for his family. Even though he has it all, there is a deep sadness within Ivan, which he works to avoid by pouring himself into his work, and he spends little time with his family.

One day, Ivan begins to experience a pain in his side that he initially ignores, but then he eventually goes to the doctor. The doctor runs a variety of tests, and, even though Ivan’s condition is terminal, the doctor does not tell him. Ivan leaves that initial visit wondering if his condition is something serious or something that will pass. Eventually, the doctors allude to the fact that Ivan’s condition is terminal, but they never specifically tell him. Instead, the doctors elect to deny Ivan’s impending death right up to the day that he dies when they tell him that he might even get better. Ivan also struggles with the reality of his dying and a major theme of the book is how Ivan grapples with the issue of his mortality (Tolstoy, 1960).

The denial of death is a prominent theme in Tolstoy’s masterpiece. The doctors avoid telling Ivan that he is going to die, refraining from using the word “death.” They also hold out hope that Ivan will get better even though there is no chance for that to happen. In addition, they further deny Ivan’s death by treating him as an object to be studied rather than a fellow human being. Ivan’s friends avoid conversation about his eventual death, and, eventually, they stop visiting him altogether. His friends take comfort in the fact that they are not the ones who are dying—it is someone else. Instead of engaging and caring for Ivan, they simply give thanks that
it is not they who are dying and then go back to work. Ivan’s wife and two children also avoid his death by ignoring their father’s terminal condition, and his wife even becomes upset with him because his sickness is interfering with their ability to enjoy life. Lastly, Ivan also works hard to deny his own death, though eventually moving towards fully accepting his fate in his final days. It is only when he accepts his death that he can find comfort and meaning (Tolstoy, 1960).

Even though Tolstoy’s (1960) masterpiece is over a hundred years old, the book is a metaphor for how society struggles with navigating the concept of death. Yalom (2008) described how talking about death is like staring at the sun, in that one can only look for a little while before turning away. Theologian Tillich (1952) talked about the great courage it takes to assert a sense of being in the face of one’s future nonbeing that is one’s death.

Talking about death is difficult for humans as they are fully cognitively aware of their existence (Bozo, Tunca, & Simsek, 2009). Humans are the only creatures on the planet that know that they will one day die (Yalom, 1980). No other creature knows that it will die, and it is this knowledge that leads to the experience of anxiety. To fully comprehend that one day, they will no longer exist is at the heart of why individuals experience death anxiety (Durlak, 1994). Moreover, death anxiety is a type of anxiety that is related to the pain or dread that people feel which comes from the knowledge that they will one day no longer exist (Lehto & Stein, 2009). Death anxiety stands in contrast to death fear, which has a specific object or imminent threat. For example, one would experience death fear when going into combat or experiencing the crash of an airplane (May, 1996). Despite death being one of the few universals in life, death and its accompanying anxiety are rarely discussed (Bassett, 2007). In fact, they are often avoided just as the doctors and family of Ivan Illych did.
The denial of death is pervasive within American culture, and people employ countless strategies to deny one’s inevitable death. This denial has manifested itself in a very present death anxiety in American culture, which has worked towards making death more convenient (Firestone, 1993; Rainer, 2013). Deaths no longer happen in the home, but behind closed doors (Mascarenhas Fonseca & Testoni, 2011). Society also avoids the reality of death in how it has softened its language. In today’s culture, patients who are approaching death are no longer “dying,” they are “life threatened.” The word “hospice” is now replaced with the word “palliative” or with the acronym “EOL” which stands for end-of-life (Wass, 2004).

Death is unavoidable, and everyone must encounter the grasp of death in his or her life. Mental health counselors face a unique challenge because they also encounter death in their professional lives when they counsel bereaved clients. It can be anxiety provoking for mental health counselors to navigate the difficult waters of attending to death in both their personal and professional lives (Ober, Haag Granello, & Wheaton, 2012). Research has indicated that beginning counselors rank death-related counseling situations as more challenging to deal with as compared to other non-death-related situations (Kirchberg & Neimeyer, 1991). Thus, death education becomes crucial in assisting mental health counselors become more comfortable with death to provide high-quality services to their clients (Durlak & Risenberg, 1991; Harrawood, White, & Benshoff, 2008).

Specifically, two major research studies provide evidence of the discomfort with death-related issues among counselor trainees (Kirchberg & Neimeyer, 1991; Kirchberg, Neimeyer, & James, 1998). Kirchberg and Neimeyer (1991) asked participants to rank the order of fifteen different counseling scenarios from the most difficult to deal with to the least difficult. Results
indicated that counseling trainees described the situations dealing with death as more complicated and uncomfortable to deal with than all the other situations.

A follow-up study (Kirchberg et al., 1998) asked participants to rank the order of situations dealing with death utilizing video-recorded counseling vignettes. After watching the vignettes, participants ranked how comfortable they were in dealing with the counseling vignettes. Results indicated that participants ranked the counseling scenarios dealing with death as far more uncomfortable than vignettes involving other non-death scenarios. These findings suggest that there is a need to explore death-related issues in counselor training programs given that counselor trainees have consistently reported their discomfort with death-related issues.

Given the dearth of research in the literature around death-related issues, Rosenthal (1981) evaluated the extent to which death-related courses were offered in counselor education programs. Rosenthal indicated that counselor education programs across the country had very few programs that offered any sort of class on death-related issues. Additionally, most courses consisted only of seminars or workshops, and very few were offered as a full academic course. The author further reported that, while courses in death education or seminars had increased over time, there was still potential for improvement. Rosenthal’s research from 1981 was the last time there was a thorough examination of how counseling programs are covering death-related issues.

Nevertheless, Gamino and Ritter (2012) suggested that it is important for counselors to understand their own anxieties related to death and that this understanding is a major part of developing competence around death-related issues. If counselors do not understand their own sense of anxiety concerning death-related issues, they may work to avoid issues around death with their clients. Death competence refers to therapists being simultaneously aware of the
academic material around death-related issues and the emotional material that comes from themselves, as well as the emotional material of their clients (Claxton-Oldfield, Crain, & Claxton-Oldfield, 2007; Gamino & Ritter, 2012).

Research has also indicated that, when people work to deny death, they can act more aggressively or perhaps even ignore those people who represent the pain of death (Lieberman, Solomon, Greenberg, & McGregor, 1999). It is therefore likely that if counselors have not dealt with their own death-related issues, this will potentially impact how they are currently practicing therapy. Researchers have suggested that a level of death competence must be present for therapists to not miss an opportunity to fully explore their clients’ experience with death-related issues (Gamino & Ritter, 2012). Many counselors have not received any education in their programs on the basic concepts of grief counseling and the associated terms like bereavement, grief, mourning, etc. Furthermore, these authors have reported that it is not uncommon for counselors to immediately move to a place where they are pushing their client to find some sort of resolution to their loss. Unfortunately, when moving to solutions too quickly, clients may miss an opportunity to fully explore and understand their loss. It is also likely that, when clients are pushed to resolve their loss prematurely, they may experience a longer and more intensely painful period of grief (Gamino & Ritter, 2012).

Relatedly, there is also a growing body of literature referred to as Terror Management Theory (TMT) that further demonstrates the power of death anxiety and supports the assertion that paying attention to death-related issues in counseling is important. TMT describes how death anxiety drives much of human behavior. TMT is based on two basic assumptions that are true of most humans. First, humans will work to favor their own group or worldview (culture) that they are a part of or believe in over other groups and worldviews (cultures). Second, individuals will
always work to protect their own sense of self-esteem (Solomon, Greenberg, & Pyszczynski, 2004, 2105).

TMT posits that the awareness that we will die lies at the heart of much of why humans behave the way that they do. TMT further hypothesizes that many of our social structures are created to assuage our sense of death anxiety. Culture, for example, has developed to mitigate and assuage the experience of death anxiety. Having faith in our own culture, especially when it comes to religiosity, is an important way to manage death anxiety. Culture provides a means to make sense of the world and provides a systematic way for how to manage and cope with the journey through difficult times in life (Pyszczynski, Greenberg, Solomon, & Maxfield, 2012; Solomon et al., 2015).

TMT research has been directed at evaluating how culture helps to assuage death anxiety. Lieberman et al. (1999) evaluated death anxiety, culture and aggression towards people of other cultures using hot sauce as a means to identify levels of aggression. A control group was told that they were preparing a dish for a group of people from a different culture and that they were responsible for adding the hot sauce to the dish. The amount of hot sauce was a strategy to safely and ethically examine aggression. The experimental group was asked to do the same as the control group, but, before prior to adding the hot sauce, they were prompted to think about death. The researchers reported that the experimental group added higher amounts of hot sauce for people of a different culture, suggesting that humans will always work to protect their own group over other groups (Lieberman et al., 1999).

In summary, exploring issues of death and death anxiety are also important because death can serve as a source of inspiration to help an individual live life in a more positive way. In his book, Existential Psychology, Yalom (1981, p. 30) stated, “the physicality of death destroys man,
but the idea of death saves him.” Thus, Yalom asserted that an individual can live life in a deeper and more authentic way when he or she accepts the reality of death. Though accepting one’s death and/or mortality is terrifying and individuals use all sorts of defense mechanisms to avoid the universal truth that all people will one day die, it is never easy for individuals to explore their own mortality and death (Solomon et al., 2015). To be sure, it is challenging for an individual to reflect on death and its reality, but what about the field of counseling? How have issues around death been explored within the counseling field? Have counselors and researchers in the field avoided such questions or fully engaged them?

**Purpose of the Study**

The purpose of this study is to explore select counseling journals to discover how researchers, students, and educators have investigated death-related issues, including grief/bereavement, the concept of death, death anxiety, death acceptance, terror management theory, and death education. There are a variety of methods to systematically analyze journals, and one such method that is growing in popularity is called content analysis.

The use of content analysis has increased over the past two decades in a variety of disciplines to explore a range of topics. Content analysis has been utilized to analyze large amounts of data that can be collected from various sources like newspapers, journals, magazines, and interviews, among many others. Content analysis has also been used across disciplines including psychology, sociology, political science, and many others (Krippendorff, 2013; Neuendorf, 2017; Schrier, 2012). The primary purpose of content analysis is to gather texts and professional works to analyze emerging themes. Content analysis is one way to study current and historical trends, themes, and submission patterns in research to determine where a specific profession is headed in the future (Elo & Kyngas, 2007).
Content analysis enables the exploration of counseling literature and research of this type has grown over the last 20 years. Many of these content analyses are more generic in nature and have investigated elements of research over a period of 10 or 20 years (Insch & Moore, 1997; Krippendorff, 2013). Several of these generic content analyses were completed on the *Journal of Counseling and Development* (Blancher, Buboltz, & Soper, 2010; Pelsma & Cesari, 1989; Williams & Buboltz, 1999), but none of them have included any information or assessment of death-related issues. Another group of authors conducted a 15-year content analysis on the *Journal of Multicultural Counseling and Development*, but that study also did not investigate death-related issues (Pope-Davis, Ligiero, Liang, & Codrington, 2001). There have also been generic content analyses of journals in related fields such as marriage and family therapy and psychology (Leach & Sato, 2013; Southern, 2006). Only the marriage and family therapy journal, *The Family Journal*, made any mention of death-related issues (Southern, 2006).

In addition to several generic content analyses of journals, there have also been a variety of content analyses dedicated to a specific topic. Several topical content analyses focused on the *Journal of Counseling and Development* (JCD), including men in counseling (Evans, 2013), LGBTQ issues (Singh & Shelton, 2011), multicultural counseling (Arredondo, Rosen, Rice, Perez, & Tovar-Gamero, 2005), and trauma (Webber, Kitzinger, Runte, Smith, & Mascari, 2017). A sampling of other topical content analyses published in journals other than JCD have included pedagogy in counselor education (Barrio Minton, Wachter Morris, & Yaites, 2014), race and ethnicity (Baker, Bowen, Butler, & Shavers, 2013), multiracial and biracial individuals (Evans & Ramsey, 2015), career development, (Sampson et al., 2014), and disability research (Foley-Nicpon & Lee, 2012). To date, there has not been a topical content analysis conducted on any death-related issue in any published journal.
One article explored publication patterns in the journal *Death Studies*. The researchers of this article did not conduct a content analysis; rather, they described the most popular types of publications that were in the journal of *Death Studies*. They reported that there was an overall increase in both qualitative and quantitative studies over the life of the journal. The most common topics of articles were related to bereavement issues and death attitudes. The researchers also indicated that there is a growing body of work published within *Death Studies* produced by women (Neimeyer & Vallerga, 2015).

The closest related content analysis addressing death-related issues that described the work as such was in the field of nursing where textbooks were reviewed and analyzed. In fact, this study is the only content analysis that focuses on death-related issues in any related discipline (Ferrell, Virani, Grant, & Borneman, 1999). These authors completed a content analysis on death and bereavement in nursing texts. Their rationale for exploring nursing texts was that such texts are used in the development of nurses, and they wanted to discover how nurses are learning about death, knowing that they must deal with this reality in their work. The researchers first selected 50 texts that were most frequently used in nurse education. Then they identified themes in the texts that they wanted to explore through content analysis. These themes included (a) Palliative Care Defined, (b) Quality of Life, (c) Pain, (d) Other Symptoms Management, (e) Communication with Dying Patients and Families, (f) Role/Needs of Family Caregivers in EOL Care, (g) Death, (h) Issues of Policy, Ethics and Law, and (i) Bereavement. These themes were developed through their literature review and through consultation with other experts, and then were used to code their data (Ferrell, Virani, et al., 1999).

The study involved a deductive process for coding, including a combination of quantitative and qualitative methods in their investigation. The researchers also examined death
and bereavement as two overarching themes in their study. First, they explored the theme of death, including the individual’s experience with death and how to conceptualize this universal reality. Bereavement or grief was defined as the experience of losing someone and explored how a nurse could work with a bereaved person. What the researchers discovered was that nursing textbooks do very little exploration of grief and loss. They recommended that more research be conducted on death-related issues and suggested that nursing textbooks should include more material on death-related issues (Ferrell, Virani, et al., 1999).

Given the fact that content analyses are growing in popularity and that there has not been a content analysis on death-related issues in counseling, it is important to complete such an investigation. A content analysis of death-related issues would contribute to the counseling profession by providing an understanding of which death-related topics have been thoroughly addressed and provide awareness of those topics that have not been covered in the literature.

One tool to explore these topics is a Qualitative Content Analysis (QCA), which is a method of reducing a large amount of data to discover meaning. It combines elements of content analysis, qualitative research, and quantitative methods. QCA can be used to reduce data and find meaning in a variety of materials from visual to textual sources such as journals (Schreier, 2012). Journals play a very important role in the counseling profession and have a direct impact on the development of counselors, counselor educators and supervisors, and counselor trainees (Evans, 2013). Researchers have stated that journals are the zeitgeist of a profession, reflect the values and beliefs of a profession, and provide direction for the future of the field (Williams & Buboltz, 1999).
Summary

Death is a certainty in life, and it remains one of the few universals that all people must contend with. This introduction has addressed the importance for counselors, counselor educators, supervisors, and counselor trainees of exploring death-related issues. It is hoped that this study will bring awareness about the notion of death and assist counselors, counselor educators, supervisors, and counselor trainees to be more mindful of the impact of death-related issues in their training and practice. The work of providing a qualitative content analysis of five popular journals within the field of counseling will help provide information about how death-related issues have been examined in the field. The counseling literature highlights the importance of self-reflection in terms of how one views death. It is important for counselors to engage in self-reflection so that they know their own ideas and thoughts on death to better help the people they serve.

This study is a self-reflection on a larger scale and reveals how five primary journals in the counseling profession have covered death-related issues within the field. This self-reflection and examination will help guide the field to understand and validate what has been covered well and will highlight areas that need improvement. Thus, the purpose of this study is to examine how the field of counselor education has explored death-related issues. One way to explore the answer to this question is through a comprehensive analysis of the content offered in counseling journals.

This study systematically examined the research that exists in the counseling literature concerning death-related issues using the QCA model (Schreier, 2012). Specifically, only those articles addressing grief, mourning, bereavement, loss from death, denial of death, death anxiety, death education, and TMT were utilized in this study. This study provides an awareness of the
notion of death and assists counselor trainees, counselors, and counselor educators to be more mindful of the impact of death-related issues in their training and practice. Counseling journals represent the heart of the profession and provide the foundation for practical counseling practices. To investigate the level of research that has addressed death-related issues in the counseling literature, a content analysis was performed on five journals: *Journal of Counseling and Development (JCD)*, *The Journal of Humanistic Counseling (JHC)*, *Journal of Multicultural Counseling and Development (JMCD)*, *Counselor Education and Supervision (CES)*, and *Counseling and Values (CV)*. Five of the 10 flagship journals of ACA were chosen for review. A content analysis is a systematic way of analyzing large amounts of data to determine themes and publication trends as well as of examining interests or attitudes toward a specific topic (Krippendorff, 2013; Neuendorf, 2017; Schreier, 2012). The content analysis went back 30 years for each journal and covered the years from 1986 to 2016.

**Research Questions**

There were several research questions that guided this content analysis: Research Question 1 (RQ1): How many articles were written on death-related issues in each of the journals from 1986 to 2016? Research Question 2 (RQ2): What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016? Research Question 3 (RQ3): What are the most frequent categories or themes that have been examined in the literature on death in each of the journals from 1986 to 2016? Research Question 4 (RQ4): What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016? Research Question 5 (RQ5): Finally, how many articles have been written that address the
influence of diversity and culture on death-related issues in each of the journals from 1986 to 2016?

**Definition of Key Terms**

**Bereavement:** This term describes how individuals are currently in a state of having lost a significant person in their lives. It is an objective term that describes or locates how an individual is in a state of having lost someone (Rainer, 2013).

**Content Analysis:** A research method that works to systematically analyze texts for making inferences that are valid and replicable (Elo & Kyngas, 2007; Krippendorff, 2013).

**Death Anxiety:** The unconscious or conscious anxiety that comes from the certainty that one will no longer exist (Strang, 2014; Yalom, 1980). Many authors use death anxiety and death fear interchangeably. Others differentiate between the two and state that death anxiety does not have a specific object, whereas fear of death has a specific object (Strang, 2014).

**Death Fear:** Fear of death that comes when that fear has a specific object like fear of dying from cancer or from a sickness (Strang, 2014).

**Denial of Death:** The title of a book written by Ernest Becker (1973) that describes how much of human behavior can be explained through our natural tendency to deny death to preserve life. The denial of death also describes our natural tendency to avoid or deny the reality of death (Munley & Johnson, 2003).

**Grief:** The emotional, physical, spiritual, and psychological reaction that one experiences after the loss of a loved one through death (Rainer, 2013). The focus is on the internal reaction to losing a loved one (Jeffreys, 2011).

**Mourning:** The external demonstration of grief which is facilitated by the cultural customs of the society to which the individual belongs (Rainer, 2013).
**Terror Management Theory:** Human awareness of the certainty of death creates anxiety in one’s self. The individual works to overcome this death anxiety by having faith in a specific cultural worldview and through one’s own self-esteem (Pyszczynski et al., 2006).

**Diversity:** Diversity is the recognition and appreciation of differences between people based on race, gender, religious or spiritual orientation, disability, sexual orientation, socioeconomic status, culture, ethnicity and countless other factors that make individuals or groups unique (Sue & Sue, 2013).

**Culture:** Culture is connected to the attitudes, beliefs, behaviors, values, practices and other concepts that bind people together into a particular group (Sue & Sue, 2013).

**Religion:** Religion is more of a social phenomenon. Religion typically subscribes to a certain dogma or doctrine. Examples of Religion might be Christianity, Buddhism, Hinduism, Islam or Judaism (Gold, 2010).

**Spirituality:** Spirituality focuses more on a person’s individual sense of connectedness to a higher power. It’s all about relationship and/or purpose (Gold, 2010).
CHAPTER TWO

REVIEW OF THE LITERATURE

Chapter two outlines a review of the literature regarding death-related issues. There are a number of reasons that it is important to pay attention to issues around death. It is important to pay attention to death because while it is a universal experience, how individuals experience and manage death related experiences are idiosyncratic. This literature review will be organized around three general areas including a focus on bereavement counseling, death education, and culture.

Restatement of the Purpose

This study systematically examined the research that exists in the counseling literature concerning death-related issues using the QCA model. Specifically, only those articles addressing grief, mourning, bereavement, loss from death, denial of death, death anxiety, death education, and TMT were utilized in this study. This study provides an awareness of the notion of death and will provide a rationale for counselor trainees, counselors, and counselor educators to be more mindful of the impact of death-related issues in their training and practice.

Counseling journals represent the heart of the profession and provide the foundation for practical counseling practices. To investigate the level of research that addresses death-related issues in the counseling literature, a content analysis was performed on five ACA journals: Journal of Counseling and Development (JCD), The Journal of Humanistic Counseling (JHC), Journal of Multicultural Counseling and Development (JMCD), Counselor Education and Supervision (CES), and Counseling and Values (CV). A content analysis is a systematic way of analyzing large amounts of data to determine themes and publication trends, as well as examining interests.
or attitudes toward a specific topic (Krippendorff, 2013; Neuendorf, 2017; Schreier, 2012). The content analysis went back 30 years for each journal and covered the years from 1986 to 2016.

Several research questions guided this content analysis: (RQ1) How many articles were written on death-related issues in each of the journals from 1986 to 2016? (RQ2) What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016? (RQ3) What are the most frequent categories or themes that have been examined in the literature on death in each of the journals from 1986 to 2016? (RQ4) What specific types of literature and research exist concerning death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016? (RQ5) Finally, how many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals from 1986 to 2016?

**Death: An Important Topic Warranting Further Attention**

This literature review will begin with a discussion about the importance of death and its centrality in the human condition. Humans are the only creatures that are aware of the fact that they will one day die. Consequently, humans have had to contend with the fact that there will be a day when they no longer exist (Becker, 1973; Solomon et al., 2004). Theologian Paul Tillich talked about how death is a source of courage because it takes courage to assert one’s sense of being in the world knowing that there will be a day when they will no longer be (Tillich, 1952). Heidegger believed that individuals must accept their sense of mortality and acknowledge the fact that they will one day die. Through this acknowledgement of one’s impending death, the individual can experience what it means to exist as a human being. In other words, to appreciate and know about life or existence, one must contend with the reality of death (Heidegger, 2008).
Yalom also discussed the importance of thinking about death in many of his scholarly writings, but especially in his book, *Existential Psychotherapy* (Yalom, 1980). In his book, he described the four ultimate concerns that people must deal with throughout their life: death, freedom, isolation, and meaninglessness. Yalom especially focused on the concept of death and how contending with death drives much of human behavior. In 2008, he wrote another book, *Staring at the Sun*, wherein he described thinking about death as much like staring at the sun: at some point you need to look away. His book outlines a process for thinking through death, death anxiety, and how to find positive ways of thinking about death-related issues. He advocates the importance of death awareness and how such awareness can be a catalyst for change. Yalom contends that one can live a fuller, more enriching life when one thinks through and attends to their mortality (Yalom, 2008).

People from different backgrounds, cultures, spiritual perspectives, religious perspectives, and academic disciplines all have different strategies to deal with the specter of death. Humans have thought about how to deal with the reality of death since the beginning of time, and it is one of the few universal truths that affects everyone. All people must eventually face their mortality (Kastenbaum, 2000; Solomon et al., 2015). This literature review will focus on how the literature has covered death-related issues. In other words, how has the field of counseling and other connected disciplines explored the universal truth of death? This literature review will provide foundational knowledge of death related issues in professional counseling and related helping professions.

**Introduction to Counseling for Bereaved and Dying**

Death is a universal experience, yet how we individually experience death and how we grieve a death is not. Each person grieves or experiences death in a different way, and it is vital
for the counselor to understand how people uniquely grieve. In addition, it is essential to understand how to best treat someone who is grieving (Gamino & Ritter, 2009). There is a growing amount of research demonstrating that grief counseling does not necessarily help people and, in some cases, can make individuals worse (Currier, Neimeyer, & Berman, 2008; Neimeyer, 2010; Neimeyer & Currier, 2009; Stroebe, Schut, & Stroebe, 2005). Many clinicians argue that it is imperative that the practicing counselor understand the complicated nature of the grief response and how to treat people who are grieving in a way that best helps them (Gamino & Ritter, 2009; Locicero, 2002).

Counseling the Dying and Bereaved

One of the great challenges in the area of counseling the dying and bereaved is that there are several misconceptions. First there are many debates on the efficacy of grief counseling. Some researchers argue that such counseling is effective, (Larson & Hoyt, 2007) and others argue that it is not effective and can even make people worse (Fortner, 1999; Neimeyer, 2000). Many remain faithful to the Kubler-Ross model of grief that has inundated the field since the 1960s. Kubler-Ross’ five stages of grief has become somewhat controversial through the years as it was not developed through research, but rather through her observations of the dying (Davis Konigsberg, 2011). In addition, there are misconceptions around some of the vocabulary of grief counseling and even death (Kastenbaum, 2000).

Defining Death

Death is one of the few universals in life and everyone will one day encounter the death of a loved one and will also experience their own death (Munley & Johnson, 2003). It is important to spend some time defining death and how the definition has changed over time. In fact, the definition of death has become more challenging to establish with the advances in
medical technology. Before 1968, death was simply defined as the cessation of respiration and heartbeat (Kagan, 2012). Others have defined death as “The transition from the state of being alive to the state of being dead” (Kass, 1971, p. 699). In time, that simple definition of death has grown more complicated with the introduction of medical technology. It is now possible for an individual to still have a heartbeat and breathe because of assistive technology. The brain is no longer functioning, but the individual is still breathing and still has a heartbeat (Lewis, Cahn-Fuller, & Caplan, 2017). These considerations make defining death complicated.

Medical professionals have now had to expand the definition of death to include a definition of brain death. An ad-hoc committee from Harvard defined brain death as having three criteria: (a) unreceptiveness, (b) absence of movement or breathing (not assisted by ventilator), and (c) absence of reflexes. They have also worked to include a process for how to diagnose someone as brain dead. This complicated procedure is not only a medical one, but it also considers spiritual, moral, ethical, and religious ideas as well. As technology develops, medical professionals will continue to be challenged to develop a definition of death that helps people to better approach the universal reality that death is (Lewis et al., 2017).

**Grief, Bereavement and Mourning**

After working to define death, the next step is to define how people react to death and to work towards developing a way to define one’s experience with death. Terms like grief, bereavement and mourning are terms that can help in this process. Sometimes these terms are used interchangeably, but, just like the concept of death has a much deeper meaning, each of these concepts also has a deeper meaning. The next section will define how the literature has defined each of these terms and how that can work to describe one’s reaction to death.
Grief is the unique emotional reaction that one experiences after the death of a loved one. (H. Anderson, 2010). Though in many cases there is a period of sorrow or numbness and sometimes even anger, over time, this grief experience dissipates, and the individual begins to accept the loss and integrates it into his or her life. Loss is defined as the state of being deprived of something one has had or valued. Losses can be tangible, or they can be more psychological or symbolic. The experience of grief is a normal part of life and is expected when someone loses a loved one or experiences another loss that is of significance (Bonanno & Kaltman, 2001). The focus is on what the person is experiencing internally (Jeffreys, 2011).

Bereavement has been defined as the experience of losing a loved one; the individual is said to be bereaved when having lost a significant other to death. In other words, bereavement is focused on the state of experiencing grief (Jeffreys, 2011; Rainer, 2013).

Mourning refers to the cultural practices that people employ to process their grief reactions, thus providing the road map for journeying through their period of bereavement. Some of these cultural practices might include a funeral or celebration of life service. Mourning is the active work that individuals engage in to integrate their loss (Rainer, 2013). The focus is on the observable reactions that a person is having when experiencing the death of a significant other (Jeffreys, 2011).

**History of Grieving**

The experience of grief, bereavement and mourning has changed dramatically as humans have evolved, developed, and changed over time (Bonanno, 2009). Historically, grief was not seen as a process of detaching from the deceased individual, but rather a way of maintaining connection. Death did not end a connection with a loved one, but rather changed that connection into a new style of relationship where the loved one was not physically present, but present in
different ways. For centuries, the process of death was something that individuals experienced with their friends and family (Anderson, 2010). Family and friends would maintain a deathwatch and work to accompany the person into the next life. Death was fully integrated into life and was not seen as an inconvenience (Rainer, 2013).

Over the last hundred years, this view has changed considerably, and death has become more detached from daily life. Perhaps one reason for this shift lies in the influential writings of Sigmund Freud. Through his writings like *Mourning and Melancholia*, Freud wrote about how the purpose of grief was to detach from the deceased person (Freud, 1917). Others such as Erich Lindemann further reinforced this belief that grief is a process of detachment and established a three-step process to overcome acute grief. The first step is to accept the loss, the second step is to adjust to life without the deceased, and third is to form new relationships (Rainer, 2013). The focus of such a process is to overcome the attachment to an individual, attach oneself to others, and move on with life.

Today, some authors assert that western culture seems to further perpetuate the denial of death through viewing life as a sort of well-oiled machine. In such a machine, death is a reality of life, but not one in which the individual seeks to be involved. With the demands of Western culture, there is simply no time to deal with and to incorporate death into an individual’s daily existence. There is too much to do and so life is lived in such a way as if death were not a reality. People in today’s society deny death by outsourcing it to the professionals who are hired to take care of the dying and then the body when people finally die (Murray Parkes, Laungani & Young, 2015). Death has become more clinical and less spiritual and is not as integrated into daily life (Harrawood et al., 2008; Kastenbaum, 2000; Rainer, 2013).
Theories of Mourning

There are many theories of mourning that work to explain the process of how an individual actively experiences grief and responds to the state of bereavement. Many of these theories have been mostly linear in approach and have been heavily influenced by Freud’s conceptualizations of grief work, in which the process of actively mourning must lead to some sort of outcome (Bonnano, 2009). For Freud, this outcome was to completely disconnect from the individual to whom one was attached and put that energy into another person (Freud, 1917).

Freud’s ideas around grief work led to the stage model of mourning or grieving. Such models encourage an individual to find some sort of outcome or result of their grief (Servaty-Seib, 2004).

Stage Models of Mourning

Stage models such as Kubler-Ross’s (1974) model further perpetuated the idea of grief leading to a specific outcome. Her model was originally developed for those individuals who were dying to address their experience of being diagnosed with a terminal disease. The five stages of the Kubler-Ross’s model include Denial, Acceptance, Bargaining, Depression, and Acceptance. Despite its original intent to describe people who were going through the dying process, the model eventually started to be used for those who were actively mourning. Whether one is mourning or going through the process of dying, acceptance is the final stage in which the outcome is a part of the process (Kubler-Ross, 1974). The stage theory of Kubler-Ross works well in the Western world because an individual’s experience of grief leads to a specific place which is the acceptance of the death of a loved one. In addition, much of Kubler-Ross’s work focused on the notion of denial and typically infers that denial is a negative behavior. This has changed over time; denial can be a useful tool for the bereaved individual because it may help
the person to function in daily life. Denial can help an individual get out of bed in the morning and accomplish what needs to be done during the day (Davis Konigsberg, 2011; Rainer, 2013).

Other phase or stage models (Worden, 2009) include a model which outlined the four tasks of mourning: accepting the reality of the loss, working through the pain of grief, adjusting to the environment where the deceased is missing, and finally engaging in a process where individuals can emotionally relocate the person in their lives. The model emphasizes movement and a behavioral outcome. Another popular stage or phase model was developed by Rando (1984), which emphasizes the six Rs of mourning: recognizing the loss, reacting to the separation, recollecting and experiencing the relationship and the deceased, relinquishing the old attachments, readjusting to move adaptively into the new world, and reinvesting (Rando, 1984).

Over time, models of mourning have moved away from the linear stage/phase models towards more non-linear approaches. Newly developed models are now shifting from Freud’s influential grief work where there is a specific outcome to models that do not necessarily lead to any resolution. Such models place more emphasis on the journey of grief rather than the destination. One such model is the Dual Process Model (Stroebe & Schut, 2010).

**Dual Process Model**

An approach that is gaining considerable notoriety is the Dual Process Model (DPM) of coping with bereavement. In this non-linear model, Stroebe and Schut (2010) emphasized a stressor-specific model of coping. They described two different types of stressors: loss-oriented stressors and restoration-oriented stressors. Loss-oriented stressors are related specifically to death itself. These stressors would be the loss of future plans with the individual, the ending of the physical relationship with the deceased, and the loss of support that was offered by the deceased individual. Restoration-oriented stressors are more secondary in nature, such as the
addition of new household chores like mowing the lawn, loss of financial resources, or altered ways of communicating with family or friends. The model also addresses how to cope with such losses as well. For loss-oriented stressors, the individual focuses on processing the loss and on the emotional aspects of grief. Restoration-oriented coping deals more with the practical nature of the loss and focuses on aspects like figuring out financial issues and deciding who will mow the lawn, as well as other secondary issues that need to be resolved because of the loss. The model gives the counselor and counselee a common language to describe the grief experience and has application across a wide variety of cultures (Stroebe & Schut, 2010).

**Meaning Reconstruction and Loss**

This approach to mourning focuses mainly on the idea that the central process that bereaved individuals go through is making meaning or making sense out of their loss. The process of making meaning of a loss works to reorganize and integrate the loss into the individual’s life. The process of making meaning helps the individuals to re-author their own selves in light of their loved one’s death, and then also figure out how they will re-engage the world. Such an approach encourages counselors to facilitate the process of meaning making if they are not already engaging in such a process. In addition, this model and many more recent models of grief place less emphasis on fully detaching from the deceased loved one, and more emphasis on how that relationship has changed now that the loved one is physically gone (Neimeyer, 2000).

**Attachment Theory**

Attachment theory is grounded in the notion that individuals are predisposed to bond with their primary caregivers. The infant bonds to his or her mother and father or caregiver. This bond is extremely influential and can affect how children connect and interact with others as they
grow older. There are three main types of attachment styles: secure, avoidant, and anxious/ambivalent (Ainsworth, Blehar, Waters & Wall 1978). Main and Solomon (1990) proposed a fourth attachment style called disorganized/disoriented. People’s style of attachment can potentially predict how they experience grief. For example, an individual with an anxious/ambivalent attachment style, or a person predisposed to a clingy or anxious orientation to relationships, might have a more difficult time with grief. Freud argued that it is important for the bereaved individual to detach from the deceased person (Freud, 2017). Attachment theory advocates the opposite and promotes the idea that bereaved individuals need to revise or redefine their attachment with the deceased person. The person is still attached to the deceased person but is no longer attached in a physical way. The grief work therefore involves a process of becoming attached in a way that is not dependent on physical presence (Bowlby, 1980; Shaver & Tancredy, 2001). Rainer (2013) noted that “the survivor can rearrange representations of the self and the deceased, so that the relationship continues to serve as a symbolic source of protection, comfort, and love while life with others continues on new foundations.”

While there are several helpful theories of grieving in the literature that could be used in counseling, few counselors are even aware of such theories. Ober et al. (2012) examined what type of training counselors received in their education, concluding that counselors were getting little training in the process of mourning and other death-related issues. They also reported that the training that they were receiving about the process of mourning tended to be on stage/phase related models such as Kubler-Ross’s five-stage theory. They noted that very few training programs taught anything related to dual process or meaning-making theories of mourning. The authors suggested that counselor trainees should become aware of the plethora of mourning theories that could help them and their clients in their work. They also stated that most of the
counselors reported feeling competent in their work with the bereaved based on their own personal experiences with death. This could be a potentially dangerous belief as research has demonstrated that caring for the bereaved is far more complicated than previously believed. The next section will cover the latest research on the efficacy of bereavement therapy and the importance of counselors knowing how their work with the bereaved will affect them, whether positively or, in some cases, negatively (Ober et al., 2012).

**Efficacy of Bereavement Counseling**

Another reason to pay attention to issues related to death is linked to the complicated research that exists concerning the efficacy of bereavement counseling. Historically, the idea behind bereavement counseling was that counselors should help their clients do their grief work and work to process their grief. It was generally assumed that any form of bereavement counseling was considered acceptable and important. What many researchers have recently discovered is that, for uncomplicated grief, bereavement counseling is not necessary and, in some cases, can even cause the client potential harm (Fortner, 1999; Neimeyer, 2000). However, other researchers have found that such counseling is helpful (Litterer Allumbaugh & Hoyt, 1999) and that it is especially helpful for those who are experiencing complicated or prolonged grief (Jacobs, Mazure, & Prigerson, 2000).

Grief can manifest itself in such a manner that is so pervasive that it inhibits an individual’s day-to-day functioning. One group of researchers proposed adding a new diagnosis in the DSM called Prolonged Grief Disorder (PGD) (Prigerson et al., 2009). They claimed that 11% of bereaved people suffer from such a disorder. The Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5) has now adapted PGD to now be called Prolonged Complicated Bereavement Disorder (PCBD) listed under other conditions to be considered. In order to
receive a diagnosis of such a disorder, the individual must have experienced the death of a loved
and experienced one of four listed symptoms on most days for 12 months for a bereaved adult.
The disorder shortens the amount of time for experiencing the symptoms to six months with a
bereaved child (American Psychiatric Association, 2013). Time will tell as to whether such a
disorder will be officially included in the next version of the DSM. Researchers are working on
testing the utility of the diagnosis and developing inventories to determine whether or not
someone has PCBD (Lee, 2015; Maciejewski, Maercker, Boelen & Prigerson, 2016).

There was also some controversy around the debate of officially removing the
bereavement exclusion criteria for Major Depressive Disorder that occurred with the publication
of the DSM-5 (Ogden & Gaetz Simmonds, 2014). In the DSM-IV, an individual could not be
diagnosed with Major Depressive Disorder (MDD) if the depressive symptoms were due to the
death of a loved one unless they had experienced those symptoms for at least two months. Under
normal conditions, the individual only has to experience the symptoms for two weeks (American
Psychiatric Association, 2000). Under the DSM-5, the exclusion was removed, and the bereaved
individual does not have to experience MDD symptoms for at least two months to be diagnosed
with the disorder. Some have argued that removing the MDD exclusion is medicalizing the
normal experience of grief after a loved one dies. Others have praised the removal because it is
now easier for people to have their insurance pay for their therapy after losing a loved one
(Bandini, 2015; Ogden & Gaetz Simmonds, 2014).

Some researchers have questioned whether or not grief counseling is effective.
Researchers have increasingly demonstrated that bereavement counseling for the uncomplicated
type of grief does not typically help the patient in any way (Fortner, 1999; Neimeyer, 2000).
This assertion gained a lot of traction in an article published in 2000 by Niemeyer that
specifically highlighted a dissertation by Fortner (1999) on the effectiveness of grief counseling. Fortner (1999) conducted a meta-analysis of 23 different studies on grief counseling outcomes. The author discovered that grief counseling did very little to help the client and only significantly helped those with complicated grief. The author further reported that 38% of the population receiving grief counseling were actually worse off because of it. When accounting just for those who were not suffering from complicated grief, the number of people worse off from grief counseling increased to 50% (Fortner, 1999; Neimeyer, 2000).

Fortner’s (1999) dissertation and Neimeyer’s (2000) article were highly influential and were even mentioned a *Newsweek* article with the sweeping claim that thousands of people were harmed each year by grief counseling. Additionally, a popular book called *The Truth About Grief* was published that also discussed the negative aspects of grief counseling (Davis Konigsberg, 2011). Even though the emphasis on the negative aspects of grief counseling has grown in the last 10 years, many researchers are challenging these claims.

Larson and Hoyt (2009) claimed that Fortner’s research is based on a faulty statistical procedure called treatment induced deterioration effects (TIDE). The TIDE procedure was developed in Fortner’s masters project that explored whether psychotherapy made individuals worse. The researchers explained that the TIDE procedure has not been properly investigated through peer-reviewed research. It is therefore premature to make sweeping claims that grief therapy is not effective based on a statistical procedure that has not been extensively researched or utilized. The authors also stated that the findings of Fortner (1999) and Neimeyer (2000) are inaccurate because the 23 studies reviewed were not based on a sample that is representative of people in general, as the participants were recruited by mailing lists and advertisements. Moreover, they claimed that the statistic of almost 38% of grieving individuals are harmed by
grief counseling does not align with clinical experience and common sense. They also argued that the studies that explored the effectiveness of grief counseling had an inaccurate definition about what constitutes improvement (Larson & Hoyt, 2009). Hoyt and Larson (2010) observed that

The goal in grief counseling is not to produce absolute improvement (relative to a control group) that will endure over time, but to accelerate a natural healing process, particularly for persons for whom this process is moving more slowly than would be normally expected. (p. 12)

The process of caring for the bereaved is extremely complicated and there are countless models and techniques that exist to help counselors in their work. There is also some evidence to suggest that treating an individual for grief through counseling could cause more harm than good (Neimeyer, 2000, 2010; Neimeyer & Currier, 2009; Stroebe et al., 2005). Yet at the same time there is research to suggest the opposite and that such counseling does not cause any harm and can even be beneficial (Hoyt & Larson, 2010; Litterer Allumbaugh & Hoyt, 1999). Given the complicated nature of grief, death-related issues, and how to counsel the bereaved, it is crucial for the counselor to have a level of death competence. One gains death competence through education and learning about how to understand the complicated nature of death-related issues. Death education and the development of death competence is covered in the next section.

**Death Education**

Another important topic in the literature on death is death education and how to teach professionals about how to work with the dying and bereaved. It is important to focus attention on grief because counselors have been reported to be uncomfortable when working in situations related to death (Kirchberg & Neimeyer, 1991; Kirchberg et al., 1998). In addition, very few
counselor training programs cover any sort of material in their coursework related to death and working with bereaved clients (Rosenthal, 1981; Wass, 2004). Fields such as medicine, nursing, emergency medicine, and psychology are much further ahead in educating future practitioners about death education. Many counselors rely on their own experiences of grief instead of utilizing professional and empirically developed methods of treatment (Neimeyer & Currier, 2009). Death education is the way that counselors and counselor trainees develop their death competence (Gamino & Ritter, 2009). Death education in the counseling classroom can help counselors explore their own views of death, learn about of models of grief, and gain basic techniques for providing services to the bereaved (Wass, 2004). One of the debates in the literature is what makes an individual competent to work with death-related issues (Gamino & Ritter, 2009). It is important to have a basic understanding of the basic aspects of death competence.

**Death Competence**

Gamino and Ritter (2009) have posited that many of the counselors or helpers doing the work of bereavement counseling are not competent to do so and do not have the appropriate training. Gamino and Ritter (2009) defined death competence as a “specialized skill in tolerating and managing clients’ problems related to dying, death and bereavement” (p. 31). They go on to say that another key aspect of death competence is to be aware of one’s own personal losses and how those losses can enhance the counseling experience (Gamino & Ritter, 2009). They emphasized that death competence is an ethical imperative and that counselors should be trained in how to care for clients who struggle with death related issues (Gamino & Ritter, 2009, 2012). Yet despite death competence being critical to an ethical counseling practice, death education is lacking in counseling and other related disciplines (Wass, 2004).
One of the major aspects of death competence and death education is self-awareness of how one views death and how loss has influenced their life. Consequently, it is important to have practitioners reflect on their own death and the deaths of the people around them. One must have a good understanding of their own death to care for and provide services for the dying and bereaved (Gamino & Ritter, 2009; Jeffreys, 2011). Many researchers suggest doing a timeline activity in which individuals sketch out their own sense of loss that they have experienced along the lifespan. (Ober et al., 2012). Self-knowledge is important for any aspect of counseling, but this is especially important when working with people on issues of death. Death affects all of us in deep ways, and it is important for the therapist to have a robust understanding of how it affects their own self (Doughty Horn, Crews, Harrawood, 2013; Wass, 2004).

The first aspect of death education is establishing a basic understanding of one’s own attitude toward death. Next, death education should teach about the skills or qualities that a therapist needs to develop. Roos (2002) identified six qualities that are necessary for a therapist to be considered trustworthy and to inspire hope. She wrote about these qualities in her book *Chronic Sorrow*, an extensive review of those people who experience chronic sorrow resulting from loss. The first quality is that counselors need to be able to maintain focus throughout the therapeutic process. It can be easy for therapy to go into several directions, so the therapist must guide the session so that it stays focused on the work that they client needs to do. Next the therapist and client need to establish goals so that both know what they are doing during therapy. Third, the therapist needs to inspire a sense confidence in the person with whom they are working. The therapist needs to know what they are talking about and project a confident demeanor that shows that they can help their client. Qualities five and six include offering accurate empathy and to respectfully acknowledge the client’s pain. These qualities go a long
way in establishing that the therapist can demonstrate an understanding of the client’s pain.
Lastly, therapists need to deliver appropriate interventions that work to help clients with their loss material. In addition, the willingness to listen and communicate understanding are among the two greatest capacities of the psychotherapist (Roos, 2002). These areas of death competence focus more on the generic qualities of the therapist and their ability to establish a positive relationship with their client.

The six Rs of Roos (2002) are about having a basic level of comfort in talking about death-related issues in order to help the client successfully navigate their losses. Gamino and Ritter (2009) noted that one becomes comfortable with death or one becomes death competent by developing cognitive and emotional competencies. Cognitive competence is connected to the therapist’s overall practice of therapy. Cognitive competence means that the therapist can take what was learned in the classroom and apply that knowledge in the therapy room. They also indicated that the therapist must have a sense of emotional competence. Emotional competence refers to the fact that therapists can attend to the emotions that come from themselves and those of the client. The process of therapy brings up emotions around loss, trauma, and suffering, and it is important for the therapist to be aware of such emotions and how to manage them (Gamino & Ritter, 2009, 2012).

Gamino and Ritter (2012) identified four roadblocks to death competence. First, many times, therapists are driven to work with the bereaved because of their own experience with the death of a loved one and their desire to work through that loss. The authors suggested that this can compromise therapy. Secondly, they indicated that the therapists’ own sense of death anxiety may be present. This anxiety may drive them to avoid conversation around death to protect themselves from facing the reality and pain of death. Third, if counselors have their own
history of loss, they may overgeneralize this loss experience and impose their own perspectives and solutions on their clients. Consequently, it is important for the counselors to be aware of their own loss history and how it influences their life and their counseling practice. Lastly, if counselors have not had a personal loss history and they do not know how they might react to death, it is vital for them to become aware of their own thoughts and feelings about death and dying (Gamino & Ritter, 2009, 2012).

**History of Death Education**

Historically, death was a routine event that was experienced in the home, and the whole family and community were involved in caring for the dying. Families and communities would work to comfort one another during their grief and sadness. Religion played a huge role in an individual’s experience with death and provided the model and method for moving forward during death. Religion and the community provided the dying and families the comfort that they needed to endure the pain of a death (Parkes, 2002). A sense of a strong religion or faith and a sense of a strong community have both changed over time. Religions have been struggling as more and more people are leaving faith communities. In addition, deaths no longer happen in homes and within families, but seem to be more often outsourced to professionals. Education and understanding around death used to happen naturally in daily living, but now that death has been outsourced, death education has become even more important (Mascarenhas Fonseca & Testoni, 2011).

Deaths no longer happen in the home and science has also given society more and more ways to avoid death (Parkes, 2002). Death is still an inevitability, but science has helped to delay death and perhaps even provided a false sense of security that one does not have to die or that science can prolong life (Mascarenhas Fonseca & Testoni, 2011). Increasingly, the handling
of death has been transferred to the professional world. Consequently, it is important for the professional to know how to handle the dying and the grieving. Fewer people are connected to faith communities to help process the loss of a loved one. Families are turning less and less to the church for help in funerals and other end-of-life rituals. One phenomenon that reflects this is the current practice of funeral homes in providing rituals and services for the bereaved. In addition to doing the work of embalming or cremation, funeral directors are now being trained as celebrants and are leading funerals. Moreover, it can now be assumed that counselors will likely take on the role of grief counselor more often as people are less connected to formal religions where, historically, people have received care when grieving the loss of a loved one. As death becomes increasingly outsourced to professionals, the importance of death education will continue to grow. The death education movement is relatively new and is only about 60 years old (Neimeyer, Wittkowski, & Moser, 2004; Wass, 2004).

Death education within the counseling field began with the death awareness movement that was sparked by psychologist Herman in the 1950s (Neimeyer, 2005). Feifel (1959) focused primarily on producing a set of goals for death education, producing content concerning death education, pedagogy, competencies, and evaluation methods. One discipline that has diligently worked to develop programs on death education has been nursing. Nursing schools began to develop more and more hospice programs as an alternative to traditional nursing care (Hurtig & Stewin, 1990).

Another pioneer in the death awareness or education movement was Cicely Saunders, who established the first modern hospice in 1967 in London. Hospice is care that acknowledges the dying process and works to provide high-quality comfort to the dying and their families. The death education movement that began in the late 1950s runs parallel with the hospice movement.
The hospice movement was initiated to respond to the fact that deaths were happening in a clinical and impersonal way, without regard for patients and their families (Saunders, Baines, & Dunlop, 1995).

A significant event in the early days of the death education movement was Kubler-Ross’s work, *Death and Dying*, which came from interviewing 200 dying patients to learn about their experiences. She made the point that the fear of death is universal and that humans have gone to great lengths to distance themselves from death. Ironically, through this distancing, humans have developed a greater sense of anxiety towards death and have increased the sense of suffering and discomfort towards death. Kubler-Ross (1974) worked to normalize the dying process and created her now-famous stages of death: Denial, Anger, Bargaining, Depression, and Acceptance. It is interesting to note that Kubler-Ross initially called these the stages of dying, and it was only later that they were adopted as the stages of grief. Many writings and disciplines have universally accepted Kubler-Ross’s stages as absolute truth and do not deviate from them (Kubler-Ross, 2014). In fact, much of the death education that currently exists in a variety of disciplines simply teaches the stages of dying and leaves it at that. Some have even pressured the grieving to incorporate the stages in a rigid way and work to make sure that the grieving or the dying can make it through each of the stages (Neimeyer, Wittkowski, & Moser, 2004).

While it was never Kubler-Ross’s (2014) intention to use her stages of grief in such a rigid way, her greatest contribution to the field has been to foster awareness around death and dying in a way that humanizes it.

College courses around death and dying began to grow in popularity in the 1960s. Eventually, courses began to be offered in medical schools and in nursing programs. Scientific journals about death also began in the 1970s such as *Omega: Journal of Death and Dying* and
Death Studies, and, more recently, the journal called Mortality that began in Europe in 1996 (Wass, 2004).

The quality and amount of death education has increased over time within the medical field. In the mid-1970s, only half of medical schools offered any sort of training on death education (Dickinson, 2006). In the mid-1990s, this changed drastically, and nearly all medical schools offered at least something on death education. However, most of this material was covered in a lecture or two, and few programs offer any extensive training on death-related issues (Dickinson, 2011). Down-Wamboldt & Tamlyn (1997) reviewed nursing programs in Canada and England and discovered that most programs offered death education, but that the bulk of those programs were included in the curriculum of their current study. In addition, much of the content that was covered tended to be that of the theorist Kubler-Ross. Emergency medicine has included information on death education as well, but much of what has been covered within this field has been minimal (Smith & Walz, 1995).

Most of the work that has been done on the preparation of grief counselors has focused on traumatic bereavement and complicated grief reactions (Mancini, Prati, & Bonanno, 2011; Shear, Frank, Houck, & Reynolds, 2005). The preparation of grief counselors has focused predominately on continuing education programs and other seminars. Very few full courses on grief and bereavement exist, and only 50% of graduate programs cover any type of death-related issues (Eckerd, 2009). Furthermore, much of the coursework that exists is provided in just a few lectures or is offered in a secondary way. Most of this knowledge remains in the journal literature and does not get utilized within the classroom (Eckerd, 2009).
Death Education in Other Fields

Counselors are not the only ones who work with the dying and the bereaved. Much can be learned about the importance of death education by exploring other fields. Learning from other fields can also help counselor educators understand and explore their own methods of educating their students in how to care for the dying and the bereaved.

Nursing and Death Education

Of all the disciplines, nursing is the leader in the death education movement. Schools of nursing were among the first to develop courses on death education. This is partly because nursing has a leading role in hospice and end-of-life care. Nurses are often the individuals who are closest to death because they are providing direct patient care. Nurses are not able to avoid death, and they have to accept its reality. As a result, nurses have worked to educate themselves and the people in their field about caring for the dying (Ferrell, Grant, et al., 1999; Ferrell, Virani, et al., 1999). In a related study, researchers discovered that 72% of nurses cared for the dying in their training program, yet most of the material that nurses obtained for end-of-life care came from journals, seminars, and their colleagues. Many stated that they felt their nursing program did not do an adequate job of training them to care for the dying. In fact, 89% of the nurses polled felt that EOL (End-of-Life) care was important (Ferrell, Virani, Grant, Coyne, & Uman, 2000).

Mallory (2003) reported several barriers in nurses’ ability to care for the dying, with reference to working with the dying patient’s family. More specifically, they identified a barrier related to how both the dying patient and the family will often avoid the reality of death. In addition, they discovered that both the nurse’s and the patient’s discomfort with death could also add to this barrier when working with the dying. Once again, the researchers identified the
importance of comfort with death and addressing one’s death anxiety when working with those who are facing death (Hurtig & Stewin, 1990; Mallory, 2003).

Many in the nursing field are leading the charge in a multidisciplinary approach to caring for the dying. As mentioned earlier, the concept of death incorporates a variety of disciplines. There are many aspects of death including the spiritual, financial, cultural, physical, psychological, and emotional. As many in the nursing field are advocating that EOL warrants greater attention, it becomes increasingly important to approach such care in a multidisciplinary way. It would be useful to have a care team that includes a physician, the nursing staff, a dietician, a chaplain, a social worker, and a psychologist or a counselor. Such a multidisciplinary approach would help the patient to face death with greater comfort and care. Instead of the patient being an object of study, he or she would be a person to be cared for (Ferrell, Grant, et al., 1999).

**Physicians and Death Education**

Physicians are also working to follow their nursing counterparts in working to better understand death and dying. The medical field has made efforts to incorporate more death education into their programs and has developed specific programs for such training. For example, the American Academy of Hospice and Palliative Medicine developed a death related training program for hospice and EOL care. The program consists of assessment of pain management, legal issues, communication, spiritual matters, and many others (Van Geest, 2001).

The American Medical Association has developed a related program called Education for Physicians on End-of-Life Care (EPEC). Other associated programs exist such as those from the American Academy of Family Physicians, which also has a special focus on personal views towards death and how these might affect physicians’ care of their patients. This is significant
because it is one of the very few programs that pays attention to the personal category in death education. These programs clearly demonstrate that the medical field sees the importance of focusing on death-related issues (Van Geest, 2001). Everyone will one day face death, so it is important for professionals who work with death to think about their own views towards it.

**Medical Schools and Death Education**

Research on how medical schools address death-related issues in their curricula dates back to 1975. What the research has reported is that over the course of 25 years, 100% of all medical schools have offered some sort of course material on death and dying. Yet only 18% of medical schools offer a full course on death and dying, although this increased from only 7% in 1975. The average number of teaching hours on the topic of death and dying was 14 in 2000, but dropped to 12 in 2005 (Dickinson, 2011).

Research has confirmed that the topic of death and dying is often infused into an existing curriculum or is addressed in workshop form. The Yale School of Medicine offers a unique workshop for students preparing to be primary care physicians. The workshop specifically explores how physicians can care for their patients at EOL. One unique feature of the workshop is that students engage in a group interview with a dying patient, along with a practicing physician facilitator. Other schools favor working on increasing ways for students to have increased contact with dying patients. Some schools encourage their students to shadow a chaplain to gain more experience in working with death related issues. Much of the research seems to show a general trend towards more experiential methods of educating physicians on death and dying (Dickinson, 2011, 2006).

The research has also demonstrated that, even though there has been a general increase in addressing issues of death and dying, there seems to be a shift in the language being used in
medical schools. Physicians now use language like EOL or end-of-life care (EOLC). Palliative care is another term that is increasingly used to describe the comfort style of care that physicians adopt while caring for the dying. The teaching of palliative care can be challenging because doctors are trained to always seek to provide a cure. The training of doctors is all about working to find a cure, while palliative care is more about treating human beings with dignity as they prepare for death. In many ways, this approach goes against the grain of how physicians are trained (Dickinson, 2006).

**Death Education in Emergency Medical Services**

Researchers in the world of emergency medicine have built upon researching death education offerings in medical schools in order to study such offerings in their own field. Smith and Walz (1995) surveyed 537 paramedic training programs and received a 51% response rate. Their study discovered that 95% of all paramedic programs had incorporated some form of death education. The researchers also pointed out that this number had increased greatly in the last 10 years. Most of this training was offered by infusing it into the present curriculum. Most of this instruction was offered in lecture format, and emergency medicine was less likely to incorporate experiential methods than their traditional medicine counterparts. Researchers reported that programs offered videos, role-play, guest lectures, and even computer programs in their curricula. Close to 25% of the training programs surveyed offered some sort of experiential method in their teaching. Findings also indicated that 6% of paramedic training programs offered a full course on death and dying (Smith & Walz, 1995).

Smith and Walz (1995) not only looked at course offerings and how death-related issues were infused into the curriculum, but they also reviewed how death topics were covered in Emergency Medical Services (EMS) textbooks. What they discovered was that EMS textbooks
have less than one page dedicated to death-related issues, and that only a third of EMS programs will work to supplement this small amount of material with other supplemental readings. The researchers pointed out that 80% of paramedic graduates will read less than one page on death-related issues (Smith & Walz, 1995). The authors recommended that EMS programs should have more discussion on death-related topics, given the fact that EMS personnel are facing death each day in their work. The deaths that such professionals face are traumatic and having a solid education on death-related issues is important. They also advocated for paying special attention to issues of trauma and the theory behind Critical Incident Stress Debriefing (CISD) (Smith & Walz, 1995).

**Counselor Education and Death**

Very little research exists on how the field of counselor education has addressed death-related issues. In fact, the last major study that assessed death education within counselor education was in 1981 and specifically examined school counselors (Rosenthal, 1981). The researcher sent out a 20-item questionnaire to 1000 randomly selected school counselors and also sent out a questionnaire to the chairs of 472 counselor education programs. The author reported that 87% of counselors had counseled a student on issues of death. Additionally, 59% believed that they did not have adequate experience in counseling a student around death-related issues. Finally, 93% of active school counselors felt that counselor education programs should offer some sort of training around issues of death and dying (Rosenthal, 1981).

Results indicated that 94% of counselor training programs needed to help trainees with concepts of death and dying, yet only 39% of those polled offered any sort of death education and only 3% of programs required any sort of training in this area. It is also interesting to note that these respondents indicated that there is an expectation for the school counselor to have
knowledge about death-related-issues and teach about death within the school. However, school counselors are often not able to competently meet this expectation because they have not had the needed training (Rosenthal, 1981).

Although there has been no other study examining death education within counselor education since 1981, one recent study has focused on death education within the field of psychology. Eckerd (2009) investigated the prevalence of death education in undergraduate psychology programs across the country (Eckerd, 2009). Officials in 161 schools across the country were surveyed and only 20% of schools offered some kind of coursework on death/dying. It was also reported that, as of 2004, only nine clinical or counseling Ph.D. programs offered a specialization in grief counseling. Many programs reported that a course was not offered on death-related issues because few faculty members were qualified to cover death-related topics. Others stated that there were few resources to support a course on death/dying. Some posited that the lack of available courses may be because death remains or is considered a taboo topic (Eckerd, 2009). The taboo nature of death is evident in how culture is becoming reluctant to use the word “death,” as described earlier. It was also pointed out that students must not only be prepared for life, but also for death (Eckerd, 2009).

A related study examined the characteristics of students who enrolled in a college death education course (Brabant & Kalich, 2008). The researchers analyzed data from over 20 years of students who had taken a death education course at a southern university. They reported that it is often a more at-risk population that will enroll in a college death education course. Many times, students take a course in death and dying in order to process their own grief issues or because they are contemplating or have contemplated suicide. In this study, close to half of the enrollees had at some point in their lives contemplated suicide. Additionally, 10% of the class participants
had attempted suicide at least once in their lives. Finally, two-thirds of the students had known at least one person who had committed suicide (Brabant & Kalich, 2008).

The researchers also reported that only about a quarter of the participants took a death education course to deal with their own grief issues. They pointed out that such issues might be fully presented to the class at large, while those who are or had contemplated suicide might address the instructor in private before or after the class. The researchers also indicated that over half of the participants took the class because of an intellectual interest. Only 10% took the class to prepare to help others (Brabant & Kalich, 2008).

**Grief and Loss in the Curriculum**

Kastenbaum (2000) has advocated incorporating grief and loss issues within the curriculum. More specifically, this researcher argued that the most logical courses to incorporate such material would be diversity courses, ethics courses, and human development courses. First, diversity courses could address the different ways that cultures contend with the notion of death, including different burial practices, views of the afterlife, bereavement practices, and religious perspectives. Fowler (2008) also advocated for infusing diversity issues into death education curricula. Furthermore, ethics courses could deal with bio-ethical issues such as assisted suicide, removal of life support, and the difficult decisions that are often faced at EOL. Lastly, the author suggested incorporating death-related issues in a human development course, where death is considered as part of the cycle of life (Kastenbaum, 2000). In addition, death-related issues could be discussed in courses that explore the self as the therapist. Trainees could talk about their own experiences and thoughts in relation to death. Trainees could also spend time thinking about their own experience of loss and how such losses will help or hurt them in the therapeutic
process. By doing their own work in this area, counselors will be better prepared to help their clients (Kastenbaum, 2000).

**Death Education Courses**

Kramer (1998) examined how taking a course on grief and loss would influence students’ views of death. Kramer offered a 14-week grief and loss course to master’s students in social work. She administered a pre- and posttest to an experimental group taking the grief course and also administered a pre- and posttest to a control group that was not taking the grief and loss course. The researcher developed her own scale to measure how prepared the students felt in dealing with grief and loss issues, and administered the Klug Death Acceptance Scale (Kramer, 1998).

Kramer (1998) reported four major findings. First, students who enrolled in the grief course self-reported that they felt better able to handle grief and loss situations when they arise in the future. Second, participants indicated that they were better able to handle personal losses in their own life. Third, the students felt as though they had better skills and abilities to address death-related concerns. Lastly, there were higher rated levels of death acceptance in the group that had taken the course as compared to the control group (Kramer, 1998).

Harrawood, Doughty, and Wilde (2011) addressed the personal dimension in exploratory research in which they studied the results of a death education course that they taught in a master’s program on death education. They taught the course to 11 graduate students and evaluated the effectiveness of the course qualitatively. The researchers asked the participants to write a free response narrative to the following question, “Use the space provided below to reflect on your current thoughts regarding death and dying.” They asked the participants to respond to this narrative at the beginning of the course and at the end (Harrawood et al., 2011).
In the process of coding, Harrawood et al. (2011) discovered three major themes: an increased openness to death constructs, a greater understanding of personal beliefs regarding death in general and one’s own death, and a reduction in the participants’ fear of death. The researchers pointed out that a key part of their study discovered the importance of helping the students to understand their own personal views towards death. They also cited previous research by Maglio and Robinson (1994) stating that death and dying issues need to be processed emotionally or there will be an increase in death anxiety. Their research demonstrated that the personal dimension of grief and loss should to be a key feature of grief education (Harrawood et al., 2011).

Several studies have specifically examined the success of a death education course through the lens of death anxiety (Durlak & Riesenberg, 1991; McClatchey & King, 2015; Nienaber & Goedereis, 2015; Smith-Cumberland, 2006). Knight and Elfenbein (1993) examined death anxiety and fear of death levels in a death education class of 29 undergraduate students as compared to a control group of 74 students. Students in both the control group and the experimental group were given the Templar McMordie Death Anxiety Scale, the Death Anxiety Questionnaire, and the death attitude profile. After the initial administration, the students were given a second set of questionnaires a few weeks later asking questions related to their health. Then, after 11 weeks, the students responded to another packet of questions along with the three death anxiety scales. The class that the students were taking was specifically on death and dying and met for three hours a week for 15 weeks. The topics covered in the class were myriad, like the loss of child, the process of grief, the hospice movement, and the dying process. The class viewed a variety of videos, participated in role-plays, and gave a presentation on a death-related topic (Knight & Elfenbein, 1993).
The researchers discovered that the students who participated in the death and dying course experienced an increase in their levels of death anxiety and death fear. The authors hypothesized that this may have been because the class increased their level of exposure to death material, which thereby increased their anxiety. Based on previous research, the authors expected a decrease in death anxiety, yet they found the opposite to be true. One other interesting result was that people who were considered highly religious were more likely to have lower levels of death anxiety (Knight & Elfenbein, 1993).

The authors concluded that more research should be conducted concerning the concept of death anxiety and whether an increase in death anxiety should be considered a positive or negative outcome after taking the course. On the negative side, after taking the course, the students’ increased levels of death anxiety might interfere with their daily functioning. On the positive side, an increase in death anxiety might help the individual to live life more fully and to be more aware of how death can help an individual to live in the present. The authors concluded that there might be a sort of ideal level of death anxiety, which may help individuals to appreciate their lives more (Knight & Elfenbein, 1993).

Another study conducted a meta-analysis of 62 research studies that explored the relationship between death education and death anxiety. The researchers discovered that, on average, taking a death education class typically increased an individual’s level of death anxiety. This might be partly due to the fact that death education encourages people to consider their own loss material so that they can help others with their loss. Though the idea among many researchers is that death education is successful when death anxiety decreases, the authors in this study argued that a reduction in death anxiety may not necessarily be what measures the success of death education. Their research also indicated that individuals considered high in religiosity
tended to have lower levels of death anxiety because they feel protected in the afterlife and because they have an extant system to help answer the question of what happens to an individual after death. Ironically, the researchers also discovered that death anxiety increased at a much lower rate in classes that were more experiential (Maglio & Robinson, 1994).

**Counselors are Uncomfortable with Death**

Perhaps one of the most fundamental reasons to pay more attention to death and to increase death education within counseling programs is that beginning trainees report being uncomfortable with death. Several empirical studies have demonstrated that beginning counselors are consistently uncomfortable with issues around death. In one early study, Kirchberg and Neimeyer (1991) administered several instruments to 81 beginning counseling students in order to measure their level of comfort with death-related counseling scenarios. First, they gave them a threat index scale that measured the level of threat that one feels in relation to death. The second instrument was a counseling situations questionnaire in which the participants were asked to rank order 15 different counseling situations; five of the 15 situations were related to death (Kirchberg & Neimeyer, 1991).

The main hypothesis of the study was that beginning counseling students would rank the death-related situations as more uncomfortable to deal with. This hypothesis was confirmed. Interestingly, the researchers did not report any correlation between death threat and the discomfort ratings of the death-related counseling situations. The researchers were not able to determine the specific reasons for the trainees’ distress and suggested that future research is needed in this area (Kirchberg & Neimeyer, 1991).

This study was replicated several years later and included another category to be measured; empathy. The new study did not focus on neophyte counselors, but rather on
counselors working in the field, with years of service ranging from 1 to 35. First, the participants were given a background questionnaire to collect some basic demographic information and to understand the professional characteristics of the sample. Then, they rank-ordered a similar list of 15 counseling scenarios, five of which were death related. Next, they were asked to offer a response to each of the fifteen situations that they might use had they been counseling the individual. Each of these responses was rated for empathy using the Carkhuff Rating Scale. Each participant also responded to the Threat Index and the Multidimensional Fear of Death Scale (MFODS) (Kirchberg et al., 1998).

Overall, this study stands in contrast to the one completed with neophyte counselors. The authors discovered that the more experienced counselors reported being more comfortable with situations involving death as compared to the non-death counterpart scenarios. The researchers also reported that the participants tended to have the same level of empathy across all the counseling situations. The study also found that those who have had more education and experience in death tended to have less death fear and were more empathic towards the dying. However, those who specialized in counseling people around death-related issues in this study tended to have less empathy and a more difficult time working with clients not immediately concerned about death-related issues. This would suggest that those who specialize in grief and loss issues might have a more challenging time caring for such clients. In addition, they found that there was no correlation between the Threat Index score and the MFODS score. Lastly, one more important finding of their research is that those who had a more liberal religious perspective tended to be more comfortable with issues concerning death (Kirchberg et al., 1998).

Another group of researchers replicated the 1991 study but compared neophyte counselors and experienced counselors in their comfort with death-related issues. The
researchers recruited 58 participants who were close to finishing their master’s degree and were currently enrolled in a practicum experience. They used several instruments to measure the participants’ level of comfort with death. First, they administered the MFODS which measures an individual’s level of fear of death. Next, they administered the Threat Index Scale which measures the degree of one’s death concern or level of threat that one feels towards death. In addition, the participants were asked to watch eight different counseling scenarios, four of which portrayed situations related to death. The videos included an actor offering his or her primary reason for coming to counseling and were anywhere from two to three minutes long. After watching the counseling situations, the participants were asked to rate how comfortable they were with each scenario on a Likert scale. The scale ranged from 1 (very uncomfortable) to 9 (very comfortable). Next, the participants were asked to write a response that they might offer the client if they were beginning the counseling process with the individual. Each response was then rated for empathy using the Carkhuff Rating Scale which offers a score from 1 to 5 (Terry et al., 1996).

Once again, the researchers reported that beginning counselors were consistently more uncomfortable with counseling situations related to death versus non-death-related ones. For those with a greater fear of death as measured by the MFODS and Threat Index Scale, the level of distress towards death-related counseling scenarios was even greater. Although there were higher levels of distress with the death-related counseling scenarios, this distress did not have any impact on their ability to express empathy. They projected the same amount of empathy in both non-death and death-related scenarios. It is also interesting to note that, overall, the researchers found that the average empathy score was only 2 on a scale of 1 to 5. This would
suggest that beginning counselors need more work on how to accurately communicate empathy (Terry et al., 1996).

Another interesting finding in the study is that those counselors who had a death phobia and who envisioned their death in more fatalistic terms tended to respond to their client in a less empathic way. This corroborates the importance of doing work around one’s own beliefs and experiences around death. These three studies are frequently cited and offer more evidence of the need to address death-related issues in a counseling curriculum. The research has indicated that neophyte counselors are uncomfortable with death-related issues and education, and that experience can help reduce this level of anxiety in the counselor trainee (Terry et al., 1996).

There is also evidence that education can help to decrease the level of death anxiety. Nienaber and Goedereis (2015) investigated how level of education might affect the level of death anxiety and views on death, administering the MFDOS and the Revised Death Anxiety Scale (RDAS) to a group of undergraduates and a group of graduate students. Their findings also indicated that the higher one’s level of education, the more likely one is to have a lower level of death anxiety. While this finding was supported in their research, they were unable to confirm whether the lower levels of death anxiety were specifically tied to formal education. The researchers also reported that the undergraduate students had a higher level of fear when it comes to death and dying. Lastly, the authors concluded that, as people age, their level of death anxiety goes down and their comfort with death increases (Nienaber & Goedereis, 2015).

Gamino and Ritter (2009, 2012) defined death competence as having both emotional competence and cognitive competence. Emotional competence is having self-awareness concerning death-related issues and cognitive competence is having some knowledge about death-related issues. One area of research that seems to receive less attention when it comes to
death education and death competence are multicultural issues. To be sure, issues around multiculturalism are addressed but are not a central area of focus (Doughty Horn, et al., 2013; Gamino & Ritter, 2009, 2012; Wass, 2004).

**Death-Related Issues and Culture**

The last major category within the literature review is death-related issues and culture. Death is something that influences and affects every culture. Each culture has a unique way of contending with death-related issues, and each culture has its own particular death perspective. Despite the fact of the universality of death affecting all cultures, there are few articles in the counseling literature on this topic. There was even less material on the teaching of death-related issues from a cultural perspective with the exception of one article describing how to incorporate diversity and social justice issues into undergraduate death education. The *Journal of Multicultural Counseling and Development* was one of the few journals that had published a few articles at death-related issues and culture (Baggerly & Abugiedeiri, 2010; Inman, Yeh, Madan-Behal & Shivani Nath, 2007; Shimabukuro, Daniels & D’Andrea, 1999). In addition, the *Journal of Creativity in Mental Health* published a study from a Terror Management Theory (TMT) perspective on how death awareness can affect one’s ability to effectively work with those from a different culture (Ivers & Myers, 2011). TMT was born out of social psychology and explains how contending with death related issues affects human behavior and the development of culture.

Migration across the globe is at an all-time high and people from vastly different cultures are living next to each other. Sometimes, real challenges arise when cultures clash and often people can feel that their own cultural lens is threatened (Hill, 2018). Consequently, it is important that counselors have a degree of multicultural competence when working with people
from diverse backgrounds. Many of these competencies stress the importance of being aware of one’s own culture, biases, beliefs, prejudices and the importance of knowing theoretical models of identity development. These multicultural competencies play a key role in accreditation and curriculum development in counseling programs (CACREP, 2009). Though these competencies are robust and specific in nature, none of them mention developing a competence in death-related issues, though it should be mentioned that many of these competencies stress the importance of considering how spirituality or religion plays a role in the life of someone from a different culture (Sue, Arredondo & McDavis, 1992).

It is also significant to point out that one of the most popular textbooks used in many multicultural classes, *Counseling the Culturally Diverse: Theory and Practice* (6th edition) (Sue & Sue, 2012) does not give much mention of death related issues. One area of primary focus is its mention of sudden death by people of Hmong descent. The book does not offer any grief models that might be appropriate for people of a different culture or consideration of the multitude of ways that people contend with death across the world (Sue & Sue, 2012).

Despite the fact death-related issues have not fully emerged from many multicultural curricula, one article discussed how to infuse diversity and social justice issues into a death and dying course. The author of the article advocated that diversity needs to be the foundation of a class on death and dying and should not just be something added on. She stressed the importance of being aware of one’s own cultural views on death in order to better see how people of other cultures view issues concerning death (Fowler, 2008).

Two significant books primarily focus on multicultural issues around grief; the first one is titled *African American Grief* by Rosenblatt and Wallace (2005). The second book is *Death and Bereavement Across Cultures*, edited by Parkes, Laungani and Young (2015). *African
American Grief describes the unique grief experience of the African American population and even explores how issues like racism/discrimination influences the grief experience. Death and Bereavement Across Cultures examined a wide range of cultures in each of its chapters written by contributing authors. Both of the books offer knowledge about what to know when working with a particular culture, but also focus on general competencies when working with someone of a different culture (Parkes et al., 2015; Rosenblatt & Wallace, 2005).

There were several important journal articles that also covered cultural issues around death. The Journal of Multicultural Counseling and Development published three articles on multicultural issues related to death (Baggerly & Abugiedeiri, 2010; Inman, Yeh, Madan-Bahel & Shivani Nath, 2007; Shimabukuro, Daniels & D’Andrea, 1999). Each of the three articles were qualitative in nature with two of the articles being case studies and the third article used consensual qualitative research methodology to analyze South Asian families that lost a loved one in the 9/11 attacks. Each of the articles were specific to one particular culture yet offered overarching suggestions for how to care for someone who is grieving who might be from a different culture than the counselor.

One of the two case study articles offered the experience of an eleven-year-old boy who had lost a mother. The researchers described his experience of losing his mother and tracked how he used culturally specific coping strategies for processing his mother’s loss. The article also described how the counselor can work to increase their own knowledge of understanding how different cultures grieve and contend with the notion of death (Shimabukuro et al., 1999).

The second case study described the experience of a young Muslim preschooler who died in a drowning accident in a pool. The authors offered an approach for how to care for the students in the deceased child’s elementary school. The article was informative in offering the
basic perspective of how Muslim people view death and the grieving process (Baggerly & Abugiedeiri, 2010)

The third article examined how South Asian families processed the loss of a family member in the 9/11 attacks in 2001. Eleven families were in the study, and one of the major themes from the study was a lack of culturally sensitive resources for the families to utilize in order to cope with the loss of their loved ones (Inman et al., 2007).

Even though there was not a significant amount of material on death related issues and culture in the professional counseling literature, there was a large amount of material in this area in the social psychology literature with Terror Management Theory (TMT). TMT was born out of three social psychologists attempting to prove Becker’s (1973) theory around death anxiety and how death anxiety drives much of human behavior. Their theory is based on two basic assumptions that are true of most humans. First, humans will work to favor their own group that they are a part of over other groups. Second, humans will always work to protect their own sense of self-esteem (Solomon et al., 2004, 2015).

According to TMT theory, the knowledge that we will one day die can be paralyzing and cause existential dread or anxiety. TMT theory also posits that the awareness that we will die lies at the heart of much of why humans behave the way that they do. TMT further hypothesizes that many of our social structures are created to stave off death anxiety. Culture, for example, has been developed to mitigate and assuage the experience of death anxiety. Having faith in one’s own culture, especially when it comes to a sense of religiosity, is an important way to control death anxiety. Solomon et al. (2015) studied Mexican Americans and reported that the more individuals attended church, the more likely they were to have lower levels of death anxiety. Other studies also demonstrated that a high level of religiosity contributed to a lower
level of death anxiety (Krause & Hayward, 2014). Culture is one way of making sense of the world, which provides a structure or framework for how to be in the world. In other words, culture is a systematic way for making sense of the world and navigating the journeys through the difficult times in life (Solomon et al., 2015).

There are countless TMT studies evaluating how culture helps to assuage death anxiety. One example is a study by Lieberman et al. (1999) that evaluated the relationship between death anxiety, culture, and aggression. This investigation examined levels of aggression towards people of other cultures using hot sauce. Subjects were randomly placed into a control group and an experimental group. The control group was told that they were preparing a dish for a group of people of a different culture and that they were responsible for adding the hot sauce to the dish. The amount of hot sauce was a way of safely and ethically examining aggression. The experimental group was asked to do the same as the control group, but before they were asked to add the hot sauce they were prompted to think about death. What they found was that the experimental group added higher amounts of hot sauce for the people of a different culture. This indicates that humans will always work to protect their own group over other groups, and this is especially true when an outside force threatens their own group (Lieberman et al., 1999).

One’s sense of self-esteem is another way that we protect ourselves from the terror of death and from death anxiety. Self-esteem is about feeling a sense of worthiness, having a sense of belonging in the world, and generally feeling good about oneself. People work to enhance their self-esteem through their work, through engaging in special projects, through their athletic prowess, through acquiring more goods, through looking their best, and they may even work to put another group of people down to build their sense of self-esteem and worthiness. However, self-esteem is much more than who we are or what we do. Self-esteem is especially focused on
being someone who is a valued participant in a world that is filled with meaning (Solomon et al., 2004, 2015).

The foundation TMT is built on the work of Becker (1973) who wrote several books on death anxiety, the most famous being Denial of Death. Becker determined that we are driven by both protecting our level of self-esteem and by protecting our culture. Becker also stated that man is one of the only creatures that knows that he will one day die. It is this awareness that lies at the heart of one’s experience of death anxiety (Becker, 1973). Becker indicated that we are all engaged in an immortality project and that a great deal of what we do in life is about avoiding death. He specifically stated that “life for many people is all about avoiding death.” More specifically he described an individual’s “hero project,” where the individual is the main actor, and that engaging in this hero project is what individuals do on their quest for immortality (Becker, 1973).

Becker (1973) described two basic theories about how death anxiety likely develops within human beings. He labeled the first as the healthy minded view of death anxiety, which posits that death anxiety is not a natural fear in human beings. This is especially true if individuals have had good maternal care from their mother or other significant caretaker. Through good maternal care or other significant caretaker, the developing individual will not develop a fear of death or a fear of being annihilated. In short, the developing human will not develop an abnormal sense of death anxiety (Becker, 1973).

The second theoretical approach is the morbidly minded view and Becker was a strong proponent of this approach. In this view, early experiences in childhood do play a part in one’s experience and potential development of death anxiety. The maternal relationship also plays an important role and can influence the development of death anxiety. This second approach
purports that all people, no matter their upbringing, will develop some sort of anxiety around death. Becker indicated that much of the behavior that motivates and drives the human being is a way of simply avoiding death (Becker, 1973).

Becker (1973) stated that individuals work to avoid death anxiety through the development of culture and self-esteem, suggesting that the main role that the symbolic world of culture plays is simply a strategy to avoid death. Thus, culture provides the individual with a symbolic world and method for avoiding the inevitability of death. Religion is a key aspect of culture that serves to assist individuals in their attempts to avoid the anxiety of death. Not surprising, most, if not all, religions have some key aspect designed to mitigate death anxiety and to find some sort of path to immortality. Christianity, Islam, Buddhism, and many other religious traditions provide a mechanism for their believers to avoid the anxiety surrounding death (Becker, 1973; Pyszczynski et al., 2012).

Religion is not, however, the only aspect of culture designed to help people avoid the reality of death. For example, in the United States, the culture of consumerism and purchasing bigger and better homes may also serve as strategies to assuage death anxiety. Thus, it seems that, in the United States, individuals, for example, often work to buy bigger and better cars to continue to support their personal immortality project. Accumulating wealth and accumulating bigger and better items may be a strategy to build a legacy and building a legacy can help individuals to mitigate their death anxiety (Becker, 1973; Munley & Johnson, 2003; Solomon et al., 2004, 2015).

Becker (1973) also suggested that self-esteem is another mechanism that individuals use to manage death anxiety. Self-esteem is related to the individual’s culture or worldview. Becker stated that self-esteem is connected to how strongly individuals believe and live up to their
cultural worldview. If individuals believe that their culture and its symbols are not life giving, then their self-esteem may not be as strong. Becker stated that problems arise when the individual’s culture is threatened which, in turn, threatens the individual’s sense of self-esteem. When facing a different culture or belief system, the individual will likely view this as threatening and different, and this difference is likely another way to avoid death anxiety and thoughts of mortality. Becker stated that it is this threat that lies at the heart of prejudice, war, evil, and violence towards other groups of people. At the heart of most disagreements are competing systems of culture (Becker, 1973).

**Research on Terror Management Theory**

Much of the present research on TMT examines the concept of mortality salience. Mortality salience occurs when people are reminded of their own death. The theory of mortality salience hypothesizes that people will work to strengthen their sense of self-esteem or their sense of culture when they are reminded of death. Countless studies exist on what happens when people are reminded of their own death. One study looked at how Christian and Jewish participants of a similar socioeconomic status viewed each other after being reminded of their death (Greenberg et al., 1990). The control group was asked to measure their level of fondness for the opposite religious group. The participants of experimental group were first reminded of their mortality, and then asked to evaluate the people in the opposite religious group. What the researchers discovered was that the people who were first reminded of their death had significantly lower levels of acceptance and fondness for the opposite religious group (Greenberg et al., 1990).

Mortality salience influences human behavior in a myriad of ways. In one study, researchers examined how mortality salience influences how people choose a political candidate.
There is some evidence deriving from TMT theory that many people choose a political candidate because of the candidate’s charisma and their confidence in their own worldview. In addition, people will choose a specific political candidate because of how that candidate would work to defend people from any sort of threat (Castano et al., 2011).

Castano et al. (2011) asked participants to measure their favorability of two hypothetic gubernatorial candidates. One candidate was considered charismatic and the other candidate was not. The control group was asked to rate the two candidates, while the experimental group was first given a mortality salience prompt before they ranked the candidates. Results indicated that, when reminded of death, the experimental group gave higher favorability ratings to the more charismatic candidates. This research is in line with other studies that have examined the role that mortality salience plays in choosing of political candidates (Castano et al., 2011).

Another study examined how mortality salience influences the experience of death anxiety (Dunkel, 2002). Results indicated that mortality salience tends to make individuals cling to their worldview more. In short, conservatives became more conservative and liberals became more liberal (Kosloff, Greenberg, Weise, & Solomon, 2010). Some have postulated that the advent of the growing threat of terrorism may explain how our country has seen a greater divide between liberals and conservatives. The threat of death is arguably higher due to the high level of terrorism and its portrayal on television. This then leads to a greater divide between liberals and conservatives (Dunkel, 2002).

**The Importance of Terror Management Theory in Counselor Education**

Terror management is important in death education because it helps to demonstrate that how we think of death may potentially influence how we work with clients. The research demonstrates that simply thinking of death or being reminded of death in some way can
potentially influence how we might interact with others. Counselors work to maintain an
unconditional positive regard with their clients and therefore it is important for counselors to
cconsider their own views of death and how such views may be impacting their work with clients
(Castano et al., 2011; Iverach, Menzies, & Menzies 2014; Lewis, 2014; Maxfield, John, &
Pyszczynski, 2014).

Another group of researchers looked at how death anxiety can influence a counselor
trainee’s choice of theoretical orientation (Belviso & Gaubatz, 2013). The researchers recruited
303 participants who were either enrolled in a masters-level counseling program or a doctoral
clinical psychology program. Each participant was asked to complete a Fear of Personal Death
Scale and an Objective-Subjective Scale of the Counselor Theoretical Position Scale. The Fear
of Personal Death Scale assesses the level of fear of death by asking the participant to respond to
31 reasons for fear of death. The second scale was used to assess the theoretical position
examined, specifically if the trainee’s approach to therapy was based either more objectively or
subjectively. The objective therapist would tend towards more empirically based approaches to
therapy (the science of therapy), whereas the subjective therapist would tend towards the art of
therapy. Lastly, the participants were asked to respond to questions about their own specific
theoretical model (Belviso & Gaubatz, 2013).

Results indicated that those who have higher levels of death anxiety were more likely to
choose a theoretical orientation that is more objective in nature and based on empirical research.
The researchers hypothesized that this might be because the trainees who are higher in death
anxiety might have a greater desire to control their surroundings. Since more empirical and
objective approaches tend towards being more black and white and less ambiguous, this can help
people to control their anxiety. Trainees who are more willing to accept ambiguity are more
willing to approach theories that are more subjective and based less on an empirical approach. The researchers pointed out that their findings are in line with Terror Management Theory (TMT). Those who scored higher on death anxiety were more likely to seek out order and ways that work to mitigate their death anxiety, while those who scored lower were more likely to accept ambiguity and less rationalistic ways of dealing with death anxiety. Not only does death anxiety influence much of our behavior in daily life, it can also influence how we go about choosing a theoretical perspective. This is significant for counselor educators as they guide and challenge their students to think about what theoretical perspectives best suit them in their work as a counselor (Belviso & Gaubatz, 2013).

Ivers & Myers (2011) explored TMT’s influence and one’s perceived assessment of their level of multicultural competence. The researchers randomly split 141 counseling students into an experimental group and a control group. The researchers used the Death Concern Scale (DCS) which determines one’s level of death contemplation and the Multicultural Counseling Inventory (MCI) which examines one’s level of multicultural competence. The control group took the MCI first and then the DCS second and the experimental group took the DCS first and then took the MDC. The DCS worked to serve as a mortality salience prompt and the researchers reported that those in the experimental group tended to rate their multicultural competencies as lower than those in the control group. The researchers determined that reminding an individual about their death can affect how one views their ability to engage in quality multicultural counseling (Ivers & Myers, 2011).

**Summary**

The exploration of death-related issues is extremely complex. Such issues influence much of how we think and operate in our day-to-day lives. This literature review set out to
demonstrate that it is important to pay attention to issues around death for three major reasons. First, the concepts of grief, mourning, and bereavement are highly complex. There is a plethora of models that can help the counselor understand and explore how to work with those who are bereaved. In addition, there is research that suggests that there is much debate about the efficacy of bereavement counseling. Therefore, it is imperative that counselors understand how to appropriately care for their bereaved clients (Kastenbaum, 2000).

Death education is extremely important for training counselors on how to understand death-related issues. Very little research exists on how counselor education programs have addressed death education. The research that does exist has demonstrated that very few programs have incorporated death education into their curricula. Other fields have done more with death education and there is much to be learned from the fields of nursing (Ferrell & Borneman, 1999), medicine (Dickinson, 2006, 2001, 2017) and emergency medical services (EMS) Smith-Cumberland, 2006; Smith & Walz, 2001).

There is little research on the importance of multicultural competence and death related issues. Some articles and books explore the topic of diversity and death related issues, but the literature is lacking in research about what contributes to multiculturally competent work in addressing death-related issues. One area that has more directly examined culture and death-related issues is TMT, which postulates that, when individuals are reminded of their death, they will work hard to protect their own sense of self-esteem, their own worldview, and culture. In addition, TMT and Becker have postulated that humans work to engage in their own sort of hero project to maintain their immortality. TMT is an extremely important theory and helps professionals to understand that death affects humans more deeply than previously considered (Munley & Johnson, 2003).
In summary, this review of the literature suggests that while other professions such as psychology, social work, nursing, emergency medical services and medicine, have more vigorously pursued death-related topics, the field of counselor education has not expansively addressed the topic of death.
CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

Chapter three describes the research design and methods utilized in this dissertation. The chapter begins with a restatement of the purpose of the study. The chapter also outlines the qualitative content analysis procedure and the research questions guiding this study.

Restatement of the Purpose

This study systematically examined the research that exists in the counseling literature around death-related issues using the QCA model (Schreier, 2012). Specifically, only those articles addressing grief, mourning, bereavement, loss from death, denial of death, death anxiety, death education, and TMT were utilized in this study. This study provided an awareness of the notion of death and may assist counselor trainees, counselors, and counselor educators to be more mindful of the impact of death-related issues in their training and practice. Counseling journals represent the heart of the profession and provide the foundation for practical counseling practices. To investigate the level of research that addresses death-related issues in the counseling literature, a content analysis was performed on the following five journals: Journal of Counseling and Development (JCD), Journal of Humanistic Counseling (JHC), Journal of Multicultural Counseling and Development (JMCD), Counselor Education and Supervision (CES), and Counseling and Values (CV). A content analysis is a systematic way of analyzing large amounts of data to determine themes and publication trends, and of examining interests or attitudes toward a specific topic. The content analysis went back 30 years for each journal and covered the years from 1986 to 2016.

Several research questions guided this content analysis:
1. How many articles were written on death-related issues in each of the journals from 1986 to 2016?

2. What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016?

3. What are the most frequent categories or themes that have been examined in the literature on death in each of the journals from 1986 to 2016?

4. What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016?

5. How many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals from 1986 to 2016?

It is important to engage in periodic self-reflection as a counselor and for the counseling profession. One way of doing this is by implementing a close and systematic examination of the journals that are produced by the profession. Journals reflect the heart or zeitgeist of the profession and can be extremely helpful in understanding where the profession has been as well as provide direction for the future of the profession. Articles published in journals can reflect the values, beliefs, perceptions, and identity of a field. Tracking journals is helpful to understand where a discipline has been and where it is headed. It can highlight neglected areas of research that need to be improved (Blancher et al., 2010; McEwen, 2004; Southern, 2006).

QCA is an underutilized tool in the qualitative research toolbox and has gained more and more popularity over the last 10 to 20 years in the western world (Elo & Kyngas, 2007). QCA was developed by combining elements of content analysis along with qualitative research. QCA examines a large amount of data to discover trends and themes, as well as to uncover the
meaning found within the data. Even though content analysis tends to be more qualitative in nature, there remain aspects of quantitative research, and the design of this study utilizes both qualitative and quantitative methods. The key aspect of QCA is that it systematically analyzes data from a qualitative perspective by utilizing a coding frame that can be developed inductively or deductively based on the research question(s) (Schreier, 2012).

For this study, Research Questions 1, 2, 4, and 5 were answered through quantitative methods. Research Question 1 methods involved the determination of the total number articles written in the selected journals on death-related issues. For Research Question 2, the percentage of articles written on death-related issues were calculated for each of the selected journals. Research Question 4 methods provided a count of the types of articles and research that were published in the journals. Lastly, Research Question 5 tallied the number of multicultural articles that were written in the selected journals. The bulk of the qualitative analysis of this study falls under Research Question 3 which codes the articles based on a qualitative content analysis procedure that is discussed in the next section. This study developed themes for the coding process based upon an inductive process. That is, Research Question 3 evaluated the most frequent categories or themes that have been examined in the literature on death for each of the selected journals from 1986-2016.

**Procedure: Qualitative Content Analysis**

The QCA procedure utilized in this study will be described in a manner that will take the reader sequentially through the data analysis process. Research Question 3 was the primary research question as it served as the source to identify variables to be considered and evaluated in Research Questions 1, 2, 4 and 5. Thus, the reader will be guided through a step-by-step procedure based upon Schreier’s QCA model (Schreier, 2012).
QCA differs from other styles of qualitative research because it focuses on specific selected aspects of the material based on the coding frame. If researchers find data that invite them to expand their exploration, the coding frame can be adjusted. This study followed the QCA coding frame offered by Schreier (2012), a qualitative content analysis researcher from Germany who offered an eight-step process for how to complete a QCA. Schreier (2012) explained that her eight-step procedure is meant to be systematic and flexible, working to reduce the data so that the researcher can draw conclusions and interpret them. As noted above, the eight-step QCA process served as the main guide for this study (Schreier, 2012), and the Elo and Kyngas (2007) three-step open coding process was also used to guide the coding for Research Question 3. The Elo and Kyngas (2007) three-step coding process provided more detail and guidance for how to code in an inductive manner, something not provided by Schreier (2012). More information about this process will be described in Schreier’s Steps 3 and 4 below.

Schreier’s (2012) eight-step process for completing a QCA (a) decide on the research question, (b) select the material to be studied, (c) build a coding frame, (d) divide the material into units of coding, (e) try out the coding, (f) evaluate and modify the coding frame, (g) conduct the main analysis, and (h) interpret and present findings. This chapter will describe Steps 1 through 7 in detail and briefly describe Step 8. Step 8 will be described in more depth in chapter 4 where the results of the content analysis will be reported and in chapter five where the interpretation of the results will be discussed.

**Step-by-Step Description of the QCA Process**

**Step 1: The Guiding Research Questions**

This study was guided by five research questions designed to reveal the current state of how the field of counselor education has engaged in the study of death-related issues.
First, how many articles were written on death-related issues in each of the journals from 1986 to 2016? (Quantitative Question). This question is designed to offer a basic overview of how the field of counselor education has covered topics around death-related issues. It provides an understanding about whether one or more of the journals have been more effective in covering death-related issues.

Second, what is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016? (Quantitative Question). This question will help provide clarity about the percentage of articles that have dealt with death-related issues in order to understand the total coverage of these issues in each journal.

Third, what are the most frequent categories or themes that have been examined in the literature on death for each of the journals? (Qualitative Content Analysis). This question will address how death-related issues have been covered within the field of counselor education and will be used to identify specific trends or themes within the field.

Fourth, what specific types of literature and research exist concerning death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016? (Quantitative Question).

Fifth, how many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals? (Quantitative Question). This question stems from the terror management literature that describes how an individual’s culture influences his or her views on death and behavior in the face of death. In addition, it is important to assess whether there has been much research on how culture and diversity relates to death-related issues.
Step 2: Select the Material to be Studied: Journals to be Examined

The journals in this study included *The Journal of Counseling and Development* (JCD), *Journal of Humanistic Counseling* (JHC), *Journal of Multicultural Counseling and Development* (JMCD), *Counselor Education and Supervision* (CES), and *Counseling and Values* (CV). The journals were chosen because they are all widely read within the field of counselor education and constitute five of the ten journals published by the American Counseling Association (ACA). The study of death-related issues is complex and multifaceted, so the five different journals chosen for this content analysis will potentially represent different aspects of death.

JCD was chosen because it is the flagship journal of the ACA and is widely read by those in the counseling profession. The journal offers a wide variety of articles that cover the latest research, theories, and counseling practices. The journal also has a long history and first began in 1921 with the title *National Vocational Guidance Bulletin*. JHC has its roots in existential philosophy, and it would thus be important to understand how the journal has explored death which is at the foundation of existential philosophy. JMCD was chosen because issues concerning death are deeply connected to diversity, and every culture has different ways of processing and understanding death. CES was chosen because of the importance of understanding how issues around death have been brought in the classroom. CV was selected because issues concerning death have a unique relationship with spirituality and this journal focuses on topics linked to spirituality, morals, and values.

Process of Article Selection

The next step after choosing the five journals for study was to specifically identify and select the articles about death-related issues within each journal. The content analysis covered a
30-year time span, which provided a robust understanding of how death-related issues have been covered over a generation of time. This study examined journals from 1986 until 2016.

The first step in selecting the articles was to obtain the table of contents (TOC) for each issue of the five selected journals. The TOCs were downloaded from the electronic journal section of the American Counseling Association’s (ACA) website. Each TOC was saved as a PDF by year for each of the five journals. Once all the TOCs were downloaded, they were compiled into five files representing each of the journals that covered the years 1986-2016. The next step in the process was to examine each TOC manually to identify preselected keywords: death, grief, mourning, bereavement, loss from death, denial of death, death anxiety, death education, and terror management theory. If one of the articles listed on the TOC had one of the keywords, that article was selected for the study. The article was also downloaded from the ACA’s electronic journal web site. After downloading the article, the article was printed and filed under the journal title and by year. An electronic PDF was also kept and filed by the journal title and by year.

**Reliability Check: Outside Auditor**

An outside auditor was engaged to ensure that the appropriate articles were reliably chosen for the content analysis. The PDFs for each TOC for all five of the journals were sent to the outside auditor. The auditor independently performed the same process as the author to determine which articles had death-related keywords. The author kept track of the articles that included one of the preselected keywords. After completing this process, the auditor and the author compared their findings for reliability. Krippendorff’s alpha was calculated to determine the level of reliability between the outside auditor and the researcher. Krippendorff’s alpha is standard reliability measure used for content analysis and other qualitative research methods. It
is a useful tool because it can be implemented with as few as two raters and considers whether there are any missing data. Krippendorff’s alpha was calculated using SPSS with a specific Macro developed by Krippendorff and Haynes (2007). The macro used in this study can be downloaded at: [http://afhayes.com/spss-sas-and-mplus-macros-and-code.html](http://afhayes.com/spss-sas-and-mplus-macros-and-code.html). A percentage of agreement statistic was also calculated for each of the journals.

**Reliability Check: NVivo 11**

NVivo 11 was also used as a second reliability check to ensure that all the appropriate death-related articles were included. NVivo 11 is a qualitative analysis program that can assist the researcher in examining patterns and finding keywords in a large amount of textual data (Evans, 2013; Leech & Onwuegbuzie, 2011). The procedure included first taking all the TOC PDFs and converting them to an OCR format. OCR is a format that converts a PDF so that it is editable and searchable. After completing the OCR conversion, the 30 years of TOCs were loaded into NVivo 11 for each specific journal. After loading the TOC data, a text search was completed for each keyword to ensure that all articles that included that keyword were identified. After going through each of the keywords, a second text search was performed that included a search of synonyms. NVivo 11 has a feature that will search not only for the entered keyword, but also for related synonyms. The added reliability checks of using an outside auditor and NVivo 11 ensured that all articles containing death-related material were included in this study.

**Step 3: Develop a Coding Frame and Step 4: Divide the Material into Units of Coding**

These two steps will be discussed together in the following paragraphs as the processes are interrelated. The next step after formulating the research questions and collecting the articles for the analysis was to develop a specific coding frame or codebook to be used for each of the journal articles. The framework/codebook was guided by the research questions.
**Research Question 1:** How many articles were written on death-related issues in each of the journals from 1986 to 2016 (Quantitative Question)?

The first component of data to be analyzed was the number of death-related articles that were discovered from each of the five selected journals. These descriptive data were tallied by a simple count and recorded in an Excel spreadsheet for each of the five journals.

**Research Question 2:** What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016 (Quantitative Question)?

The total number of articles written in each journal was tallied and recorded to allow tabulation of descriptive statistics on the percentage of articles identified by journal that cover issues related to death. These data were recorded in the codebook for each journal. In addition, a calculation was made to tabulate the total percentage of articles written on death-related issues across the five journals. Percentages were calculated to rank order the journals from those publishing the most to the least amount of content on death-related issues (Foley-Nicpon & Lee, 2012). This information was recorded and calculated in an Excel spreadsheet.

**Research Question 3:** What are the most frequent categories or themes that have been examined in the literature on death for each of the journals (Qualitative Content Analysis)?

The most challenging part of the study involved coding the articles into different themes or categories. Many content analyses use already established categories from previous research to categorize articles using a deductive process (Elo & Kyngas, 2007). To date, however, there had not been a content analysis on death-related issues, so an inductive process was used. Thus, this step in the process attempted to take each article and organize it into different categories that were developed while examining the data. Elo and Kyngas (2007) outlined the process of coding data in an inductive manner that provided the structure needed to code the articles for this study.
As noted earlier, this model of coding was used because there was not a specific inductive coding process outlined in the eight steps of Schreier’s QCA model.

A three-part coding process was followed to categorize the main theme for each of the articles. The first step involved an open-coding process where the researcher made notes and included possible themes in the margins relating to what the article addressed. The article was then read a second time and the same open coding process was followed. The second step was to copy all the headings onto a separate coding sheet and develop generic categories based on the coded subheadings produced in the first step. The goal of this interpretive process by the researcher was to decide how the smaller pieces of data might fit together under specific categories. The third and final step in the Elo and Kyngas (2007) process is called abstraction, which is the process of taking the categories developed in the second step and creating a final overarching theme for the article. Abstraction entails how the researcher takes the categories developed in the second step and groups them into broader categories until a main category can be developed that describes the content of the article (Elo & Kyngas, 2007).

Once the coding process had been completed for each of the journal articles, the codes were double checked using the NVivo 11 computer program. NVivo 11 is a program that is meant to assist qualitative researchers in their coding process. It is not intended to replace the researcher in the coding process, but to be used as a supplementary tool. One of the features of NVivo 11 is the auto code feature which works to automatically search the article to draw out important themes. The themes from the auto code feature helped in the process of developing and refining the codes identified during the inductive coding process. In sum, at the end of this process, the researcher identified themes for each identified journal article.
Coding for Each Journal

Once the articles for each journal had been coded, the categories were all written on a coding sheet for that specific journal. Thus, themes for each specific journal were identified. Following the three-part process of Elo and Kyngas (2007), the categories developed for each article were combined into broader categories and then into an overarching theme or themes for each of the journals.

Coding for All Five Journals

Specifically, the themes for all the articles found in the journals were recorded on one coding sheet and processed per the three-step process outlined by Elo and Kyngas (2007). These categories were separated into broader categories and then finally into overarching themes or trends that described how the field has dealt with death-related issues. In sum, the themes for the individual articles and the individual journals were coded and themes were identified for all five journals overall.

Research Question 4: What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016?

While the procedure for question three was an inductive process, the procedure for this question was a deductive one. Previous content analyses have worked to categorize the articles into predetermined categories established through a literature review process (Foley-Niepon & Lee, 2012; Pope-Davis, Ligiero, Liang & Codington, 2001; Southern, 2006). Based upon their work, the coding process outlined in the section on question three above, each article was coded into the following categories: qualitative, quantitative, conceptual, theoretical, and personal reflection. The qualitative category described those research articles that used qualitative
methods to answer their research questions. Quantitative articles were any that used quantitative methods to answer their research questions. The conceptual category covered those articles that addressed ideas and concepts concerning death-related issues, including methods for grief counseling, language to use at time of death, or counseling people at time of death. The theoretical category included any specific models or theories that were offered concerning death-related issues, comprising theories or models for providing bereavement care, or theories and models around the concept of death. The category of personal reflection was also added because of the large number of these types of articles that were discovered during the coding process. The personal reflection category included those articles that outlined one’s personal experience with losing a family member or loved one. These articles did not fit into any of the other categories suggested by previous researchers (Foley-Nicpon & Lee, 2012; Pope-Davis et al., 2001; Southern, 2006) and are thus indicative of how researchers may need to change the coding frame to better fit the data.

Research Question 5: How many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals (Quantitative Question)?

During the coding process for question five, special attention was paid to any articles that covered death-related issues from a perspective of diversity and/or multiculturalism. The number of articles about death-related issues and diversity/multiculturalism both for each journal and for the total number of journals were recorded. This served the purpose of understanding how well the field is or is not covering death-related issues from a diversity or multicultural perspective. The themes and categories developed during the open-coding process that fall under the heading of diversity/multiculturalism were highlighted under this question, which was specifically added to determine whether the field of counselor education has or has not paid
attention to death-related issues from a perspective of diversity or multiculturalism. This is an important question to consider as the field continues to place more emphasis on diversity issues.

**Establishing Validity or Trustworthiness**

In qualitative research, it is essential to ensure that the research is valid, true, and accurate, and that it credibly reports the phenomenon that researchers set out to describe. There are many qualitative researchers who have outlined guidelines for how to establish validity in a qualitative study (Lather, 1993; Lincoln & Guba, 1985; Maxwell, 1996; Schwandt, Lincoln & Guba, 2007). It is also important to mention that many terms abound to describe validity, such as authenticity, trustworthiness, and credibility (Creswell, 2007). Lincoln and Guba (1985) outlined a four-point definition of validity that can be helpful when considering its importance. They stated that a study has validity or trustworthiness if it can establish credibility, transferability, dependability, and confirmability (Schwandt et al., 2007). The following paragraphs will describe the four aspects of validity and how this researcher ensured that each aspect was followed in this study.

**Credibility**

Credibility establishes confidence that the study is truly measuring what it intended to measure. In the case of this content analysis, credibility was established by ensuring that the categories developed and coded accurately reported what the article intended to address. One of the major strategies for establishing credibility in this study was prolonged engagement with the material. This means that sufficient time was spent coding each article and that each article was read at least two different times. The coding process was also assisted through the use of NVivo 11’s auto code feature, which worked to draw out and confirm the major themes in the article. This helped to obtain an in-depth understanding of each of the articles and the major themes that
were communicated to the reader. Another way of establishing prolonged engagement with the material was to use a feature of NVivo which identifies the top ten words used in the document. This special search feature also produced a word cloud for each individual article. In addition, the author engaged in a peer debriefing process for each of the articles that helped to ensure the accuracy of the three-part coding process. Moreover, the peer reviewer paid special attention to any biases that the author may have brought to the coding process (Creswell, 2007; Lincoln & Guba, 1985; Schwandt et al., 2007).

**Transferability**

The next step in ensuring validity is to verify that the findings of the study are transferable to other contexts or fields. Another way of understanding transferability is whether the study has external validity, which means that the findings of the study can be generalized to a larger context or group of people. In the case of this study, transferability means that the findings of this study of how journals have covered death-related issues can be generalized to the greater field of counselor education (Lincoln & Guba, 1985; Schwandt et al., 2007).

One way of establishing transferability is to make sure that researchers use a rich and thick description when presenting their findings and explaining how they came to the findings. This study ensured a thick and rich description of the articles by keeping a specific coding sheet for each article. This coding sheet included the headings for each article, the general categories, and the final category describing the article. An additional memo was kept to describe the procedure with which the headings and categories were processed and organized (Charmaz, 2006). All this paperwork was kept in a binder with each article described (Creswell, 2007; Lincoln & Guba, 1985; Schwandt et al., 2007).
Dependability

A study is dependable when the results would be repeated if the study were to be conducted a second time. One way of ensuring dependability is using an external auditor. The external auditor examined the whole project from the very beginning of selecting the data until the end of the research. In the case of this study, the external auditor examined the process of choosing the articles for each of the five journals, ensured that the quantitative calculations were done correctly, and determined that the qualitative aspects of the study were coded in a logical and consistent manner as outlined by Elo and Kyngas (2007) (Creswell, 2007; Lincoln & Guba, 1985; Schwandt et al., 2007).

Confirmability

Confirmability involves how well the researcher has remained neutral in the process and has allowed the data to speak for themselves rather than through the biased lens of the researcher. One way to ensure confirmability in a study is to have a well-defined audit trail. The audit trail for this study included the process of choosing the articles to be included in the study, the coding sheets for each of the articles, the associated memos describing the coding sheets, NVivo auto code results, and the list of the top ten words used in each article. This provided a clear understanding of how each of the articles was coded (Creswell, 2007; Lincoln & Guba, 1985; Schwandt et al., 2007).

Confirmability is also established by making sure that researchers outline their own possible biases that they bring to the study (Creswell, 2007; Lincoln & Guba, 1985; Schwandt et al., 2007). It is important that I am open and honest about how my own self, beliefs, and culture might bias the results of the study. In my case, I am a Caucasian 41-year-old male who has lived the bulk of his life in the United States of America except for spending one year in Brazil as an
exchange student. I have been an ordained Lutheran pastor for over ten years, and I have
presided over well over 150 funerals in my career. In addition, I have been at the bedside of
around 60 deaths during the one year that I spent as a hospital chaplain in Chicago. I have also
worked for five years as a rural volunteer EMT, and, on three different occasions, I responded to
a call that resulted in an on-scene death.

In addition, I have experienced the deaths of many of my close friends and family
members, including the death of a child almost 10 years ago. I also have provided considerable
counseling around death-related issues in a college counseling center, at a mental health hospital,
and in my work as a pastor. This high exposure to death in my own life is an important factor
which could potentially bias my understanding of death and how I see the importance of paying
attention to death-related issues. I made sure to bracket this experience by processing it through
journaling and through employing the use of an outside auditor to review coding.

**Steps 5: Try out the coding and 6: Evaluate and modify the coding frame**

Steps 5 and 6 in this process serve to remind researchers to try out their coding frame and
to evaluate and modify the coding frame. Content analysis and qualitative research are very fluid
processes; therefore, modifications may need to be made once researchers engage with their data.
Some of these modifications in the coding process might include additional keywords or
additional significant pieces of data that may emerge through the coding process. Thus, changes
in the coding process may be made to better suit the data once the coding process begins.

**Changes to the Coding Frame Identified in Steps 5 and 6**

There were several changes made to the coding frame. First, the category of personal
reflection was added to question four. Throughout the coding process, the researcher discovered
that a large number of personal reflections made up the data, so the addition of this category
became necessary. The second major change was to adjust one of the keywords from loss from death to loss. This change was made after checking for additional search terms during the keyword-in-context procedure of NVivo 11. This made the search process easier when using NVivo to find any additional articles related to loss. Another change to the coding frame was the decision to include poetry in the study. Poetry was included because several of the poems that included death-related themes were another form of personal reflection. Most of the poems were short, so an additional decision was made to include the poem in its entirety in the TOC file. These poems were included with the year in which they were published along with the TOC.

**Steps 7: Results and 8: Interpretation**

Step 7 involved the implementation and completion of steps 1 through 6. Specifically, in step 7, the researcher conducted the analyses of the data. Step 8 will be covered in chapter four where the results are described and in chapter five where the results are interpreted.

**Summary**

In summary, this chapter detailed the purpose of the study and the main research questions, as well as the methods that were used to conduct the study and answer the research questions. The intention of this dissertation is to describe and identify the level of focus that the counseling field has placed on examining death-related issues by utilizing a qualitative research design. The study was based on a review of five selected journals (i.e., JCD, JHC, JMCD, CES and CV) to evaluate coverage of death-related issues in the counseling field. The study employed QCA (Schreier, 2012) guided by the process identified by Elo and Kyngas (2007). QCA was utilized to answer the following guiding research questions:

Research Question 1: How many articles were written on death-related issues in each of the journals from 1986 to 2016?
Research Question 2: What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016?

Research Question 3: What are the most frequent categories or themes that have been examined in the literature on death in each of the journals from 1986 to 2016?

Research Question 4: What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016?

Research Question 5: How many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals from 1986 to 2016?

This chapter has also provided a detailed account of the procedures that were implemented to analyze the data, along with strategies to ensure quality. Chapter four provides the results of the study and chapter five provides an interpretation of those results as well as recommendations for future research.
CHAPTER FOUR
FINDINGS

This study systematically examined the research that exists in the counseling literature around death-related issues using the QCA model in the following five journals: *Journal of Counseling and Development (JCD); Journal of Humanistic Counseling (JHC); Journal of Multicultural Counseling and Development (JMCD); Counselor Education and Supervision; and Counseling and Values (CV)* (Schreier, 2012). This chapter outlines the findings that emerged from the QCA analysis guided by the following five research questions: (RQ1) How many articles were written on death-related issues in each of the journals from 1986 to 2016? (RQ2) What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016? (RQ3) What are the most frequent categories or themes that have been examined in the literature on death in each of the journals from 1986 to 2016? (RQ4) What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016? (RQ5) How many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals from 1986 to 2016?

Results from Article Selection

This section describes the results of the selection of the articles. The first step in the process was to examine each table of contents (TOC) for each of the journals going back thirty years (1986-2016). The following keywords were used: *death, grief, mourning, bereavement, loss, denial of death, death anxiety, death education, and terror management theory*. As described in chapter three, the keyword *loss from death* was changed to *loss* to ensure a robust article selection. This was especially important when using NVivo 11 to double check the
The second step was to use NVivo 11 to search each TOC with each of the keywords. The third step was to use NVivo 11 a second time to search each TOC with each of the keywords and their synonyms. There is a feature in NVivo which allows for a keyword search that includes any associated synonyms. This search process did not find any additional articles and confirmed the inclusion of the articles found in the manual search process. In addition to including each TOC in the search process, every poem published in the five journals was also included. Most of the poems were short and did not necessarily contain a death-related title listed on the TOC. Consequently, the whole poem was included along with the TOC to ensure that any death-related poetry was also found during the article selection process.

**Results of Outside Auditor in Article Selection**

The last step of the process was to have an outside auditor also perform the same manual search process. The outside auditor went through each TOC and selected articles based on the chosen keywords. A Krippendorff’s alpha was calculated for each of the journals to ensure reliability and consistency between the author and the outside auditor. The Krippendorff’s alpha was a way of calculating inter-rater agreement to ensure reliability in the selection of death-related articles from each of the journals. For JCD, the Krippendorff’s alpha was .63 and the percentage of agreement was 99.4%. JHC had a Krippendorff’s alpha of .69 and with a percentage of agreement of 99.1%. JMCD had a Krippendorff’s alpha of .80 with a percentage of agreement of 99.8%. The Krippendorff’s alpha for CES was 1.0 with a percentage of agreement of 100%. CV had a Krippendorff’s alpha value of .60 and a percentage of agreement of 99%. 
According to De Swert (2012) the norm for an acceptable alpha level is .80 but in certain cases even .60 can be acceptable. Haynes and Krippendorf (2007) argue that researchers might even consider putting their baseline alpha score for reliability at .70. The alpha levels for JMCD (.80) and CES (1.0) clearly meet the criteria for .80 or higher. The alpha levels for JCD (.63), JHC (.69) and CV (.60) were all considerably lower but still potentially represented an acceptable alpha level. The lower levels of alpha in these three journals could be due to the fact that there were a large number of items being rated for each journal. In addition, there was very little variation in how the items were rated in terms of addressing death-related issues. Despite the lower levels of alpha for JCD, JHC and CV the percentage of agreement was high for these three journals and also for JMCD and CES.

The overall trend was that the outside auditor rated fewer articles as being associated with death. The outside auditor stated that part of the reason that she included fewer articles was that she did not have access to the abstract or to the article, only the table of contents. Consequently, she was not able to verify whether or not an article should or should not be included if there was any question based on the title. The auditor stated that this might be an important to consideration for future studies of this nature.

In JCD the outside auditor included 13 of the 2539 articles as associated with the death and the author included 28 articles. The auditor found seven articles in JHC and the author found 13 out of a total of 684 articles. In JMCD, the auditor found two death-related articles and the author found three articles. In CES the outside auditor and author each found the one death-related article out of the total 837 possible articles. In CV, the outside auditor included six death-related articles and the author included 14.
The auditor and author discussed discrepancies after coding, and together they made the decision to include the total of 59 articles chosen for the study. More specifically, the outside auditor agreed to include the additional articles that the author found, and also agreed that they reached the criteria developed for the study. The outside auditor did not find any additional articles beyond what the author found.

**Research Question Results**

This section will present the results of each of the five research questions.

**Research Question 1: How many articles were written on death-related issues for each journal?**

The journal with the most articles on death-related issues was JCD. From 1986 until 2016, there were 2539 total articles published in JCD and 28 of them were about death-related issues. CV followed with 14 articles on death-related issues out of a total of 796 articles. JHC had a total of 684 articles, of which 13 were related to death. JMCD had a total of 652 articles with three on death-related issues. CES had just one article written about death out of a total of 837 articles. For all five journals, there were 59 death-related articles out of a total of 5508 articles published across all the journals. In sum, results indicated that a total of 59 articles across the five journals were retrieved using the above process (See Appendix A, Figure A1 on page 223).

**Research Question 2: What is the exact percentage of articles that covered death-related topics for each journal?**

The journal with the highest percentage of death-related articles was JHC at 1.9%, followed by CV with 1.8%, and JCD at 1.0%. JMCD was at 0.4%, followed by CES at 0.01%.
When all five journals were considered, the total percentage of death-related articles was 1% of all articles published (See Appendix A, Figure A1 on page 223).

**Research Question 3:** What are the most frequent categories or themes that have been examined in the literature on death for each journal?

**Introduction to the Eight Major Themes**

The following section first provides an overview of the eight major themes that emerged through the inductive coding procedure developed by Elo and Kyngas (2007). The eight major themes discovered through this process were: **Research Theme #1: Research on Death-related Issues; Research Theme #2: Personal Reflection and Poetry; Research Theme #3: Grief and Loss Education; Research Theme #4: Book Reviews; Research Theme #5: Responding to Campus Death; Research Theme #6: Providing Grief Counseling; Research Theme #7: Diagnostic and Statistical Manual and Bereavement Diagnosis; and Research Theme #8: Counseling the Dying** (See Appendix A, Table A1 on page 223 and Figure A2 on page 224).

**Explanation of the Major Themes**

**Research Theme #1: Research on Death-related Issues:** This category represented those articles that used either a qualitative or quantitative research procedure to respond to a specific research question or questions.

**Research Theme #2: Personal Reflection or Poetry:** This category represented articles that were personal reflections about the death of a family member, friend, or client. These articles were brief in nature and consisted of only one to three pages.

**Research Theme #3: Grief and Loss Education:** This category represented articles that were written about how to educate counselor trainees on death and bereavement counseling issues.
Research Theme #4: Book Reviews: This category comprised articles written to review a book that covered death-related issues.

Research Theme #5: Responding to Campus Death: These articles were written from a student affairs perspective and were about how to best respond to a student’s death on a college campus.

Research Theme #6: Providing Grief Counseling: These articles dealt with the best practices, models, or theories for the practice of counseling the bereaved.

Research theme #7: DSM and Bereavement Diagnosis: This category covered the debate around whether it is appropriate or not to diagnose persons as having a mental illness if they are suffering from the very natural process of grief.

Research Theme #8: Counseling the Dying: This category covered the best practices around caring for those who are going through the dying process.

Overarching Themes in 59 Articles Across Five Journals

The following section is an overview of how the articles from the five journals support each of the eight themes that emerged through the QCA process. This is intended to give the reader an overview of how the articles support each theme (See Appendix A, Table A1 on page 223 and Figure A2 on page 224).

Research Theme #1: Research on Death-related Issues (10 Articles)

Qualitative (7 Articles)
- Kinnier, Tribbensee, Rose, & Vaughn, 2001 (JCD)
- Glazer and Marcum, 2003 (JHC)
- Inman, Yeh, Madan-Bahel, & Shivani Nath, 2007 (JMCD)
- Shimabukuro, Daniels, & D’Andrea, 1999 (JMCD)
- Baggerly & Abugiedeiri, 2010 (JMCD)
- Puterbaugh, 2008 (CV)
- Andrews & Marotta, 2005 (CV)
Quantitative (3 Articles)
  Stevens, Pfost, & Wessels, 1987 (JCD)
  Ober, Haag Granello, & Wheaton, 2012 (JCD)
  Cruz-Ortega, Guiterrez, & Waite, 2015 (CV)

Research Theme #2: Personal Reflection and Poetry (21 Articles)

  Personal Reflections (15 Articles)

  Death of a Significant Other
    DePauw & Luther, 1988 (JCD)
    Garfield, 1990 (JCD)
    James, 1994 (JCD)
    Siehl, 1992 (JCD)
    Pollack, 1988 (JCD)
    Hayes, 1993 (JHC)
    Hulse-Killacky, 1993 (JHC)
    Colley, 1993 (JHC)
    Wineman, 2000 (JHC)

  Counseling Dying Children
    Landreth, 1988 (JCD)
    Linville, 1988 (JCD)

  Counseling Bereaved Parents
    Steed, 1988 (JCD)
    Weinrach, 1988 (JCD)

  Counseling a Bereaved Adult Child
    Hughes, 1988 (JCD)

  Working With a Dying Elderly Patient
    Elliott Ingersoll, 2000 (CV)

  Poetry (6 Articles)
    Angelieri, 1986 (JCD)
    Conyne, 2008 (JHC)
    Tlanusta Garrett, 2001 (JHC)
    Mazza, 1995 (JHC)
    Patricola-McNiff, 2004 (JHC)
    Mazza, 2004 (JHC)

Research Theme #3: Grief and Loss Education (2 Articles)
  Doughty Horn, Crews, & Harrawood, 2013 (CES)
  Harrawood, Doughty Horn, & Wilde, 2011 (CV)

Research Theme #4: Book Reviews (4 Articles)

  Grief Counseling for Families
    Hodges, 2005 (JCD)
Counseling Children and Adolescents in Grief
Wilson, 2009 (JCD)

Death Anxiety
Gressard, 1989 (C&V)

Grief and Grieving: Finding Meaning in the Five Stages (Kubler-Ross)
Bolden, 2007 (C&V)

Research Theme #5: Responding to Campus Death (3 Articles)
Halberg, 1986 (JCD)
Rickgarn, 1987 (JCD)
Sorenson, 1989 (JCD)

Research Theme #6: Providing Grief Counseling (10 Articles)
Grief Counseling in a Funeral Home
Riordan & Allen, 1989 (JCD)
Grief Counseling for Those Bereaved by Suicide
Valente, Saunders, & Street, 1988 (JCD)
Freeman, 1991 (JCD)
Grief Counseling for Special Populations
Springer & Lease, 2000 (JCD)
Withrow & Schwiebert, 2005 (JCD)
Grief Counseling for Bereaved Parents and Surviving Siblings
Schwab, 1997 (JCD)
Disenfranchised Grief
Lenhardt, 1997 (JHC)
Counseling Grieving Parents
Wright, 1992 (JHC)
Spirituality/Religion for Bereaved
Thurston Dyer & Hagedorn, 2013 (CV)
Counseling Bereaved Adolescents
Muselman & Wiggins, 2012 (CV)

Research Theme #7: DSM and Bereavement Diagnosis (1 Article)
Fox & Jones, 2013 (JCD)

Research Theme #8: Counseling the Dying (8 Articles)

Counseling Terminally Ill Children
O’Halloran & Altmaier, 1996 (JCD)
Glazer & Landreth, 1993 (JHC)
Bioethics in Dying
Albright & Hazler, 1995 (CV)
Farrugia, 1993 (CV)
Werth & Crow, 2009 (JCD)
Religious Spiritual Needs of the Dying
Death-related Themes in Each of the Five Journals

This section reports the themes that emerged through the inductive coding process for each individual journal (Elo & Kyngas 2007).

Journal of Counseling and Development

Overview of Themes

Research Theme #1: Research on Death-related Issues (3 Articles)

Qualitative
Kinnier, Tribbensee, Rose, & Vaughn, 2001 (JCD)

Quantitative
Stevens, Pfost, & Wessels, 1987 (JCD)
Ober, Haag Granello, & Wheaton, 2012 (JCD)

Research Theme #2: Personal Reflection and Poetry (11 Articles)

Personal Reflections
Death of a Significant Other
DePauw & Luther, 1988 (JCD)
Garfield, 1990 (JCD)
James, 1994 (JCD)
Siehl, 1992 (JCD)
Pollack, 1988 (JCD)

Counseling Dying Children
Landreth, 1988 (JCD)
Linville, 1988 (JCD)

Counseling Bereaved Parents
Steed, 1988 (JCD)
Weinrach, 1988 (JCD)

Counseling a Bereaved Adult Child
Hughes, 1988 (JCD)

Poetry
Angelieri, 1986 (JCD)

Research Theme #3: Grief and Loss Education
No articles
Research Theme #4: Book Reviews (4 Articles)
  Grief Counseling for Families
    Hodges, 2005 (JCD)
  Counseling Children and Adolescents in Grief
    Wilson, 2009 (JCD)

Research Theme #5: Responding to Campus Death (3 Articles)
  Halberg, 1986 (JCD)
  Rickgarn, 1987 (JCD)
  Sorenson, 1989 (JCD)

Research Theme #6: Providing Grief Counseling (6 Articles)
  Grief Counseling in a Funeral Home
    Riordan & Allen, 1989 (JCD)
  Grief Counseling for Those Bereaved by Suicide
    Valente, Saunders, & Street, 1988 (JCD)
    Freeman, 1991 (JCD)
  Grief Counseling for Special Populations
    Springer & Lease, 2000 (JCD)
    Withrow & Schwiebert, 2005 (JCD)
  Grief Counseling for Bereaved Parents and Surviving Siblings
    Schwab, 1997 (JCD)

Research Theme #7: DSM and Bereavement Diagnosis (1 Article)
  Fox & Jones, 2013 (JCD)

Research Theme #8: Counseling the Dying (1 Article)
  Counseling Terminally Ill Children
    O’Halloran & Altmaier, 1996 (JCD)
  Bioethics in Dying
    Werth & Crow, 2009 (JCD)

Description of Articles

This next section will provide an overview of the research themes that emerged in JCD along with their supporting article(s).

Research Theme #1: Research on Death-related Issues (3 Articles)

Three articles were published in this theme, one using qualitative methods and two using quantitative procedures. The following section summarizes the three articles beginning initially
with qualitative research and providing evidence and a justification for each theme and subtheme identified.

**Qualitative Research**

Kinnier, Tribbensee, Rose, and Vaughn (2001) examined how individuals changed after confronting death. Some of the participants had battled cancer while others had had life-threatening accidents. The researchers asked the participants a variety of questions about how their life-threatening situations had influenced how they lived their lives and how their philosophy of life had changed. The overarching theme that came from the research is that participants tended to have a greater appreciation for their own lives and the lives of those around them. In addition, they often feared death less and cared less about fame and fortune. Many felt more spiritual after their death encounter and tended to have some regret for not taking their education and physical health more seriously. The researchers also found that participants tended to be more optimistic about humanity in general.

**Quantitative Research**

The earliest quantitative study on grief and loss was conducted in 1987 by Stevens, Pfost, and Wessels. Their study examined whether bereaved individuals used purpose-in-life strategies to cope with the death of their loved one. The total sample consisted of 40 people between the ages of 18 and 38. The study had a correlational design and participants were given three instruments: a demographic questionnaire, a purpose in life inventory, and a *ways of coping checklist*. The results indicated that people who had low purpose in life tended to use more emotion-based strategies to cope with their loss, like magical thinking and denial, and tended to be more defensive. The researchers did point out that, due to the correlational design, it is unclear how this relationship functions and whether there is causation. Their study did not find
any correlation between coping strategies and those who were more inclined to find purpose in life.

The second quantitative study was carried out in 2012 by Ober, Haag Granello and Wheaton. Their study set out to explore how counselors are prepared and trained to care for those who are bereaved. To understand and learn more about this topic, they designed a study to answer three major questions. The first question was to understand the level of training that counselors are receiving around bereavement. The second question was related to the counselors’ level of competence. The third question was related to what sorts of counselor variables can best predict grief counseling competence. The researchers used a descriptive mail survey design and sent out 1000 surveys selected from a random sample of licensed counselors within their state.

The researchers included a variety of instruments including the Death Counseling Survey, the Grief Counseling Experience and Training Survey, and The Texas Revised Inventory of Grief. Each of the instruments was designed to measure competence in treating bereaved clients. There were 369 participants and the majority (77%) were female.

There were a variety of findings, including that a little over half of the participants in the study had taken at least one course in grief/loss. Counselors who had taken at least one course tended to rate themselves as more competent than their counterparts who had not taken a class. The sample had little experience with the more current and empirically based grief/loss theories. However, most had experience in the stage and task models like Kubler-Ross. The authors pointed out that there is a large list of competencies in which a counselor must be proficient, but grief was not designated on that list.
Research Theme #2: Personal Reflection and Poetry (11 Articles)

Eleven articles were categorized under the theme personal reflection and poetry.

Death of a Significant Other

This section describes how five of the personal reflections focused on the counselor’s personal experience with losing a family member. The following section describes those articles and their main themes. DePauw and Luther (1988) wrote about the reality of losing both of their parents in a relatively short period. The article highlighted how grief is a process that cannot be rushed and that will forever change one’s life.

Garfield (1990) wrote about the challenge of caring for her father who was struggling with congestive heart failure and her mother who also began to fail because of stroke-induced dementia. She wrote about the challenges of putting her parents in a nursing home and then watching her father decline even further until his eventual death.

Two of the personal reflection articles were about the death of child. James (1994) described the pain and challenge of losing a 17-year-old child in a car accident. The author described how she never truly got over the loss of her child.

Siehl (1992) discussed how she and her husband experienced the loss of their twins in the second trimester. She described the pain of burying her children without ever hearing their voices. Then, she wrote about giving birth to a baby who was born four months premature and who lived for just a few days before dying. Finally, the author wrote about giving birth to a healthy child and the myriad of emotions that that birth brought in light of losing her twins.

The last article about a death of a family member was Pollack’s (1988) reflection on the death of her husband. The author described her husband who was diagnosed with colon cancer and the struggles of his death. The author wrote about how she learned how to integrate the loss
of her husband into her work of counseling others during their own struggle and pain. In addition to being categorized as the death of a spouse, this article could be further categorized as growth from grief. The author’s focus in the article is the growth that she experienced through journeying through the pain of losing her husband.

Counseling Dying Children

There were two brief reflection articles (one page each) about working with a dying child. Landreth (1988) described having several play therapy sessions with a young eight-year-old boy who was living with a terminal illness. He was first diagnosed at age 6. The author described the importance of relationships and how the boy focused more on living than on dying. The author discussed how he learned from the child to focus on living rather than on dying, on joy rather than sadness, on creative expression rather than on apathy, and on relationship rather than the loss of relationship. In other words, his work with the child helped him to focus on being present in the moment, rather than being lost in the past or future. The author also placed emphasis on the notion of safety in the counseling relationship and affirmed that, when people feel safe, they can be the authentic person that they are.

The second article by Linville (1988) described how, in a school where he served as a school counselor, he was supposed to check in with a young boy who was living with leukemia. The child was not able to come to school, so the author made a home visit. Upon leaving, the author told the child that he would return soon. The author then described seeing the mother of the boy several weeks later at the grocery store who then informed him that the boy had died. The mother told the author that she was very upset with him and that the deceased boy was upset as well. The author finished his reflection by describing the importance of relationships and how sometimes that involves showing up.
Counseling Bereaved Parents

Steed (1988) described the first time he had to counsel a bereaved mother who had just lost her five-year-old child to cancer. The author described the deep pain that the mother felt and how she ended up crying through most of the sessions. This was a challenge and the author described how he felt that the client was getting nowhere and was not progressing through the stages of grief. The decision was made to refer the client because the author felt that he could not connect with her. Several years later, the author became a father and finally understood the pain that his client was feeling. The author wrote about the love that he has for his daughter and the utter pain that is felt when people experience the death of child.

Weinrach (1988) wrote about counseling bereaved parents who lost their three-year-old daughter after she became violently ill. The author described how he spent time at the hospital partaking in a three-day death vigil waiting for the child to die. He went on to describe how he attended the funeral and spent a considerable amount of time with the couple. The author discussed becoming very connected with the family, and perhaps too connected, although he wrote that it was an honor to be a witness to the pain of the couple after losing their child.

Counseling a Bereaved Adult Child

Hughes (1988) described the first experience she had working with a bereaved individual. An adult male graduate student was afflicted with depression and anxiety that he attributed to the unresolved grief that he had suffered from his father’s death. The client additionally described how his father had abused him and how he was still deeply angry at his father. The author wrote about helping to facilitate the anger of the adult child and to create an open space to process his grief.
Poetry

Angelieri (1986) presented one poem in the journal that touched on death-related themes. The poem is about a role model who has died. After this death, the author reported about how they no longer wanted to love or care for any life. Then the author stated that she saw a crane walking on the water like Jesus and found renewed hope because the crane knew where to stand.

Research Theme #3: Grief and Loss Education

There were no articles published on grief and loss education in JCD.

Research Theme #4: Book Reviews (2 Articles)

Grief counseling for Families

Hodges (2005) reviewed the book, *In the Presence of Grief Helping Family Members Resolve Death, Dying and Bereavement Issues* by Dorothy Bevcar. The reviewer pointed out that there are many books that had examined the experience of grief from a more clinical perspective such as *On Death and Dying* by Kubler-Ross or *When Bad Things Happen to Good People* by Kushner, but that this book was different. The book explored grief from a personal perspective and provided a more in-depth description of bereavement. One of the main points of the book was that grief is a natural process that works to bring healing and cleansing to the person who has experienced the death of a loved one.

The book provided many illustrations, case studies, and stories designed to help the reader come to a greater understanding of the grief process. One especially unique feature of the book is that the author shared her own experience of the death of her son, and how that had affected her practice of therapy and working with the bereaved. Though the reviewer highly recommended the book, one area that the reviewer considered lacking was that the book offered few specific techniques for working with the bereaved.
The second book, *Counseling Children and Adolescents Through Grief* and Loss by Jody Fiorini and Jodi Ann Mullen was reviewed by Wilson (2009). Wilson stated that this book provided information on a variety of losses that children experience, including loss due to death. The book addressed the myths that children do not grieve and that a child does not fully understand or comprehend loss. The book also included case studies and possible interventions that counselors can use. In addition, the book offered some ideas for cultural, developmental, and gender considerations. The book also presented ideas about how children’s experience of grief will change over time as they continue to live into their loss. The 23 interventions in the book provided many different ideas that are usable for a wide range of professionals who might work with grief. The author of the review recommended this book for helping to acquire a basic understanding of how a child experiences grief and appropriate interventions to use with grieving children.

**Research Theme #5: Responding to Campus Death (3 Articles)**

There were three articles on this topic by Halberg (1986), Rickgarn (1987) and Sorenson (1989). Each of the authors wrote from their experiences of responding to deaths from their respective contexts.

The main theme that emerged in Halberg (1986) included procedures for responding to student death. Their article outlined in detail a set of eight procedures for responding to a student’s death on campus. Four main sub-themes emerged from this process: investigation, notification, care, and legal matters. First, there should be an investigation of the death in which administrators and law enforcement personnel can work together to find the cause of death. Next, there should be a notification procedure for how the school will inform parents or other next of kin. The school should also be prepared for how to care for the family and friends of the
deceased, faculty, and staff. Lastly, there should be special attention given to the potential legal
issues of a student dying on campus.

Rickgarn’s (1987) article advocated for a death response team to deal with deaths that
occur on college campuses. Two recommendations emerged. First, teams should be available.
Such teams should be ready to respond and on-call for any death that may happen on campus.
The second recommendation was that the team should have in place to deal with such deaths.
The authors also described the importance of assessing the situation to determine the best
intervention for the situation.

Sorenson (1989) wrote an article on responding to a teacher or student death within a
public school. He emphasized the importance of having a predetermined crisis team that is made
up of counselors, psychologists, and administrators. The crisis team is in charge of responding to
and making decisions to care for the community whenever there is a death or any other type of
crisis.

Research Theme #6: Providing Grief Counseling (6 Articles)

Grief Counseling in a Funeral Home

Riordan and Allen (1989) outlined a grief counseling model that was developed in a
funeral home in Atlanta, Georgia. The service was first offered when funeral arrangements are
being made. The counselor is available to the family if the services are needed, but families do
not typically take advantage of these services because of the busyness of events surrounding the
funeral. The counselor then checks in with the family on four additional occasions to offer grief
counseling services. It should be noted that the services are freely provided by the funeral home.
Moreover, the funeral home offers group counseling services and also provides community
outreach. Some of the community outreach might include workshops for the bereaved, for
professionals, and for others interested in learning more about the grief process. More than 200 individuals have made use of the service during its two years of existence. The program has been well received by the funeral home, by the community, and by the families who have participated in the services. The funeral home has been transformed from a place of despair and sadness into a place of hope and healing.

**Grief Counseling for Those Bereaved by Suicide**

There were two articles on providing counseling to those who are bereaved by suicide. First, Valente, Saunders, and Street (1988) explained that interest in bereavement following suicide has increased for the adult population, but little has been done to study adolescent bereavement when losing a loved one to suicide. The knowledge of adolescent bereavement is incomplete in general, but this is especially true for bereavement from suicide. Consequently, the authors of the article identified a significant deficiency in the literature and advocated that more writing and research should be done in this important area. Bereavement after suicide is among the most difficult type that can be experienced for both adult and adolescent survivors. It is common for such survivors to have guilt that they could have prevented the suicide by saying something or being in the right place at the right time. It is also important to pay special attention to adolescents who may experience this guilt even more intensely. The authors also pointed out that adolescents should be given space to talk about their experiences, as research demonstrates that their grief is managed better when they can talk about it. In addition, it is important to know that adolescents who are survivors of suicide are at a greater risk for suicide themselves. Lastly, the authors advocated for a greater understanding of what a normal progression of bereavement looks like for an adolescent, and especially for an adolescent who is a survivor of a loved one’s suicide.
In the second article, Freeman (1991) outlined a program for providing group counseling services for those who are bereaved by suicide. The author argued that group counseling is an important way of helping people who are seeking understanding and resolution for their experiences of grief. The author described a very specific and extensive eight-week plan for a closed group meant to care for those who are bereaved because of a loved one’s suicide. The author placed special focus on Irvin Yalom’s two curative factors of the installation of hope and being aware of the universality of the issues that people struggle with. The group is built on these curative factors which provide a foundation for the group therapy work.

Each of the sessions are prescriptive, and part of the session is dedicated to teaching about grief and loss, while other part creates space for the participants to discuss their loss. The model is extremely prescriptive and there is little deviation from the group counseling script. The model is most often used in community suicide crisis centers, but also in other mental health settings that address suicide. The presented group model has not been tested empirically, but was drawn up by bringing together the most current research on those who are bereaved by the suicide of a loved one.

**Grief Counseling for Special Populations**

Springer and Lease (2000) raised awareness of the medical, social, and psychological impact of AIDS and HIV in the United States. One aspect that had received little attention was the associated bereavement that comes from those who die of AIDS. The authors specifically focused on gay men and how they have struggled in coping with the loss of their partners due to AIDS. Much of the research focuses on the transmission of HIV/AIDS, but little of it deals with the unique experience of bereavement in gay men. The authors advocated for more research on
AIDS-related bereavement among gay men, as they experience a disproportionate amount of loss due to AIDS than other populations.

One major issue was disenfranchisement due to the homophobia and prejudice that runs rampant in society. This social stigma can lead to anger on the part of the client and it is important to make space for this anger. Families sometimes can ostracize a gay family member; this is especially problematic at times of loss because families are often the primary source of support during times of grief. Clients can also experience guilt over the possibility that they may have infected their partner. Whatever clients are feeling, it is important for the therapist to validate their feelings and to create a safe space to process their experience. The authors suggested that counselors also work in advocacy to ensure that clients have safe places in the community to process their loss. Advocacy can lead to connection and the creation of social networks where other bereaved gay men can come together to support and care for one another.

Withrow and Schwiebert (2005) wrote about how the increased use of fertility drugs has subsequently led to an increased in the number of twin births. The point is then made that little research exists on the grief experience when one twin dies. The authors first described the different types of twin identity and other associated research. They then noted that counselors have spent little time learning about the unique twin population and the special issues that this population might bring to the counseling room. The article reviewed research that included some evidence that twins often feel the loss of their twin in a more intense manner than other types of losses.

Withrow and Schwiebert (2005) suggested that counselors should be aware of the intensity of the twin bond and how it is both a strength and a liability. The loss of a twin can cause a strong identity crisis for the surviving twin, and it is not uncommon for the surviving
twin to die within two years if the loss occurs in old age. It is also important for the therapist to name and validate the uniqueness of the loss a twin. Overall, the therapist working with a grieving twin should simply be more aware of the unique issues facing twins, and the authors called for more research on the twin population.

**Grief Counseling for Special Populations**

Schwab (1997) described how coping behaviors of the different members of a family can significantly influence and affect each other in a deep way. In addition, the death of one of the members in the family can be a possible source of issues that might develop within the whole family. The main topics of the article included how parents of a deceased child mourn, how their siblings mourn, and how the behavior of children can be caused by that of parents.

The death of a child is one of the most profound and challenging losses that any parent can experience. Such a loss causes emotional, spiritual, and physical pain. The pain of losing a child is one that will stay with parents for the rest of their lives. The siblings of the deceased child can also have a difficult time grieving the loss of their brother or sister. In addition, the understanding of the death is influenced by where siblings are in their development. Older children will have an easier time understanding the permanence of death. It is important for parents and children to be open about the pain of their loss with each other. Counselors also play a key role in caring for bereaved families. The counselor should consider how the grief for the loss can be the source of issues/problems that might arise within the family. Creating a safe space to process the deep pain of losing a child is extremely important for the development of the surviving children, for the health of the married couple, and for the health of their family system.
Research Theme #7: DSM and the Diagnosis of Bereavement (1 Article)

Fox and Jones (2013) described the implications of eliminating the exclusion criteria of bereavement for the diagnosis of major depression, explaining that bereavement is the grief reaction that one has when they experience the death of a loved one. Historically, the field of mental health has considered bereavement to be a natural response to the death of a loved one. As a result, bereavement was never considered to be reason enough to diagnose someone with a mental illness. The authors argued that leaving out the exclusion criteria for bereavement could lead to an unnecessary medicalization of normal grief and perhaps to an unnecessary over-diagnosis of major depression.

Although the symptoms of major depression and bereavement can present themselves in a similar manner, the symptoms of bereavement tend to abate after six to ten weeks. Yet there is some empirical support for removing the bereavement exclusion, which indicates that bereavement is a source of major depressive disorder. Others have suggested that, when the therapist can name bereavement as a mental disorder, it can give clients power over their suffering and allow them to recover more effectively. In addition, adding bereavement to the list of mental disorders can help clients receive reimbursement from their insurance companies.

Fox and Jones (2013) also shared research on an additional related construct called complicated bereavement. Complicated bereavement occurs when a client is bereaved, but that bereavement lasts for an especially long period and prevents them from completing their normal activities of daily living. Even if there is conflicting research about whether to keep or remove the exclusion criteria, the researchers reminded counselors to not over- or under-diagnose those individuals who have a bereavement component in their experience of depression.
Research Theme #8: Counseling the Dying (1 Article)

Counseling Terminally Ill Children

O’Halloran and Altmaier (1996) explored the challenges of working with children who are struggling with a terminal illness. Such a challenge is daunting enough for adults, but even more so for children. The authors wrote about the best practices for working with such a unique population of children. First, the authors discussed death awareness in healthy children, and the main point made is that, as children grow in age, their ability to understand death becomes like that of an adult. Most children by age nine understand that death is universal for all people and is irreversible. Children who have high anxiety are typically less inclined to fully understand the irreversibility of death. Some researchers have contended that children from a very young age understand death, but that they are taught to fear it as they grow older.

In reviewing the research on working with terminally ill children, O’Halloran and Altmaier (1996) offered many important ideas. First, they suggested that children who have their diagnoses kept from them tend to be mistrustful of the adults around them and seem to know that there is something wrong. They also discovered that, overall, children worked hard to have defenses against their impending death throughout the treatment for their illness. However, when death was imminent, the child tended to fully accept its reality. The authors advocated for open and honest communication with the child throughout their treatment. Next, counselors should help parents understand the developmental level of children and how that might affect their understanding of death. Lastly, they noted that it might be useful to share with the child some of the information that comes from stage theory such as Kubler-Ross’s framework. Knowing the easy-to-understand stages could help children name the emotions and feelings that they are having. The role of the counselor is twofold. First, the counselor should assume an
educational role to educate children about their illness and feelings. Secondly, the counselor needs to create space for children to share their feelings and emotions the illness and eventual death.

**Bioethics in Dying**

Werth and Crow (2009) make the point that the field of counseling is behind when it comes to death related issues and that this is especially true when it comes to caring for people at end of life. They make mention of the addition of a set of guidelines for caring for people at end of life in the 2005 ACA ethical code. The authors also offer a brief description of the issues that a counselor should pay attention to when working with a dying individual. The give special attention to the topics of right to die and end of life documents like a living will or power of attorney.

*Journal of Humanistic Counseling*

**Overview of Themes**

**Research Theme #1: Research on Death-Related Issues (1 Article)**
- **Qualitative**
  - Glazer & Marcum, 2003 (JHC)

**Research Theme #2: Personal Reflection and Poetry**
- **Personal Reflections (4 Articles)**
  - **Death of a Significant Other**
    - Hayes, 1993 (JHC)
    - Hulse-Killacky, 1993 (JHC)
    - Colley, 1993 (JHC)
    - Wineman, 2000 (JHC)
  - **Poetry (5 Articles)**
    - Conyne, 2008 (JHC)
    - Tlanusta Garrett, 2001 (JHC)
    - Mazza, 1995 (JHC)
    - Patricola-McNiff, 2004 (JHC)
    - Mazza, 2004 (JHC)

**Research Theme #3: Grief and Loss Education**
- No Articles

**Research Theme #4: Book Reviews**
- No Articles
Research Theme #5: Responding to Campus Death
No Articles

Research Theme #6: Providing Grief Counseling (2 Articles)
Disenfranchised Grief
Lenhardt, 1997 (JHC)
Counseling Grieving Parents
Wright, 1992 (JHC)

Research Theme #7: DSM and Bereavement Diagnosis
No Articles

Research Theme #8: Counseling the Dying (1 Article)
Counseling Terminally Ill Children
Glazer & Landreth, 1993 (JHC)

Description of Articles

This next section will provide an overview of the research themes that emerged in JHC along with their supporting article(s).

Research Theme #1: Research on Death-related Issues

Qualitative Research

Glazer and Marcum (2003) stated that caring for children who are grieving entails creating space enough to facilitate their grieving. There are a variety of ways to facilitate grieving, and the authors of the article wrote about the use of storytelling to express grief. This therapy is all about working with children to express their grief in such a way as to facilitate a healthy grieving process. Creative approaches to telling one’s story of grief is a helpful and healing way of doing grief therapy.

Glazer and Marcum (2003) conducted a qualitative study to determine how the art of storytelling could help a grieving child. The study worked with a total of 10 students, including seven girls and three boys. All the children had experienced some sort of loss. Seven of the children lost a parent, two lost a grandparent, and one lost a teacher. The study began with one of the researchers reading a story that ended with the protagonist in the story having a dream. The participants were asked to write a story about the dream and draw a picture. Several themes
emerged from their work including visiting, loss or sadness, memory, and staying connected. The experience of grief is difficult enough and the use of storytelling can effectively create a safe space for children to express their grief and to have it acknowledged.

**Research Theme #2: Personal Reflection and Poetry (9 Articles)**

**Death of a Significant Other**

Four articles reflected upon the death of a father three from 1993 and one from 2000. Hayes (1993) introduced the two articles (Hulse-Killacky, 1993; Colley, 1993) by discussing loss and how people can grow through their losses. More specifically, the author reflected on how loss is living itself and how one’s identity grows and develops as one experiences losses in life. The three articles from 1993 were connected as a part of a special series. The first article about losing a father is by Hulse-Killacky (1993), who wrote about traveling from her home in Maine to visit her dying father in North Carolina. The author discussed how she could connect with her father before he died and how open her family was in the process. The author wrote about the importance of tying up loose ends and not leaving anything unsaid. The author ended by reflecting on the importance of humor in difficult situations and on saying good-bye with honesty, love, and without fear.

Colley (1993) wrote about witnessing his father’s death over a period of several days. His days were filled with memories, struggle, and pain. He discussed planning the funeral and discovering ways of keeping his father’s memory alive. The reflection ends by examining his father’s book connection and finding a devotional book. The author stated that the devotional was marked for April 28th, the date of her father’s death.

The fourth article, by Wineman (2000), was a reflection on the death of her father who was dying from cancer. The author reflected on how her father no longer looked the same as he
did before and that he looked like a shell of himself. She wrote about her family keeping vigil around his bed and how they were just waiting for his final breath. Her father was not able to completely communicate with his family and, at some level, her father saw his family as the enemy. Yet this hatred for the family was short lived and that changed to a sort of rally when he talked about how much he loved his family and he could tell them so. He spent time reminiscing with his family about the good old days and trips that they had taken. The author wrote about her last interaction with her father and how he offered some simple yet profound words: “I love you dearly.” These were the last words that she would hear and eventually her father would succumb to the cancer and pass away.

Poetry

Conyne (2008) wrote about the pain that comes from wanting to call a loved one who is no longer there, particularly the emptiness and the pain that comes from wanting to call and yet realizing that one no longer can. The author explained how they felt as though they were an orphan and that they felt adrift and like a wreck. He then turned to hope and kept looking for that beacon of light or grace in their loss.

Tlanustra Garrett (2001) wrote about a family reunion that was attended by his dying uncle. During the all the fun of the reunion, the presence of the dying uncle brought a sense of reality and a reminder that life is short. It was as though life can be going on all around us and then suddenly it will end in the blink of an eye. In the poem, the end of the party seemed to signify the end of the uncle’s life.

Mazza (2004) wrote about an individual who had just experienced the loss of a loved one. The author of the poem expressed gratitude to an individual who offered to help. She reflected
on how that offer of help reminds her that there is still beauty in the world and this gives her hope.

Patricola-McNiff’s poem (2004) offers some vague references to death and is about the author’s neighbor. The author said that death is not death, but is simply a disturbance or windshear. The poem seems to be about how it is not uncommon for people to avoid death and to pretend it is simply something else.

Mazza (1995) wrote a brief essay/poem about a young child who used the great gift of writing to deal with her losses. The essay explains how the child used writing to deal with the grief of losing her cat and the grief that came from her parents’ divorce.

Research Theme #3: Grief and Loss Education

There were no articles published on grief and loss education in JHC

Research Theme #4: Book Reviews

There were no published book reviews in JHC.

Research Theme #5: Responding to Campus Death

There were no articles published on responding to campus death.

Research Theme #6: Providing Grief Counseling (2 Articles)

Disenfranchised Grief

Lenhardt (1997) explained that connection and attachment are central to the human condition, for these are what make us human and are needed for proper development and for a meaningful life. Loss is a natural outcome of what happens when there is attachment and connection. Grief is the emotion that one feels in response to loss. Disenfranchised grief is not being able to openly express one’s grief in a transparent and socially supported way. Grief is challenging enough when one can express it in an open and shared way; it is even more
challenging when one is being disenfranchised and the grief cannot be accepted or shared in public.

There are many examples of disenfranchised grief, which happens most commonly when relationships are not fully recognized. Some of these relationships might include extramarital affairs, gay and lesbian relationships, and cohabitation. Other examples of disenfranchised grief from not fully recognized relationships might include prenatal losses, loss from abortion, and pet loss. In addition, disenfranchised grief may happen when the griever is not recognized, for example, not acknowledging the grief associated with a child or someone who is handicapped.

It is essential for the counselor to be able to recognize when grief is experienced as disenfranchised. After this important identification, the therapist should work to create space for clients to talk about and validate their loss. They need to go through the stages of detachment, recognition, and mourning of the loss. Another important tool that a counselor can employ is the use of ritual. Ritual helps to name the loss and help the mourner to not feel so trapped in their grief. To fully journey through the pain of grief, that grief must be fully shared and acknowledged publicly.

**Counseling Grieving Parents**

Wright (1992) reviewed the literature on how to help parents who are grieving. The author wrote that experiencing the death of a child is one of the most difficult types of losses that people can experience. It does not matter if the child is young, middle aged, or old; the loss can be equally significant and painful, regardless of age. The author offered a basic review of definitions such as bereavement, grief, and mourning, reviewing some basic models of parental bereavement. One example of such a model is Rando’s model that highlighted the three phases in parental grief: avoidance, confrontation, and re-establishment. The author also discussed how
challenging it can be to grieve the loss of a child in a society that expects individuals to get over their losses quickly. The author further wrote about how the loss of a child can significantly change the family dynamics and how adjusting to these changes can be difficult. Lastly, the author offered some suggestions for counseling bereaved parents, which should mainly consist of empathic listening and connecting them to others who have experienced similar losses.

**Research Theme #7: DSM and Bereavement Diagnosis**

There were no articles published on DSM and Bereavement Diagnosis

**Research Theme #8: Counseling the Dying (1 Article)**

Glazer & Landreth (1995) write about the unique experience of counseling terminally ill children who often appear more like an elderly adult than a child. They invite the counselor to think about dying in terms of development. The authors make the point that the focus with the terminally ill child should be on living in the present, but at the same time not hide the fact that the child has a terminal illness. There is no sense in shielding such a fact because the child more than likely knows of their fate. The authors suggest that counselors should use creative strategies such as play therapy to help keep the focus on the present, because the present is where life is lived.

*Journal of Multicultural Counseling and Development*

**Overview of Themes**

**Research Theme #1: Research on Death-related Issues (3 articles)**

*Qualitative*

- Inman, Yeh, Madan-Bahel, & Shivani Nath, 2007 (JMCD)
- Shimabukuro, Daniels, & D’Andrea, 1999 (JMCD)
- Baggerly & Abugiedeiri, 2010 (JMCD)

**Research Theme #2: Personal Reflection and Poetry**

No Articles

**Research Theme #3: Grief and Loss Education**

No Articles
Description of Articles

This next section will provide an overview of the research themes that emerged in JMCD along with their supporting article(s).

Research Theme #1: Research on Death-related Issues (3 Articles)

Qualitative Research

Inman et al. (2007) completed a qualitative research study on the coping strategies of south Asian families who lost a loved one in the World Trade Center 9/11 attacks. The authors employed a qualitative research design to understand the experience of eleven south Asian families who lost a relative in those attacks. The authors recruited four males and seven females to interview using a consensual qualitative research methodology. The interviews took place about nine to ten months after the attacks happened. The interviews were 90 minutes in length; three were conducted by telephone and eight in person. The authors identified a variety of themes or domains around the experience of bereavement. The first major theme was the feelings that the participants had in relation to their loss. The participants were left with questions about the loss and missed their loved one. The families also experienced a lack of closure because they could not physically see their loved one. Those interviewed also experienced physical symptoms attributable to their loss, such as lack of appetite or poor sleep.
Another major theme was how the loss impacted the lives of the survivors. Many experienced a shift in roles and responsibilities because their loved one was gone. Some also had concerns about their immigration status because this was connected to their deceased loved one. Many of the Muslim survivors were victims of discrimination and prejudice because the 9/11 attackers were Muslim.

The theme of coping also revealed itself in the research. Many used distractions to cope, while some sought the support of their loved ones, used indigenous healers, and relied on their unique faith practices to ease their pain. To cope with their grief, many of the participants sought out financial/medical support from agencies that helped the survivors of the attacks. Some of the participants of the study also sought out informal emotional support from their family, and most believed that any sort of formal counseling would not be helpful. Overall, there was a major consensus that culturally sensitive services were especially lacking. This was especially true for the United States Customs and Immigration Service. There was no sympathy for the loss of their loved one in the 9/11 attacks. There was also a lack of services to advocate for this unique cultural group as they continued to cope with the significant loss their loved one in the 9/11 attack.

Two articles offered case studies on two different multicultural populations. The first focused on a grieving Filipino boy who lost his mother. Shimabukuro, Daniels, and D’Andrea (1999) began their article by defining and explaining the notion of spirituality and the importance of exploring spirituality with one’s clients. They specifically explained how spirituality connects with beliefs surrounding death and coping with bereavement. Counselors need to pay special attention to spirituality and to the spiritual beliefs that their clients have. This is even more
critical in a world that is becoming increasingly diverse. In order to raise awareness of these issues, the authors offered a case study of a grieving Filipino boy.

The young boy lost his mother unexpectedly and the article recounts how he coped with this loss and lived with the reality of no longer having a mother. One of the first things the counselor did was to work to understand the Filipino culture, especially around death practices and bereavement. This was especially informative and important for working with the child. One of the topics that came up with the child was that he was seeing his mother and even talking to her at different points in the day. Because the counselor did research on the Filipino culture, she knew that seeing relatives after they die is a part of the culture. Many Filipinos believe that a person’s soul may linger for a time after death in order to take care of loved ones. Additionally, they also believe that some people have two souls; one stays on earth to watch over loved ones and the other ascends into heaven.

Shimabukuro et al. (1999) recommended that counselors should always be aware of a client’s different set of cultural beliefs. In the case of the Filipino boy, having conversations with his dead mother could have been interpreted as a psychotic episode. Yet, because there was an awareness of the boy’s culture, the counselor knew that this was simply a part of his belief system. Counselors should also be aware of their clients’ different set of cultural beliefs and how they construct meaning in their lives. Lastly, counselors should work to find ways of creating culturally sensitive interventions to care for their clients. Counselors should also engage in the work of advocacy and promote the idea of encouraging all counselors to work to better understand those clients who have a different set of cultural beliefs.

Baggerly and Abugiedeiri (2010) offered a case study to bring awareness of how Muslim individuals understand death and bereavement practices. Because Islam is the fastest growing
religion in the United States, it is important for counselors to know about this often-misunderstood group of people. Special focus was given to working with Muslim children concerning issues of death, as well as a case study for helping an elementary school to cope with the death of one of the classmates.

Before offering the case study, Baggerly and Abugiedeiri (2010) reviewed some basic beliefs about how Muslims cope with death and bereavement, discussing mourning periods for death which last around three days and that specific mourning practices can vary greatly depending on the culture. The authors shared that one way to comfort a Muslim family that has lost a child is to simply say, “I am sorry.” They also suggested offering food to the family of the deceased. In addition, they explained a specific belief from the Koran that promises the reward of paradise to parents who have lost a child. Muslims believe in burying the body within 24 hours and that their faith, including prayer, is a key way to cope with their loss. In addition, many in the Islamic tradition are skeptical of mental health services and tend to find support among people from their own tradition.

Furthermore, Baggerly and Abugiedeiri (2010) offer several strategies for how to offer culturally sensitive counseling to Muslim students that might include play therapy, group therapy, and consulting with both teachers and parents. Advocacy is also an important activity that counselors can undertake to decrease prejudice against Muslim people and to create more culturally appropriate interventions, especially in light of the fact that Muslims are a fast-growing population within the United States. They also suggested reaching out and making connections to key Muslim leaders within the Muslim community.

**Research Theme #2: Personal Reflection and Poetry**

There were no articles published on personal reflection and poetry in JMCD.
Research Theme #3: Grief and Loss Education

There were no articles published on grief and loss education in JMCD.

Research Theme #4: Book Reviews

There were no book reviews published in JMCD

Research Theme #5: Responding to Campus Death

There were no articles on responding to campus death in JMCD.

Research Theme #6: Providing Grief Counseling

There were no articles on providing grief counseling in JMCD.

Research Theme #7: DSM and Bereavement Diagnosis

There were no articles on DSM and bereavement diagnosis in JMCD.

Research Theme #8: Counseling the Dying

There were no articles on counseling the dying in JMCD.

Counselor Education and Supervision

Overview of Themes

Research Theme #1: Research on Death-Related Issues
No Articles
Research Theme #2: Personal Reflection and Poetry
No Articles
Research Theme #3: Grief and Loss Education
Doughty Horn, Crews, & Harrawood, 2013
Research Theme #4: Book Reviews
No Articles
Research Theme #5: Responding to Campus Death
No Articles
Research Theme #6: Providing Grief Counseling
No Articles
Research Theme #7: DSM and Bereavement Diagnosis
No Articles
Research Theme #8: Counseling the Dying
No Articles
Description of Articles

This next section will provide an overview of the research themes that emerged in CES along with their supporting article(s).

Research Theme #1: Research on Death-Related Issues

There were no articles published on death-related issues in CES.

Research Theme #2: Personal Reflection and Poetry

There were no articles published on personal reflection and poetry in CES.

Research Theme #3: Grief and Loss Education (1 article)

Doughty Horn, Crews, and Harrwood (2013) began their work by discussing the fact that counselors receive little training for counseling people who have lost loved ones to death. To learn more about this, the authors conducted a study on how taking a thirty-hour two-credit course influenced students’ beliefs around dying, grief, and loss.

The course was offered over a period of eight days, and 11 graduate students registered for the course. To assess the effectiveness of the course, Doughty Horn et al. (2013) employed a free response narrative that the students completed at the end of the eight-day class. Several themes were highlighted from the free response narratives. First, the participants expressed an openness and willingness to talk about death and death constructs. Secondly, the participants wanted to work to make sure that death was not considered a taboo topic, and that it could be openly discussed in all areas of life. The students shared that their interest in death and dying grew during the class and that they wanted to learn more.

Another theme that emerged from the responses was a greater understanding of death in general and in one’s own death. The students shared that they would be better equipped to handle their own death and to handle the deaths of their loved ones or friends. The last theme
was related to a reduced fear in the negative emotions around death. Many shared that their fear of death and anxiety around death had decreased.

**Research Theme #4: Book Reviews**

There were no book reviews published in CES.

**Research Theme #5: Responding to Campus Death**

There were no articles on responding to campus death in CES.

**Research Theme #6: Providing Grief Counseling**

There were no articles on providing grief counseling in CES.

**Research Theme #7: DSM and Bereavement Diagnosis**

There were no articles on DSM and bereavement diagnosis in CES.

**Research Theme #8: Counseling the Dying**

There were no articles on counseling the dying in CES.

**Counseling and Values**

**Overview of Themes**

**Research Theme #1: Research on Death-related Issues (3 Articles)**

**Qualitative**

- Puterbaugh, 2008 (CV)
- Andrews & Marotta, 2005 (CV)

**Quantitative**

- Cruz-Ortega, Guiterrez, & Waite, 2015 (CV)

**Research Theme #2: Personal Reflection and Poetry (1 Article)**

**Personal Reflection**

- Working with a Dying Elderly Patient
- Elliott Ingersoll, 2000 (CV)

**Research Theme #3: Grief and Loss Education (1 Article)**

- Harrawood, Doughty Horn, & Wilde, 2011 (CV)

**Research Theme #4: Book Reviews (2 Articles)**
Death Anxiety
Gressard, 1989 (CV)

Grief and Grieving: Finding Meaning in the Five Stages (Kubler-Ross)
Bolden, 2007 (CV)

Research Theme #5: Responding to Campus Death
No articles

Research Theme #6: Providing Grief Counseling (2 Articles)
Spirituality/Religion for Bereaved
Thurston Dyer & Hagedorn, 2013 (CV)
Counseling Bereaved Adolescents
Muselman & Wiggins, 2012 (CV)

Research Theme #7: DSM and Bereavement Diagnosis
No articles

Research Theme #8: Counseling the Dying (5 Articles)
Bioethics in Dying
Albright & Hazler, 1995 (CV)
Farrugia, 1993 (CV)
Religious Spiritual Needs of the Dying
Smith, 1993 (C&V)
Miner Holden, 1993 (CV)
How to Have a Healthy Death
Smith & Maher, 1991 (CV)

Description of Articles

This next section will provide an overview of the research themes that emerged in CV along with their supporting article.

Research Theme #1: Research on Death-Related Issues (3 Articles)

Qualitative Research

Puterbaugh (2006) set out to discover more about the development of bereavement counselors. There is little research on the individuals who offer bereavement counseling, while there is much more research on the people who are receiving the counseling. This researcher was specifically interested in concepts like compassion fatigue and discovering what sorts of satisfaction bereavement counselors could achieve in doing their work.
Puterbaugh (2006) conducted a qualitative study using a phenomenological perspective. The author recruited 10 participants whom she interviewed about their development in becoming a bereavement counselor. All participants had received advanced training in bereavement counseling. Several themes emerged from the interviews. The first was the nature of bereavement; all the bereavement counselors were affected by the intensity of the emotion that their clients were feeling. They also stated that their clients were not prepared for the intense emotion that grief can sometimes bring. To respond to this bereavement, all participants considered it important to make space for this grief and to accept it in a nonjudgmental way.

All participants also endorsed the idea of normalizing the grief process and working hard to accept where people are in this process. They also all strived to avoid the therapist’s ego when telling people where they needed to be in their grief. Many of the grief counselors had experienced their own losses and described how those losses had influenced their work as a bereavement counselor. Consequently, they stated that it was necessary to engage in self-care before counseling. Lastly, each of the participants cited the importance of engaging spirituality in bereavement counseling and working to understand one’s own spirituality.

Andrews and Marotta (2005) began their article with the notion that it is not uncommon for children to face the death of a parent and that this loss can be traumatic. They then discussed the need to learn more about how to work with bereaved children and to help them engage their spiritual/religious resources. The researchers stated that it does not matter if one is a child or an adult; it is a universal truth that one must find a way to find meaning in a loss in order to find healing. The investigators then posed the question about whether this process of making meaning is similar or different for adults and children.
To investigate that question, Andrews and Marotta (2005) recruited six children between the ages of four to nine who had lost a family member within the last 18 months. A qualitative phenomenological research design was used to discover the experience of grief that the children were having. In addition to a semi-structured interview process, they also used the children’s Global Assessment of Functioning (GAF) from the DSM-5, and a game used to imagine a person who has died in order to elicit ideas around the child’s spirituality of death.

The study found that relationship was extremely important for the children. It was crucial to demonstrate that they are loved and cared for, and that family routines are established so that they feel secure about life moving forward. Children responded best when they were listened to and were given the opportunity to talk about the deceased. The study also highlighted the power of children having some sort of object that could link them to the deceased. This could be a toy or a piece of clothing that belonged to the decedent. In addition, it was helpful for children to be given an opportunity to talk about their faith and connection to God, and how that plays into their grief. Lastly, Andrews and Marotta (2005) found that it was important for children to be given the opportunity to play out their grief to find comfort, meaning, and peace.

**Quantitative Research**

Cruz-Ortega, Guiterrez, and Waite (2015) discovered that the more spiritual or religious that people report themselves to be, the more likely they are to employ religious or spiritual coping. This is especially true for people of ethnic minorities or those who have been oppressed. The researchers in this study wanted to determine how religious orientation and ethnic identity influenced religious coping in ethnically diverse people who had experienced a recent death. There were two major hypotheses in this study. First, the researchers hypothesized that variables connected to religious orientation and ethnic identity would predict positive and negative
religious coping among the bereaved. Second, they predicted that the variables associated with religious orientation, ethnic identity, and religious coping would help to discriminate among the ethnic groups in the study.

Cruz-Ortega et al. (2015) studied 319 individuals who experienced the death of a loved one within the last 36 months. Participants were Caucasian, Latino/a, Black/African American and other. The participants completed three online inventories that measured religious orientation, ethnic identity, and religious coping, along with one demographic sheet.

Cruz-Ortega et al. (2015) found that participants with higher levels of religious coping were more likely to use positive coping strategies. This finding has important implications for counselors who work with religiously connected clients, in order to integrate spirituality into their care of the clients. In addition, the researchers found that one’s religious orientation can also be a source of pain and this must be considered in counseling as well. The researchers also discovered the importance of ethnic identity and that conservative religious values were higher among ethnic minorities. Counselors need to pay attention to their culturally and religiously diverse clients and how their cultural identity might help them cope with their loss.

Research Theme #2: Personal Reflection and Poetry (1 Article)

Working with A Dying Elderly Patient

Elliott Ingersoll (2000) offered a personal reflection on working with a dying client in a nursing home. Several themes were brought out in the article. First, depression set in for the 79-year-old female client who was not able to sleep, and had a loss of appetite, a depressive disposition, and extreme guilt. Several weeks later she would be diagnosed with pancreatic cancer.
The treatment of the client revolved around caring for her at the end of life, and one major part of that treatment was a life review. One of the major themes that Elliott Ingersoll (2000) talked about with the client was her spiritual development. One influential experience occurred as a young child when she was told that her young sister’s death was her fault because she did not pray hard enough for her. Processing these early spiritual experiences was of great comfort to the patient and were the subject of many conversations. When she was at the end of her life and death was imminent, the patient began to hallucinate and would see her Uncle Frank; she also had out-of-body experiences. The patient described these experiences as comforting and they did not bother her in any way. The staff became worried about her hallucinations, but the author described them as a common event for people who are seriously ill or who are at end of life. The patient spent the last few days of her life completing her life review, and she found it very comforting as she approached her death. The patient could find a sense of peace and contentment at her death.

**Research Theme #3: Grief and Loss Education (1 Article)**

Harrawood, Doughty, and Wilde (2011) pointed out that the grief experience is universal and that all people will be touched by death at some point in their lives. The authors stated that, despite the universality of grief, CACREP does not require any training in grief and loss. In their code of ethics, the ACA does address the importance of being competent in treating people who are bereaved. The authors also highlighted the fact that there is little research on death education and that the research that does exist demonstrates that counselors who receive such training become more comfortable in working with such issues. They also noted that there is empirical evidence showing that counselor trainees tend to be more uncomfortable with issues around death as compared to other possible counseling topics.
The article also reviewed some of the more recent bereavement theories such as attachment theory, dual process model, meaning reconstruction, and adoptive grieving styles. The bulk of the article focused on offering recommendations for how to include and teach about death-related issues in the classroom. Harrawood et al. (2011) specifically suggested infusing death-related issues into the existing CACREP curriculum. Issues of grief and loss could fit into a multicultural class via discussions on death-related issues from a cultural perspective. Every culture has a different idea or beliefs around death and how to grieve. Another course could be a human growth/development course in which death can be talked about in terms of the end of the human life cycle. The authors also discussed how grief and loss could be infused into career development courses, counseling skills, group classes, assessment, research methods, and ethics. In short, each class in the CACREP-approved curriculum could include some sort of grief and loss element.

Harrawood et al. (2011) concluded their article by reflecting on the importance of advocacy and working to help counselors and counselor educators become more comfortable with the issue of death. They pointed out the need to do such advocacy work because grief/loss is one of the few universal issues that all people deal with, so it must and should be taught in the classroom.

**Research Theme #4: Book Reviews (2 Articles)**

Gressard (1986) wrote a review of *Death Anxiety* by Lonetto and Templar, which dealt with how health providers talk about and study death anxiety. The authors of the book believe that death anxiety has not been sufficiently examined. The book could be used by people researching death anxiety and by those who wish to offer a class on death anxiety. The reviewer also endorsed this idea of the book being used by researchers and as a textbook. The book does
an effective job of reviewing the empirical research on death anxiety and presents it in a clear way. The one major problem is that it does little to present the philosophical and religious material that might be important for some who are examining death anxiety. Overall, the book provides a thorough examination of the research that exists on death anxiety and is helpful for those who take a more empirical and less philosophical or religious approach to the topic. In fact, the reviewer stated that it would be of no help at all for people doing research from this paradigm.

Bolden (2007) wrote a review of Elizabeth Kubler-Ross and David Kessler’s book, *On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss*. Bolden’s (2007) article explained that the reason for the writing of this book was to provide a sequel of sorts to Kubler Ross’s *On Death and Dying*. The book first reviewed the five stages of grieving: denial, anger, bargaining, depression, and acceptance. The book also reviewed both the inner and the outer worlds of grief. The inner world of grief involves the internal thoughts and ideas that people have when they lose a loved one. The external part of loss refers to how people’s manners and customs might change after a loved one has died. The author of the book talked about how Christmas plans, birthday celebrations, and other holidays may change, as well as how a person’s sexual life may change.

The book is full of personal vignettes to help the reader understand what grief feels like and how it is experienced. The authors of the book reviewed also shared many of their own experiences with grief and loss to help the reader understand that grief is a natural process that all people must go through and experience. The authors suggested that counselors can be most helpful to those who are grieving by creating space for their clients to grieve and to have empathy for them. One critique of the book is the idea that all people must go through the five
stages of grief at some point. The reviewer questioned whether this is entirely accurate because it does not necessarily make room for the myriad ways in which people experience grief.

**Research Theme #5: Responding to Campus Death**

There were no articles published on responding to campus death in CV.

**Research Theme #6: Providing Grief Counseling (2 Articles)**

**Spirituality/Religion for Bereaved**

Thurston Dyer and Hagedorn (2013) claimed that little research has examined the use of religion/spirituality within counseling. Despite this lack of scholarly attention, counselors are still helping clients with grief and loss issues from a spiritual/religious perspective. If therapists had more training in these areas, their ability to help clients from this perspective would improve. The authors first proposed the notion that spirituality can be used to effectively treat bereavement and to offer counselors who do not have spiritual training some ideas to explore death-related issues from a spiritual perspective.

Furthermore, bereavement is an experience that affects all aspects of life, including physical, social, emotional, psychological, and spiritual health. Bereavement can cause all sorts of dysfunction in a person’s life and magnify dysfunction that is already present. Spirituality is one construct that is most often used to cope with major losses that inevitably happen in everyone’s life. People often look to a higher power as a source of help, love, and support. Thus, people often turn to religion to cope with loss because religion offers them way of continuing to be with the person even after his or her death.

Thurston Dyer and Hagedorn (2013) offered several ideas for counselors to help their clients explore spirituality to cope with their loss. First, the authors suggested that music therapy is one way to engage spirituality and can be a way of beginning that conversation. The author
also mentioned the use of bibliotherapy as way to engage spirituality, which can be something that the client can do outside of the therapy room. Other suggestions included keeping a spiritual journal and engaging in mediation and prayer. The authors also reminded the reader to be respectful of the client’s spiritual perspective and to always consider the client’s unique cultural perspective.

**Counseling Bereaved Adolescents**

Muselman and Wiggins (2012) began their article by pointing out that many people in the United States identify themselves as religious, so health professionals should attend to this fact. The authors then discussed the importance of counselors paying attention to the religious and spiritual needs of their clients, including children and adolescents. Attention to religious and spiritual needs is critical when it comes to caring for people who are bereaved. Many children and adolescents experience death early in their lives, and as many as two million children under the age of 18 have experienced the death of a parent.

The definition of an adolescent provided in the book is anyone from age 10 to 23. Muselman and Wiggins (2012) separate this adolescence period into three stages: early adolescence, middle adolescence, and late adolescence. They affirmed the need to address the issue of spirituality with adolescents because, according to their spiritual development, bereaved adolescents could see their spirituality either as a source of support or a source of confusion. In addition to helping adolescents consider their spiritual/religious resources for coping, there are several other tasks that the counselor must engage in. First, they should create a safe space within the counseling room where adolescents can express the feelings that they have about their loss. It is important for them to feel part of a nurturing community that will take care of them. They also need to know that they are not the cause of the death, and they should be encouraged
to find ways of remembering their deceased loved one. Moreover, counselors should facilitate clear information about the death and listen to their questions as well as their pain.

There are several interventions that the counselor can employ in terms of helping clients to understand how their sense of spirituality can help them cope with their loss. First, it is important to help adolescents consider how rituals can help process their loss. Rituals could be wearing something of the deceased, prayer, or other activities designed to remember their loved one and to process their loss. Another intervention could be the use of bibliotherapy wherein the adolescent is encouraged to read a sacred text that might offer comfort. Lastly, journaling and letter writing could also be used to process loss and to connect with the deceased loved one. The main point of the article is to not forget how the role of religion/spirituality can help the bereaved adolescent.

Research Theme #7: DSM and Bereavement Diagnosis

There were no articles published on DSM and bereavement diagnosis in CV.

Research Theme #8: Counseling the Dying (5 Articles)

Bioethics in Dying

Albright and Hazler (1995) raised the issue of euthanasia and how counselors can help their clients and their families make difficult end-of-life decisions. The article covered the history of euthanasia and initially focused on passive euthanasia which includes the removal of life support. The researchers also wrote about how progress in technology has made these decisions especially difficult, as people now must contend with the quantity versus quality debate. The authors also discussed the importance of considering culture and how different cultures have different beliefs concerning end-of-life decision making. There was also a conversation of the three ethical principles that should play into every decision-making process:
autonomy, non-maleficence, and beneficence. The article also briefly addressed assisted suicide and mercy killing, which actually place the decision to die in the hands of the client or patient.

Albright and Hazler (1995) also outlined some helpful guidelines for counselors to consider as they prepare to work with those who are in their last stages of life. First, they suggested that counselors become aware of their own biases and beliefs from the perspective of their own culture around death and dying. Next, counselors need to become aware of their own ethical decision-making process to help the family or client figure out their own process in making difficult ethical decisions. Next, it is important to become aware of the ethical and legal issues that influence the decision-making process. Lastly, when helping families make difficult life decisions, it is critical to seek supervision.

The counselor also plays an important role in helping the client when making their decision about end of life. Some of the concepts and ideas that counselors can help clients or their families with involve the following: personal, legal, and moral frameworks; client’s philosophy or religious/spiritual beliefs; type of support system available to client; hopelessness of the illness; decision-making skills of client; and a system of referral. Most of all, the counselor should help the client make a decision that respects his or her autonomy. In the end, the right to die is up to the client. It is the counselor’s role to be a guide in this process and to help the client clarify and understand this decision.

Farrugia (1993) offered a second article on bioethics and right to die, and stated that one of the greatest challenges that a family member can face is making decisions about a loved one’s end-of-life care. Counselors typically receive very little training in this area, yet they may be called on to offer care for families who are making difficult end-of-life decisions. These decisions are becoming more and more common because technology has contributed to
prolonging life, but not necessarily its quality. Families are then faced with the question of whether to remove life support. Passive euthanasia describes the removal of life support such as a respirator. Voluntary refers to a situation when the patient consents to such removal, while involuntary refers to when the consent does not come directly from the patient. Most religions and courts support patients being able to make their own decisions when it comes to the removal of life support.

There are several ethical principles involved when helping a patient and or his or her family with end-of-life decisions. First, there is the principle of autonomy, which means that patients have the right to make decisions for themselves. Next is the principle of non-maleficence, which means doing no harm. Counselors must make sure that they are helping patients in such a way that they are not doing any harm to them. Lastly, there is the ethical principle of beneficence. Beneficence entails making sure to promote the moral duty of doing good and to determine that the decisions made are intended to help the client and to promote wholeness.

The role of the counselor is to not make the decision for the family but to help them think through their decision-making process. It can be especially helpful to keep in mind the basic ethical principles that can guide the decision-making work. The counselor can work to clarify the concerns of the client and the family. The counselor can also play the role of making space for the family to grieve and feel the pain or sharpness of the decision. Making the decision to remove life support can be a traumatic one and counselors can help families with this trauma.

**Religious Spiritual Needs of the Dying**

Smith (1993) wrote about how to help a dying individual have a healthy death. The author contended that a major way to help people have a healthy death is to assist them in
processing their sense of religion/spirituality. Counselors should help their clients engage their sense of spirituality/religion, but in such a way that they are not imposing their own theological perspectives. Therapists should accept their clients’ theological perspectives in a nonjudgmental way. Oftentimes such conversations are hard to have and embarrassing for the client, so the counselor could enter the conversation in a nonjudgmental way by simply asking the client about his or her beliefs. Other interventions could be writing in a spiritual journal, helping the client on a visual exercise of picturing the divine, and considering what a healthy death might look like. The tools offered in the article were intended to help the counselor to engage and not forget the importance of religion and spirituality with the dying.

Miner Holden (1993) wrote an article to review another article by Douglas Smith. Miner Holden validated the importance of bringing up spirituality/religion with the dying. The reviewer liked the idea of using exercises to elicit a response about religion and spirituality, but felt that the author’s suggestions were too directive. Miner Holden then suggested helping clients explore their spirituality in a deeper way. First, making sure that the spiritual practice is of psychological benefit is the initial aspect to review with the client. If a certain viewpoint is causing distress, then it is important to challenge that view. In addition, the author suggested that the counselor should engage in a more robust informed consent process to determine whether the client wants to engage in a conversation around spirituality/faith in the first place. The author concluded the article by offering suggestions on using near death experiences to explore how religion/spirituality can be helpful for dying clients.

**How to Have a Healthy Death**

Smith and Maher (1991) affirmed the notion that death is a universal that will affect all people, yet there has been little discussion about what a healthy death is. Psychologists and
counselors receive a lot of training in a variety of developmental issues, but do not receive any training in death. The authors posed the question of what a good death is and if a good death is even possible. They shared some of the more negative models of death, none of which had taken into account how a death can be a healthy death.

There are two main theories that present death in a healthier way. First, Smith and Maher (1991) discussed Barton, and Rando’s work on death as an adaptation. Adapting to the death means accepting the fact that it is a natural part of life. In a way, adapting to death means meeting death halfway and working to look at death in a healthier way. Another model discussed by Smith and Maher (1991) concerns appropriate death. In an appropriate death, the client works to choose the type of death that he or she wants. This way looking at death considers it more as an ally and less as an adversary. This model focuses on helping the dying individual take control over impending death.

The last model that Smith and Maher (1991) reviewed is a model called mutuality. This model focuses on the here and now and works to incorporate a healthy mindfulness of one’s death. The dying individual works to find hope in the present, and this will lead the individual into a hopeful future. Overall, a healthy death focuses on helping clients take a proactive approach in which they oversee the eventual reality of their death.

Research Question 4: What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, personal reflection) in each of the journals from 1986-2016?

The procedure for this question was a deductive one. Previous content analyses have worked to categorize the articles into predetermined categories established through a literature review process (Foley-Nicpon & Lee, 2012; Pope-Davis et al., 2001; Southern, 2006). Each
article was coded into categories: qualitative, quantitative, conceptual, theoretical, and personal reflection. The qualitative category described those research articles that used qualitative methods to answer their research questions. Quantitative articles were any that used quantitative methods to answer their research questions. The conceptual category covered those articles that addressed ideas and concepts around death-related issues. This might include methods for grief counseling, language to use at time of death, or counseling people at time of death. The theoretical category included any specific models or theories that were offered concerning death-related issues, including theories or models for providing bereavement care, or theories and models focusing on the concept of death. The category of personal reflection was also added because of the large number of these types of articles that were discovered during the coding process. The personal reflection category included those articles that outlined one’s personal experience with losing a family member or loved one. These articles did not fit into any of the other categories suggested by previous researchers (Foley-Nicpon & Lee, 2012; Pope-Davis et al., 2001; Southern, 2006) and are thus indicative of how researchers may need to change the coding frame to better fit the data (See Appendix A, Figure A3 on page 224).

Overview of Deductive Themes

1. Qualitative (7 Articles)

   Kinnier, Tribbensee, Rose, & Vaughn, 2001 (JCD)
   Glazer & Marcum, 2003 (JHC)
   Inman, Yeh, Madan-Bahel, & Shivani Nath, 2007 (JMCD)
   Shimabukuro, Daniels, & D’Andrea, 1999 (JMCD)
   Baggerly & Abugiedeiri, 2010 (JMCD)
   Puterbaugh, 2008 (CV)
   Andrews & Marotta, 2005 (CV)

2. Quantitative (3 Articles)

   Stevens, Pfost, & Wessels, 1987 (JCD)
   Ober, Haag Granello, & Wheaton, 2012 (JCD)
3. Conceptual (28 Articles)
Doughty Horn, Crews, & Harrawood, 2013 (CES)
Harrawood, Doughty Horn, & Wilde, 2011 (CV)
Hodges, 2005 (JCD)
Wilson, 2009 (JCD)
Gressard, 1989 (CV)
Bolden, 2007 (CV)
Halberg, 1986 (JCD)
Rickgarn, 1987 (JCD)
Sorenson, 1989 (JCD)
Riordan & Allen, 1989 (JCD)
Valente, Saunders, & Street, 1988 (JCD)
Freeman, 1991 (JCD)
Springer & Lease, 2000 (JCD)
Withrow & Schwiebert, 2005 (JCD)
Schwab, 1997 (JCD)
Lenhardt, 1997 (JHC)
Wright, 1992 (JHC)
Thurston Dyer & Hagedorn, 2013 (CV)
Muselman & Wiggins, 2012 (CV)
Fox & Jones, 2013 (JCD)
O’Halloran & Altmaier, 1996 (JCD)
Glazer & Landreth, 1993 (JHC)
Albright & Hazler, 1995 (CV)
Farrugia, 1993 (CV)
Werth & Crow, 2009 (JCD)
Smith, 1993 (C&V)
Miner Holden, 1993 (C&V)
Smith & Maher, 1991 (C&V)

4. Theoretical (0 Articles)

5. Personal Reflection and Poetry (21 Articles)
DePauw & Luther, 1988 (JCD)
Garfield, 1990 (JCD)
Hayes, 1993 (JHC)
Hulse-Killacky, 1993 (JHC)
Colley, 1993 (JHC)
Wineman, 2000 (JHC)
James, 1994 (JCD)
Siehl, 1992 (JCD)
Pollack, 1988 (JCD)
Landreth, 1988 (JCD)
Linville, 1988 (JCD)
Steed, 1988 (JCD)
Weinrach, 1988 (JCD)
Hughes, 1988 (JCD)
Elliott Ingersoll, 2000 (C&V)
Angelieri, 1986 (JCD)
Conyne, 2008 (JHC)
Tlanusta Garrett, 2001 (JHC)
Mazza, 1995 (JHC)
Patricola-McNiff, 2004 (JHC)
Mazza, 2004 (JHC)

Journal of Counseling and Development (JCD)

From 1986 to 2016, JCD published one qualitative research study and two quantitative studies. There were 14 conceptual articles that explained basic concepts on grief counseling, campus death response, and caring for the dying. There were no articles that included either an original death-related theory unique to counseling, nor did any of the articles offer any death-related theoretical content. JCD offered 11 personal reflections about losing a family member or helping a client. There was a total of 28 death-related articles in JCD.

Journal of Humanistic Counseling (JHC)

From 1986 to 2016, JHC published one qualitative research article and three conceptual articles. There were nine articles that were categorized as personal reflections and five of these were poems. There was a total of 13 death-related articles in JHC.

Counselor Education and Supervision (CES)

CES had only one death-related article, specifically a qualitative study on students’ experiences when taking a grief and loss course. There was one death-related article in CES.

Journal of Multicultural Counseling and Development (JMCD)

JMCD had a total of three death-related qualitative studies.
Counseling and Values (CV)

CV had one quantitative article and two qualitative articles. The journal had ten conceptual articles and one personal reflection. There was a total of 14 articles in CV.

Total of All Five Journals

From 1986 to 2016, there were 59 death-related articles published across all five journals. There were three quantitative research articles and seven qualitative articles. There were 28 conceptual articles and 21 personal reflections and poetry. The deductive coding process utilized in evaluating Research Question 4 above affirms the themes identified in Research Question 3.

Research Question 5: How many articles have been written that address the influence of diversity and culture on death-related issues in the each of the journals?

The next section will describe how many articles could be classified under the category of diversity and culture in death related issues (See Appendix A, Figure A4 on page 225).

Journal of Counseling and Development (1 Article)

The Journal of Counseling and Development had only one article (Springer & Lease, 2000) on caring for gay men.

Journal of Humanistic Counseling (0 Articles)

JHC did not publish any death related articles under that could be categorized under culture or diversity.

Journal of Multicultural Counseling and Development (3 Articles)

JMCD had three articles categorized under diversity and culture. The first one was about a Filipino boy who lost his mother (Shimabukuro et al., 1999). The second one focused on caring for South Asian families who lost loved ones in the World Trade Center attacks (Inman et
al., 2007). The last one was caring for an elementary school community made up of a large number of Muslim children after a student died in a pool (Baggerly & Abugideiri 2010).

**Counselor Education and Supervision (0 Articles)**

CES did not publish any death-related articles that could be categorized under multicultural.

**Counseling and Values (5 Articles)**

CV had five articles that were about spirituality and caring for the dying. Of the five published articles, two were qualitative research studies (Andrews & Marotta, 2005; Puterbaugh, 2000). The next two articles described the spiritual or religious needs of the dying (Smith, 1993; Miner Holden, 1993.) The last article cared for the spiritual needs of the bereaved (Thurston Dyer & Hagedorn, 2013).

**Summary of all Five Journals**

Of the 59 articles that were published in five premier journals ACA (JCD, JHC, JMCD, CES, CV), nine could be classified in the category of diversity/culture.
CHAPTER FIVE

DISCUSSION

This study systematically examined the research on death-related issues using the QCA model (Schreier, 2012) in five premier ACA counseling journals from 1986 – 2016: *Journal of Counseling and Development* (JCD), *Journal of Humanistic Counseling* (JHC), *Journal of Multicultural Counseling and Development* (JMCD), *Counselor Education and Supervision*, and *Counseling and Values* (CV) (Schreier, 2012). This chapter provides a discussion of the findings that emerged from the QCA analysis guided by the following five research questions: RQ1: How many articles were written on death-related issues in each of the journals from 1986 to 2016? RQ2: What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016? RQ3: What are the most frequent categories or themes that have been examined in the literature on death in each of the journals from 1986 to 2016? RQ4: What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016? RQ5: How many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals from 1986 to 2016?

This chapter provides a discussion and explanation regarding the findings of the study in the context of the current literature that exists on death-related issues. In addition, the limitations of the study and recommendations for future research are presented. Overall, the findings of this study provide useful information that may inform the counseling field about how it has historically addressed death-related issues in its journals. Furthermore, the results of this study confirm that the field of counselor education has seemingly disregarded the topic of death and the time has come to expand conversation in this area. Through the forthcoming discussion and
elaboration of the findings, it is hoped that these results may guide the profession towards a new awareness of the value of covering death-related issues. Specifically, with regard to counseling practice, counselor education curriculum, and cultural influences on death related issues, this study will ultimately lead to an increase of publications on death-related issues in professional journals.

It is imperative that the field of counselor education expand and implement research critical to the understanding of death-related issues. Expanded research will contribute to a much-needed conversation about death, as well as augmenting understandings about death related issues and how people of diverse backgrounds confront death. It is staggering to consider that while death affects one hundred percent of all people, only one percent of the counselor education journals reviewed in this study addressed death related issues. This chapter will provide guidelines for how the field of counselor education must steadfastly engage in research and proactively discuss death-related issues.

**Research Question 1: How many articles were written on death-related issues for each journal?**

**Research Question 2: What is the exact percentage of articles that covered death-related topics for each journal?**

**Brief Summary of the Findings for Research Questions 1 and 2**

The first section in this chapter addresses Research Questions 1 and 2, which are quantitative questions that examined the quantity of articles identified on death-related issues. These two research questions have been addressed together as both represent questions that are quantitative measures of death-related articles in each journal. The JCD published the highest number of articles at 28; this is not surprising given that it is the largest journal of the profession
and had the highest number of total articles published, specifically 2539 articles. CV published 796 total articles with a total of 14 death-related articles. JHC published a total of 684 articles, with 13 death-related articles. JMCD published 652 articles, with three articles covering death-related issues. Overall, there was a general trend that the higher the number of total articles published in the journal, the more death-related articles published in that journal. The one outlier in this pattern was CES that had a total of 837 articles and just one article published on a death-related issue.

This is especially significant to consider given that a journal whose charge is to address counselor education, published only one article on death education in this reviewed thirty-year time span. Counselor education is at the heart of the profession and its purpose is to shape the next generation of professionals. This glaring lack of focus on death related topics is concerning. In order for the field to grow and expand in this area, more emphasis should be placed on research about death education. This research will provide counselor educators with strategies for initiating and expanding conversations about death in the classroom. It is interesting to note that, in terms of the percentage of articles published on death-related issues per journal, the journal with the highest percentage of death-related articles published was JHC (1.9%) followed by CV (1.8%), JCD (1.0%), JMCD (.4%), and CES (.01%) (See Appendix A, Figure A1 on page 223).

**Discussion of the Findings Identified in Research Questions 1 and 2**

The findings of this study indicate that there is a substantial lack of articles covering death-related issues in the five major American Counseling Association (ACA) journals reviewed. Of the 5508 articles published across the five ACA journals reviewed in this study going back 30 years each, only 59 articles covered death-related topics.
These findings suggest that the field of counseling has seemingly avoided exploring death-related issues. A primary reason that people seek counseling services is due to loss-related issues (e.g., loss of a loved one, job loss, disease, accident). In fact, one study reported that 28% of the individuals seeking counseling tended to do so in order to deal with a loss, trauma or death (Barna Study, 2018). Despite the fact that many people seek counseling for a range of loss-related issues, only 1% of the published articles in these journals reported any death-related material. This clearly suggests that more attention to death-related issues should be covered in counselor professional journals.

Given the high numbers of people seeking counseling for death-related issues, it would make sense that there would be a large amount of publications for how to teach new counselors about death related issues. Yet, there was only one article published in CES on how to teach about death-related issues (Doughty Horn et al., 2013). This is significant because issues around death have been documented to be of concern for developing practitioners (Kirchberg & Neimeyer, 1991; Kirchberg et al. 1998; Terry et al., 1996). The literature suggests that there is a desire and need for counselors to learn more about death in general and how to work with death-related situations. However, the findings of this study indicate that very little research has been conducted in this area. Additionally, it is concerning that investigations about developing practitioners have not been published in over two decades. In fact, the most recent publication addressing counselor trainees and death-related issues was published in 1998 (Kirchberg et al. 1998).

There are three major areas of research demonstrating that developing practitioners are uncomfortable with issues of death. Neophyte counselors have consistently ranked counseling scenarios around death as more uncomfortable to deal with in comparison to more benign
scenarios (Kirchberg & Neimeyer, 1991; Kirchberg et al. 1998). The counselor trainee participants in both of these studies consistently rank-ordered the scenarios around death as more difficult to deal with. A related study examined counselors practicing in the field and explored their level of comfort with death. The researchers discovered that one’s level of experience influences their comfort with death, and, once again, it was reported that the more experience practitioners had with counseling in general, the more comfortable they tend to be with death (Terry et al., 1996).

Studies about comfort levels with death for counselor trainees have been limited to a previous generation of students. Much has changed since the 90s when these articles were published (Kirchberg & Neimeyer, 1991; Kirchberg et al. 1998). It would be especially important to gain a greater understanding of how the current generation of counselor trainees understand and experience death related issues.

Researchers have also discovered that education can help people become more comfortable with death. Several studies suggested that taking a course in grief and loss can help individuals become more comfortable when working with the bereaved and with their own sense of loss (Basu & Heuser, 2003; Cohen Conrad, 2010; Kramer, 1998). Some researchers in psychology have promoted the idea of death competence and the importance of practitioners becoming more competent to work with the bereaved. Death education has been confirmed as an effective strategy for helpers to become more competent with death-related issues (Gamino & Ritter, 2012).

In summary, this finding confirms that, in the field of counselor education, there has been little attention in the literature to guide death-related curriculum development. Unfortunately, the last documented consideration of how the counseling field was including death-related material
in their curriculum was conducted over 38 years ago (Rosenthal, 1981). The fields of nursing, medicine, emergency medicine, and psychology have each conducted more recent assessments of death-related curricula and can serve as a resource for the counseling profession (Dickinson, 2006, 2017; Eckerd, 2009; Ferrell et al., 1999; Mallory, 2003; Smith-Cumberland, 2006). Thus, there is great potential for the findings of this study to guide the counseling profession to take a more proactive lead in developing curricula that would ensure that counselor trainees and professional counselors would report greater comfort levels and expertise in managing death-related topics. Given the lack of consistent research initiated by counselor educators, the field has primarily depended upon research from other disciplines. Counselor education must develop its own research in order to assess how well the field is covering death related issues. It is concerning that the last published research in counselor education that explored this area was published in 1981 (Rosenthal, 1981).

**Discussion of the Findings Identified in Research Question 3**

**Research Question 3: What are the most frequent categories or themes that have been examined in the literature on death for each journal?**

**Overview of Themes**

This section reviews the major themes across all journals that were identified during the coding process and discusses how the themes connect to the research on death-related issues (See Appendix A, Table A1 on page 223 and Figure A2 on page 224). The eight major identified themes included:

**Research Theme #1: Research on Death-related Issues:** This category represented those articles that used either a qualitative or quantitative research procedure to respond to a specific research question or questions.
**Research Theme #2: Personal Reflection or Poetry:** This category represented articles that were personal reflections about the death of a family member, friend, or client. These articles were brief in nature and consisted of only one to three pages.

**Research Theme #3: Grief and Loss Education:** This category represented articles that were written about how to educate counselor trainees on death and bereavement counseling issues.

**Research Theme #4: Book Reviews:** This category comprised of articles written to review a book that covered death-related issues.

**Research Theme #5: Responding to Campus Death:** These articles were written from a student affairs perspective and were about how to best respond to a student’s death on a college campus.

**Research Theme #6: Providing Grief Counseling:** These articles dealt with the best practices, models, or theories for the practice of counseling the bereaved.

**Research Theme #7: DSM and Bereavement Diagnosis:** This category covered the debate around whether it is appropriate or not to diagnose persons as having a mental illness if they are suffering from the very natural process of grief.

**Research Theme #8: Counseling the Dying:** This category covered the best practices around caring for those who are going through the dying process.

This next section is organized by each of the eight themes that emerged from each individual journal. The themes will first be discussed specific to each journal. Secondly, the themes will be reviewed from the context of all five journals pooled across the eight designated themes from each journal.
Themes that Emerged from Individual Journals

Journal of Counseling and Development

Themes

Seven of the eight themes were identified in JCD. The seven themes are delineated below along with the supporting references that contributed to the identification of the specific identified theme (See Appendix A, Table A1 on page 223 and Figure A2 on page 224).

Overview of Themes

Research Theme #1: Research on Death-related Issues (3 Articles)

Qualitative
Kinnier, Tribbensee, Rose, & Vaughn, 2001 (JCD)

Quantitative
Stevens, Pfost, & Wessels, 1987 (JCD)
Ober, Haag Granello, & Wheaton, 2012 (JCD)

Research Theme #2: Personal Reflection and Poetry (11 Articles)

Personal Reflections
Death of a Significant Other
DePauw & Luther, 1988 (JCD)
Garfield, 1990 (JCD)
James, 1994 (JCD)
Siehl, 1992 (JCD)
Pollack, 1988 (JCD)

Counseling Dying Children
Landreth, 1988 (JCD)
Linville, 1988 (JCD)

Counseling Bereaved Parents
Steed, 1988 (JCD)
Weinrach, 1988 (JCD)

Counseling a Bereaved Adult Child
Hughes, 1988 (JCD)

Poetry
Angelieri, 1986 (JCD)

Research Theme #3: Grief and Loss Education
No articles

Research Theme #4: Book Reviews (4 Articles)
Grief Counseling for Families  
Hodges, 2005 (JCD)  
Counseling Children and Adolescents in Grief  
Wilson, 2009 (JCD)

Research Theme #5: Responding to Campus Death (3 Articles)  
Halberg, 1986 (JCD)  
Rickgarn, 1987 (JCD)  
Sorenson, 1989 (JCD)

Research Theme #6: Providing Grief Counseling (6 Articles)  
Grief Counseling in a Funeral Home  
Riordan & Allen, 1989 (JCD)  
Grief Counseling for Those Bereaved by Suicide  
Valente, Saunders, & Street, 1988 (JCD)  
Freeman, 1991 (JCD)  
Grief Counseling for Special Populations  
Springer & Lease, 2000 (JCD)  
Withrow & Schwiebert, 2005 (JCD)  
Grief Counseling for Bereaved Parents and Surviving Siblings  
Schwab, 1997 (JCD)

Research Theme #7: DSM and Bereavement Diagnosis (1 Article)  
Fox & Jones, 2013 (JCD)

Research Theme #8: Counseling the Dying (1 Article)  
Counseling Terminally Ill Children  
O’Halloran & Altmaier, 1996 (JCD)  
Bioethics in Dying  
Werth & Crow, 2009 (JCD)

Discussion of Themes

Research Theme #1: Research on Death-related Issues

As delineated above, 28 articles were published in JCD from 1986-2016. It is interesting to note that only three constituted original research. These studies were descriptive and exploratory in nature and did not include any robust research methods. Two of the studies were quantitative and included one descriptive survey that was completed by mail (Ober, Granello & Wheaton, 2012) and one correlational design (Stevens, Pfost, & Wessels, 2012). The third article
was a grounded theory study that examined how an individual’s confrontation with death influenced how they lived their lives (Kinnier et al., 2001).

The Ober et al. (2012) descriptive mail study was an extremely helpful piece of research that measured death competence among practicing counselors. This study represents the only attempt to assess how well the field of counselor education and supervision is preparing its practitioners to manage death-related issues since Rosenthal’s article published in 1981. The one major difference with this study was that it assessed currently practicing counselors, whereas Rosenthal (1981) assessed how counselor education programs were training their students.

The other two studies provided information for counselors as they provided an understanding of the clients with whom they were working. The Stevens et al. (1987) quantitative correlational design provided recommendations to assist counselors to better understand bereaved people and how to work therapeutically with them. This study indicated that those who are better able to find purpose in their lives tended to adjust to their loss more effectively. The Kinnier et al. (2001) grounded theory study was useful as it concluded that confrontation with death could influence and change one’s life either for the better or for the worse. These studies investigated very specific areas within bereavement counseling. It is noteworthy that there were no articles published that provided any competencies for bereavement counseling. Furthermore, there were no studies published in JCD that confirmed the efficacy of bereavement counseling, even though many such studies have been published in other disciplines (Jordan & Neimeyer, 2003; Larson & Hoyt, 2009; Litterer Allumbaugh & Hoyt, 1999; Neimeyer & Currier, 2009). It would be important for the flagship journal of the counseling discipline to publish more research on death related issues and this is especially crucial for a field that
increasingly emphasizes evidenced based practices. To date, there is no original research that offers best practices or evidenced based research for death related issues.

There were no studies that used a true experimental method and those published were either descriptive, correlational or qualitative in design. In sum, this provides evidence that the profession has avoided the study of death-related issues. Rather, the study of death-related issues has been approached in a non-methodical and disorganized manner. With an average of one study published every decade in JCD, clearly, the research is lacking in this area. This suggests that there is great potential to grow and develop a vigorous research agenda for death related studies in professional counseling.

**Research Theme #2 Personal Reflection and Poetry**

There were ten personal reflection articles and one poem on death identified from 1986-2016. These articles were short ranging from one to two pages each and were all based on personal experience. None of these articles included any relevant research or best practices for how to care for the bereaved or research on how death influences human behavior. All the personal reflection/poetry articles were published in the late ‘80s and early ‘90s. The most recent personal reflection article was published by James (1994) wherein she described the loss of a child. The only poem on death included in JCD was published in 1986 and was about a person’s experience with losing a significant role model (Angelieri, 1986).

Five of the personal reflections in JCD were about losing a family member. One of the main themes of these reflections was that grief is hard and that it takes time to be processed. Another main theme of the reflections was the cathartic nature of writing about one’s personal loss. The other five reflections in JCD were related to working with people who were either bereaved or going through the dying process. Two of the articles were about working with dying
children, two were about working with bereaved parents, and the remaining article was about working with a bereaved child. Once again, the focus of these personal reflections was on the therapist and the feelings that were elicited in the process of working with a client. These articles about how a counselor cared for a bereaved person could have been a great opportunity to reflect on how a specific theory or approach helped them in their work. Instead, these articles provided their own experience and feelings in working with the dying. They did not offer any sort of guidance to the reader on how best to work with the dying.

Lastly, there was one poem that had a death-related theme as its focus. None of the ten personal reflections nor the one poem offered any sort of specific counseling guidelines. It is significant to note that 42% of the death-related material in JCD consisted of short personal reflections and a poem.

According to research on death competence, it is critical that the therapist is aware of his or her own self when it comes to death-related issues (Gamino & Ritter, 2012; Jeffreys, 2011). Consequently, it is reassuring that there are so many reflection articles which demonstrates the importance of the counselor being aware of death-related issues. However, one area that is missing in these reflections is to make the connection that such reflections on death related issues can help the counselor to become a more competent counselor when working with those who have experienced loss.

It would also be important to offer a set of best practices for how journals could invite counselor educators and professionals to reflect and write about their own perspectives and thoughts on death related issues. Personal reflection articles can provide guidance to beginning and even seasoned counselors about how to reflect on what death means to them personally and professionally. The work of self-reflection will invariably lead counselors and counselor trainees
to increased levels of comfort with death ultimately contributing to a field that is more open to and comfortable addressing death related issues.

Overall, these articles did not present any theory or offer any other grief and loss understandings that would be helpful to the reader in their professional practice. The focus of these reflections was on the author’s experience of death-related issues which likely provided a lens to understand the grief experience and might inform empathy in their work. Understanding and considering one’s own experience with loss is important for when the counselor is working with bereaved or dying clients. One needs to be aware of their own loss material so that they can bracket that material when counseling someone who is dealing with a loss (Jeffreys, 2011). It is significant that the last personal reflection article on death was written twenty-five years ago. The lack of published reflections may be a result of the counseling professions’ focus on empirical research and evidence-based practice. Alternatively, given that such reflective writing encourages readers to consider their own experience with loss, it may also support the hypothesis that there exists a general death anxiety in the counseling field.

**Research Theme #3 Grief and Loss Education**

One of the most significant findings from the JCD analyses is that there were no published articles about the teaching of grief and loss in this thirty-year analysis. This is concerning because there were no published articles on how to educate counselors, counselor trainees in their efforts to educate clients and the general public on death-related issues. This is significant because the research has indicated that beginning counselors have anxiety around working with the dying and bereaved (Kirchberg & Neimeyer, 1991; Kirchberg et al. 1998). Death is also something that affects everyone, therefore, it is important to publish about best practices about the instruction of death, dying and caring for the bereaved. There are many
opportunities and countless venues to teach about death-related issues. There is ample opportunity to expand the counseling research on how best to deliver instruction on death-related issues.

Research Theme #4 Book Reviews on Death

There were only two books that were reviewed on death in the JCD journal from 1986-2016. The first review was published by Hodges (2005) about a book titled, *In Presence of Grief: Helping Family Members Resolve Death Dying, and Bereavement Issues* by Bevcar (2001). This book was about helping family members struggling with loss and drew on her own experience of losing her son.

The second book review was published in 2009 by Wilson and was titled *Counseling Children and Adolescents Through Grief and Loss* by Fironi and Mullen (2006). The book provided a practical analysis on how best to care for children who have experienced losses. Despite the plethora of books published on death-related issues there were only two reviewed within this 30-year review of the ACA journals and last review was published over ten years ago. Interestingly, while there are many books about how death influences human behavior, there were no textbooks reviewed that addressed death-related issues in the counseling profession.

Research Theme #5 Responding to Campus Death

Another theme that was identified from these analyses was about responding to death on a college campus (Halberg, 1986; Rickgarn, 1987). Both articles were based upon their personal experiences in responding to a campus death of a student and outlined a series of procedures in how to respond to the crisis of death on a college campus. Rickgarn (1987) expanded on the work of Halberg (1986) and described the development of a death response team created at the University of Minnesota.
Sorenson (1989) outlined how to respond when a teacher or student dies in a public school. Though he did not include the work of Halberg (1986) or Rickgarn (1987), he advocated about the importance of having a set of guidelines for how to communicate about death. Sorenson (1989) also advocated the importance of also having a crisis response team to lessen the anxiety and trauma of a teacher or student death. In the case of all three articles, there was a personal death experience in their institution that precipitated the creation of such death response or crisis intervention teams.

It is interesting to note that, without a personal experience of loss, death response teams may not have been created. This further affirms that, institutionally and societally, there is a tendency to be more reactive versus proactive thereby avoiding death-related issues until the reality is at the door. It would seem logical to expand the conversation on death response teams in this age of mass shootings that have occurred in a variety of settings (e.g., schools, universities, public venues, and places of worship). It is important to have a systematic way of responding to such crises and as these tragic events challenge professional counselors and the services they provide. Strategies for responding to these tragic events must be robustly rooted in the literature.

**Research Theme #6 Providing Grief Counseling**

Five articles offered guidance for how to provide grief counseling to the bereaved. Three of these articles offered a brief literature review (Springer & Lease, 2000; Valente, Saunders & Street, 1988; Withrow & Schwiebert, 2005). Valente et al. (1988) detailed a literature review about offering bereavement counseling to adolescents who were survivors of death by suicide of a significant other. Springer and Lease (2000) conducted a literature review on the unique
experience of grief for the gay male population. The third article explained the experience of being a twin and how one copes with the loss of a twin (Withrow & Schowiebert, 2005).

The other two articles by Riordan and Allen (1989) and Freeman (1991) provided models for offering counseling to the bereaved. Riordan and Allen (1989) described how to provide group counseling for general grief in a funeral home setting, and Freeman (1991) described how to provide grief group counseling for those bereaved by suicide. Both models were not based on any theoretical orientation, but rather on their own personal experience with providing such groups. Thus, the models offered provided no data to support the efficacy of group interventions to address loss.

Regrettably, it has been over 14 years since an article has been published on providing grief counseling in JCD. In addition, all three literature review articles on providing grief counseling were narrow in their focus and examined one specific population. It is also significant to note that none of these literature reviews included any literature on death related issues from American Counseling Association (ACA) journals. The death-related articles cited in their reviews were from non-ACA journals. A limitation of these articles is that they did not utilize any of the existing models of grief to inform their recommendations.

The field of counseling has not yet developed their own model or theory of grief and the silence speaks volumes. The discipline of counseling focuses on the importance of the relationship and has much to offer in this important area. Developing a new model of grief born out of the discipline of counseling is profoundly overdue.

**Research Theme #7 DSM and Bereavement Diagnosis**

There was only one published article addressing the diagnosis of bereavement and how the DSM guides that process (Fox & Jones, 2013). The article was written prior to the DSM-5
and covered the bereavement exclusion criteria under major depressive disorder (MDD). In the DSM-IV, one could not be diagnosed with MDD when they had experienced a recent loss. In the DSM-5, these exclusion criteria could be removed so that the client could be diagnosed with MDD even if they had experienced a recent loss. This was a controversial issue and many argued that it medicalized the experience of grief. Others praised the exclusion removal because it would now be possible for people to receive services and insurance coverage for the treatment of the bereavement process.

This article described an additional disorder (Persistent Complex Bereavement Disorder) to be considered for the DSM-5 which also was a controversial topic. Persistent Complex Bereavement Disorder was offered as an additional diagnosis to describe those who have become debilitated by their grief. Both the removal of the bereavement exclusion and the addition of Persistent Complex Bereavement Disorder were controversial topics. Based on the limited number of publications in the ACA journals, further articles addressing diagnosis with bereavement are warranted. This is another important topic to be considered a priority research topic for the counseling profession. Given that the field continues to affirm itself as a viable contributor to the practice of diagnosis and assessment, this is particularly important.

**Research Theme #8 Counseling the Dying**

Based on the findings of this study, the counseling profession has yet to focus on publishing in the area of caring for the dying. Only two articles were published in JCD about end-of-life care, a literature review (O’Halloran & Altmaier, 1996) and a publication that provided an overview for how counselors can care for clients at end of life (Werth & Crow, 2009). O’Halloran & Altmaier (1996) limited their article to providing guidelines for how to work with children with end-of-life concerns. This suggests that the counseling profession has
focused on isolated specific areas of concern regarding loss and heretofore has not taken a leading role in researching and providing evidence-based interventions for counseling surrounding end-of-life issues.

Werth and Crow (2009) does offer a more generic set of guidelines, beyond caring for children but none of what they offer is based on evidence-based research. Much of what they share is based on what the ACA code of ethics says about caring for clients at the end of life. In addition, their publication does not offer any sort of guidelines for how to personally engage with a dying individual to care for them in a meaningful way. Much of what they offer is about making end of life decisions (living will, advanced directives), how to make referrals and ethical/legal issues. The article does little to give the counselor interventions or techniques that could be used to fully engage a dying client in a meaningful way.

Death is something that will never go away and in an aging United States population it is inevitable that counselors will work with the dying and/or their families. It would be important to include more research in this area around best practices to ensure that counselors are operating in a way that is ethical and effective.

*Journal of Humanistic Counseling*

Four of the eight themes were identified in JHC. The four themes are delineated below along with the supporting references that contributed to the identification of the specific identified theme (See Appendix A, Table A1 on page 223 and Figure A2 on page 224).

**Overview of Themes**

**Research Theme #1: Research on Death-Related Issues (1 Article)**

*Qualitative*

Glazer & Marcum, 2003 (JHC)

**Research Theme #2: Personal Reflection and Poetry**

*Personal Reflections (4 Articles)*

Death of a Significant Other
Hayes, 1993 (JHC)
Hulse-Killacky, 1993 (JHC)
Colley, 1993 (JHC)
Wineman, 2000 (JHC)

**Poetry (5 Articles)**
Conyne, 2008 (JHC)
Tlanusta Garrett, 2001 (JHC)
Mazza, 1995 (JHC)
Patricola-McNiff, 2004 (JHC)
Mazza, 2004 (JHC)

**Research Theme #3: Grief and Loss Education**
No Articles

**Research Theme #4: Book Reviews**
No Articles

**Research Theme #5: Responding to Campus Death**
No Articles

**Research Theme #6: Providing Grief Counseling (2 Articles)**
  **Disenfranchised Grief**
  Lenhardt, 1997 (JHC)
  **Counseling Grieving Parents**
  Wright, 1992 (JHC)

**Research Theme #7: DSM and Bereavement Diagnosis**
No Articles

**Research Theme #8: Counseling the Dying (1 Article)**
  **Counseling Terminally Ill Children**
  Glazer & Landreth, 1993 (JHC)

### Discussion of Themes

**Research Theme #1: Research on Death-Related Issues**

Of the 13 articles published on death-related issues in JHC, only one qualitative research article concerned children, storytelling and death. The study explored how the use of stories could help children with their grief process (Glazer & Marcum, 2003). In this study a story was read to all subjects which described a young man named Joey who lost his father and must move to another state. The researchers reported that the use of art and story can help children reach a deeper level of understanding about their grief. This study demonstrated the importance of using creative approaches to explore loss and grief with children. It is of note that this is the only original research published in JHC from 1986-2016. Given that the study of death-related issues
lies at the heart of humanistic and existential philosophy, it would be important to expand the research about death-related issues.

**Research Theme #2: Personal Reflection and Poetry**

The bulk of the articles in JHC were personal reflection and poetry. The three 1993 published articles (Colley, 1993; Hayes, 1993, Hulse-Killacky, 1993) comprised a series of articles designed to reflect on loss. Hayes (1993) introduced the series on loss. Hulse Killacky (1993) and Colley (1993) described their experience of losing a father and what they learned from that process. These three articles reinforced the recognition that many of the articles on death-related issues tend to be based upon an individual’s personal experience with loss. While Hulse-Killacky (1993) briefly mentioned Kubler-Ross’s stages of grief, the articles did not reference any models of grief. The remaining personal reflection article published by Wineman (2000) was also about losing a father and the difficult experience in seeing his dying body. It is of note that this article and the other three personal reflections were short and one to two pages in length.

There were five poems, by Tlanustra Garrett (2001), Mazza (1995), Mazza (2004), Patricola-McNiff (2004), and Conye (2008), that were written about the death of a loved one. The poems explored the difficult nature of death and how to contend with such a reality. It is also important to note that the Conye (2008) poem was the last time any publication addressed death in JHC between the years 1986-2016. Furthermore, if the nine articles that were in the category of personal reflection/poetry were removed, there would only be four death-related articles published in the thirty years (1986-2016) in JHC. In sum, the remaining articles published in JHC during the review time frame included one qualitative article (Glazer & Marcum, 2003) examining story and its impact on managing grief, two articles on providing
grief counseling (Lenhardt, 1997; Wright, 1992) and one on counseling the dying (Glazer & Landreth, 1993). Examination of JHC published articles (1986-2016) reveals a paradox in that a journal focused upon humanism and existential thought has only published four articles concerning death-related issues, if the personal reflections and poetry entries are removed.

**Research Theme #3: Grief and Loss Education**

Surprisingly, there were no articles published in JHC about the teaching of grief and loss within counseling programs. Ironically, humanistic thought is deeply connected to existentialism, and death is one of the primary concerns for existential thought. In fact, Yalom (1980) wrote about death as one of the primary existential concerns for human beings, yet there is not any information included on how to best teach counselor trainees about grief and loss.

**Research Theme #4: Book Reviews on Death**

There were no book reviews on death-related issues within JHC between the years of 1986-2016. Again, this suggests that over the past 30 years there were no books published about death-related issues that merited review by JHC.

**Research Theme #5: Responding to Campus Death**

Responding to campus death was a unique theme only found in JCD and there were no articles published on this topic within JHC.

**Research Theme #6: Providing Grief Counseling**

There were two articles published on grief counseling within JHC (Lenhardt, 1997; Wright 1992). Wright (1992) explored how to care for bereaved parents and represented the only article within JHC that outlined basic death related concepts important in providing grief counseling including bereavement, grief, mourning, and the bereavement process. It also included practical strategies for helping bereaved parents.
Lenhardt (1997) outlined the literature on disenfranchised grief which is a type of grief that is not publicly recognized by others. A few examples of disenfranchised grief include prenatal death, losing a lover from an affair, and a parent who loses an adult child. This was the only article published on disenfranchised grief in all of the five journals examined in this QCA.

**Research Theme #7: DSM and Bereavement Diagnosis**

There were no articles on the role of diagnosis connected to death related issues in JHC from 1986-2016.

**Research Theme #8: Counseling the Dying**

JHC published one article on caring for and counseling the dying (Glazer & Landreth, 1993). The authors note that dying is a normal part of human development and how death is often left out of development models. The authors briefly described how to talk about death with a child and how to frame such a conversation from the perspective of human development. This is the only article in the QCA analysis that offers any discussion about death as a part of the human development process and how developmental approaches can help people face the reality of death.

*Journal of Multicultural Counseling and Development*

Only one of the eight themes were identified in JMCD. The theme is listed below along with the supporting three references that contributed to the identification of the specific identified theme Research on Death-Related Issues (See Appendix A, Table A1 on page 223 and Figure A2 on page 224).

**Overview of Themes**

**Research Theme #1: Research on Death-related Issues**

**Qualitative**

Inman, Yeh, Madan-Bahel, & Shivani Nath, 2007 (JMCD)
Shimabukuro, Daniels, & D’Andrea, 1999 (JMCD)
Discussion of Themes

Research Theme #1 Research on Death-related Issues

JMCD published three qualitative research studies that were about a specific culture. The journal did not publish any articles that provided general competencies on how to consider and incorporate culture when working with death related issues. In fact, the first article published on death-related issues and culture was in 1999. Shimabukuro, Daniels & D’Andrea (1999) offered a case study of an eleven-year-old grieving Filipino boy who lost his mother. The focus of the article was not necessarily on the loss of his mother; rather, it examined the boy’s spiritual perspective considering the loss that he experienced. The authors were more focused on understanding the influence of the boy’s spirituality to understand his experience moving through grief. It is interesting to note that the first article on death in JMCD was more about spirituality than it was about death.

The next article on death related issues was published by Inman et al. (2007). Their research provided guidelines for the care of bereaved South Asian family members who lost loved ones in the September 11th, 2001 in the World Trade Center attacks. The researchers
interviewed eleven families. The major theme that emerged was that they preferred healing methods from their own culture rather than seeking out other professional help. This study was very specific in its approach and offered few competencies and guidelines for working with the south Asian population on death related issues. This study demonstrated a recognition that the work of exploring how different cultures contend with death related issues is necessary; however, there is still a great need for future research in this area.

Baggerly and Abugidieri (2010) published another article in JMCD that was about providing grief counseling for Muslim preschool and elementary school children. The article provided a case study about how a school with a large Muslim student population provided care for their community after a young Muslim boy drowned in a pool. These group of researchers were the only ones in JMCD that offered a set of best practices for not only working with Muslim children on death-related issues, but also with adults.

These studies provide a baseline for the importance of need for continued exploration of death related issues from a multicultural perspective. As noted in chapter two, culture plays a significant role in how individuals manage death-related issues and the paucity of research in this area suggests the need for future research. This is especially evident given the fact that it has been almost nine years since there was an article published on death in JMCD. This is significant because death is one of the few universal certainties with which all cultures must contend. Furthermore, the articles described in this section suggest that an even greater need exists to address death-related multicultural competencies.

It is disconcerting to consider that there were only three articles published on death in JMCD. Diversity, culture and their relationship to death is important to consider as every culture has a unique perspective, rituals and traditions to contend with death. It would be extremely
important to fully explore the relationship between culture and death in the counseling literature. The lack of death related articles addressing multicultural understandings is distressing. Thus, more research in this area is necessary to fully understand and consider the role that culture plays in death-related issues.

**Research Theme #2: Personal Reflection and Poetry**

There were no articles published on personal reflection and poetry in JMCD from 1986 to 2016 in JMCD. There would be ample room to explore this topic from a multicultural perspective.

**Research Theme #3: Grief and Loss Education**

There were no articles published on grief and loss education in JMCD from 1986 to 2016. It would be important to offer more publications on how to teach death related multicultural issues to both counselors and counselor trainees.

**Research Theme #4: Book Reviews**

There were no published book reviews in JMCD from 1986 to 2016. It would be beneficial to publish more book reviews on death related multicultural issues that are in the literature. One example would be Rosenblatt and Wallace’s book (2005) on African American Grief.

**Research Theme #5: Responding to Campus Death**

There were no articles published on responding to campus death from 1986 to 2016 in JMCD.

**Research Theme #6: Providing Grief Counseling**

There were no articles published on providing grief counseling from 1986 to 2016. The three research articles published in JMCD (Shimabukuro, Daniels, & D’Andrea, 1999, Inman,
Yeh, Madan-Bahel, & Shivani Nath, 2007, Baggerly & Abugiedeiri, 2010) did offer a few multicultural guidelines for providing grief counseling but this information was not the main focus of the articles.

**Research Theme #7: DSM and Bereavement Diagnosis**

There were no articles published on DSM and bereavement diagnosis from 1986 to 2016. One area to consider for future research might be important death related cultural considerations when giving someone a diagnosis. For example, it is common for African-American individuals to have a strong emotional reaction to the death of a significant other (Rosenblatt & Wallace, 2005). It is possible that some clinicians who come from a different cultural background might misconstrue this as a possible symptom of a psychological disorder. Publications in this area would help clinicians to become more multiculturally aware when working to diagnose their clients, particularly those struggling with death related issues.

**Research Theme #8. Counseling the Dying**

There were no articles published on counseling the dying in JMCD from 1986 to 2016. This would be yet another important area to publish on because every culture has their own rituals around the dying process and what happens when someone does die. It would be important to publish literature to help the clinician to become more multiculturally aware of how to care for their dying clients.

**Counselor Education and Supervision**

Only one of the eight themes were identified in CES. The theme of Grief and Loss Education is listed below along with the supporting references that contributed to the identification of the specific identified theme (See Appendix A, Table A1 on page 223 and Figure A2 on page 224).
Overview of Themes

Research Theme #1: Research on Death Related Issues
No Articles

Research Theme #2: Personal Reflection and Poetry
No Articles

Research Theme #3: Grief and Loss Education (1 Articles)
Offering a Class on Grief and Loss
Doughty Horn, Crews, & Harrawood, 2013 (CES)

Research Theme #4: Book Reviews
No Articles

Research Theme #5: Responding to Campus Death
No Articles

Research Theme #6: Providing Grief Counseling
No Articles

Research Theme #7: DSM and Bereavement Diagnosis
No Articles

Research Theme #8: Counseling the Dying
No Articles

Discussion of Themes

Research Theme #1: Research on Death Related Issues

There were no articles published in the category of research on death related issues in CES from 1986 to 2016.

Research Theme #2: Personal Reflection and Poetry

There were no articles published in the category of personal reflection and poetry in CES from 1986 to 2016.

Research Theme #3 Grief and Loss Education

The one article published in CES included a research study that explored how students experienced taking an eight-day grief and loss course. This was an exploratory research project that reported on the success of a small grief and loss course with 11 participants. This study indicated that, upon completion of the course, students reported less fear of death, wanted to learn more about death, and were more comfortable with their own mortality (Doughty Horn et
the findings that both counselor trainees and practicing professional report low levels of comfort with death related issues (Kirchberg et al., 1991).

It is concerning that, in a journal dedicated to curriculum and research on teaching, there was only one article published on the teaching of grief and loss issues over this 30-year review. Death is something that will affect all people, but there was only one article in CES offering some guidance in how to teach such material. It is crucial to increase research in this area. The exchange about death related issues starts in the classroom and it is important to give counselor educators the tools for how to teach and have conversation around death.

**Research Theme #4: Book Reviews**

There were no published book reviews in CES from 1986 to 2016.

**Research Theme #5: Responding to Campus Death**

There were no published articles on responding to campus death in CES from 1986 to 2016.

**Research Theme #6: Providing Grief Counseling**

There were no published articles on providing grief counseling from 1986 to 2016 in CES.

**Research Theme #7: DSM and Bereavement Diagnosis**

There were no published articles on DSM and bereavement diagnosis in CES from 1986 to 2016.

**Research Theme #8. Counseling the Dying**

There were no published articles on counseling the dying in CES from 1986 to 2016
Counseling and Values

Six of the eight themes were identified in CV: Research on Death Related Issues, Personal Reflection and Poetry, Grief and Loss Education, Book Reviews, Providing Grief Counseling, Counseling the Dying and are listed below along with the supporting references that contributed to the identification of the specific identified theme (See Appendix A, Table A1 on page 223 and Figure A2 on page 224).

Overview of Themes

Research Theme #1: Research on Death-related Issues (3 Articles)
  Qualitative
    Puterbaugh, 2008 (CV)
    Andrews & Marotta, 2005 (CV)
  Quantitative
    Cruz-Ortega, Guiterrez, & Waite, 2015 (CV)

Research Theme #2: Personal Reflection and Poetry (1 Article)
  Personal Reflection
    Working with a Dying Elderly Patient
    Elliott Ingersoll, 2000 (CV)

Research Theme #3: Grief and Loss Education (1 Article)
  Harrwood, Doughty Horn, & Wilde, 2011 (CV)

Research Theme #4: Book Reviews (2 Articles)
  Death Anxiety
    Gressard, 1989 (CV)
  Grief and Grieving: Finding Meaning in the Five Stages (Kubler-Ross)
    Bolden, 2007 (CV)

Research Theme #5: Responding to Campus Death
  No articles

Research Theme #6: Providing Grief Counseling (2 Articles)
  Spirituality/Religion for Bereaved
    Thurston Dyer & Hagedorn, 2013 (CV)
  Counseling Bereaved Adolescents
    Muselman & Wiggins, 2012 (CV)
Research Theme #7: DSM and Bereavement Diagnosis  
No articles

Research Theme #8: Counseling the Dying (5 Articles)  
Bioethics in Dying  
Albright & Hazler, 1995 (CV)  
Farrugia, 1993 (CV)  
Religious Spiritual Needs of the Dying  
Smith, 1993 (C&V)  
Miner Holden, 1993 (CV)  
How to Have a Healthy Death  
Smith & Maher, 1991 (CV)

Discussion of Themes

Theme #1 Research on Death-related Issues

The CV journal published three articles that were research based (Andrews & Marotta 2005; Cruz-Ortega, Guiterrez & Waite, 2015; Puterbaugh, 2008). Andrews and Marotta (2005) completed a phenomenological investigation with six grieving children between the ages of four and nine. The authors reported that the child’s sense of spirituality or connection to God or a higher power helped them cope. The authors also indicated that children move through a process of meaning making that is unlike adults. It is important for the adults in the child’s life to pay attention to this process of making meaning. The authors provided practical suggestions for professional counselors.

Puterbaugh (2008) studied ten bereavement counselors and their experiences in counseling the dying and grieving. This is the only study in all five journals that examined the work of bereavement counselors and what can be learned from their experiences. The author discovered that spirituality and other associated theological issues are of major concern to many of the clients with whom they worked. One common issue that is frequently named by clients is their anger at God or a higher power for their loved one’s death. Another important finding from this study is the importance of self-awareness in the counselor’s life about their own loss.
material. This study provides evidence of the importance in considering spirituality and self-awareness when developing competencies for counseling professionals to work with individuals struggling with death-related issues.

The remaining research article published by Cruz-Ortega et al. (2015) explored the role of religious orientation and ethnic identity as a predictor for coping with grief. The study reported that higher levels of religiosity was correlated with more positive coping strategies for managing loss. Relatedly, higher levels of ethnic identity were correlated with a tendency to cope with loss through a religious lens.

All three research studies published in CV support the contention that coping with loss involves both spirituality and/or religiosity for many individuals. Thus, it would be important to have an increased understanding of both spirituality and religiosity in the clients when they present with issues of death-related concerns. Though death is a collective reality, there is significant diversity in how people contend with this universal truth. It is therefore important for counseling professionals enhance their understanding of this diversity surrounding death. Clearly, more research is warranted to inform the profession about how people contend with the notion of death.

**Theme #2 Personal Reflection and Poetry**

Ingersoll (2000), after working with a dying woman, offered a description of how there was healing during the dying process. The author highlighted the theological issues with which her dying client was contending. Much of the therapeutic work with the client concerned working through her religious, spiritual and theological questions. This brief reflection provides evidence for the importance of future research to include theological, spiritual and religious concepts and their connection to death-related issues.
Theme #3 Grief and Loss Education

Harrawood et al. (2011) examined the efficacy of death education with counselors-in-training. After counselors-in-training completed a two-credit course, the authors administered a free response narrative to determine how counselors-in-training viewed death and dying. The researchers reported three major themes: students were more open to talking about death after taking the course; students reported a greater understanding of death in general and could think about their own death; and the students reported a general decrease in death-related fear. This study is important because it provides further evidence about the importance of talking about death and the positive results that can come from such conversations.

Theme #4 Book Reviews on Death

Gressard (1989) reviewed Lonetto and Templar’s Death Anxiety. Gressard stated that it is a good book to use for those who might be interested in studying death anxiety in the behavioral and social sciences. It is interesting to note that, despite the vast literature on death anxiety, this is the only article where death anxiety is mentioned as a potential area of study.

Bolden (2007) reviewed Kubler-Ross and Kessler’s book On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss. The book revisits Kubler Ross’s stages of grief and uses the stages to expand and deepen the conversation on the experience of coping with loss. The reviewer mentioned the controversial nature of the stages of grief and that they were not developed through research. Bolden stated that the book is helpful for both practitioners and counselors to increase their understanding of the deep and profound nature of loss. Despite the countless books on death, dying and working with the grieving, there were only two books on death-related issues reviewed in CV.
Theme #5 Responding to Campus Death

There were no articles published in CV that addressed responding to campus deaths.

Theme #6 Providing Grief Counseling

Muselman and Wiggins (2012) published a literature review on how to counsel grieving adolescents through the lens of spirituality. The authors cited the many developmental models of adolescent development and connected those models to Fowler’s spiritual development model. The authors indicated that a central feature of adolescents processing their grief is to find meaning for their loss. They suggested that death interrupts normal development and that it is important for the counselor to help the adolescent through their loss to ensure that they continue along the developmental cycle in a healthy way. Additionally, the authors reported that engaging the adolescent’s sense of spirituality through journaling, letter writing, rituals and bibliotherapy can help them find meaning in their loss, grow spiritually, and manage their death-related issues.

Thurston et al. (2013) also supported the importance of using spirituality when working with the bereaved. These authors focused on adults and outlined how spirituality often plays a central role in finding meaning in loss. The authors outlined methods for exploring spirituality including music therapy, bibliotherapy, creative art, journaling, and other methods such as prayer and meditation.

Each of the articles noted in this section have pointed to the importance of spirituality and religion in caring for the bereaved and suggest that expanding research about the role that spirituality, theology and religion play in death-related issues is warranted.

Theme #7 DSM and Bereavement Diagnosis

There were no articles that were on the DSM and death related issues in CV.
Theme #8 Counseling the Dying

Smith (1993), Farrugia (1993), Miner Holden (1993), Smith and Maher (1991) and Albright and Hazler (1995) addressed bio-ethics and making end-of-life decisions. Smith and Maher (1991) reviewed the concept of healthy death and how to assist the dying individual work towards having a healthy death. A healthy death is defined as taking a more active approach in accepting the death and to plan how best to spend remaining time on earth before they die. Smith (1993) explained how to best explore the spiritual-religious needs of the dying, providing a series of questions that could help the counselor explore the client’s spiritual/religious/theological beliefs around end of life. Farrugia (1993) offered information about how the counselor could have conversations about removal or suspension of life support measures for a terminally ill patient. Lastly, Miner Holden (1993) offered a response to Smith (1993), supporting his argument for exploring the spiritual-religious needs of the dying. The remaining article by Albright and Hazler (1995) was the only article on euthanasia, mercy killing, and assisted suicide in all five journals.

All five articles on bioethics were written in the 1990s, and the most recent article was published over 23 years ago in 1995. Much has changed in technology and ethical thought since these articles were published. This would be yet another area that would benefit from increased research and understanding on how to best help the dying and their families navigate end-of-life decisions.

Overall Summary of Themes Across the Five Journals

The following section will offer a summary of how the eight themes were interpreted across all five journals (See Appendix A, Table A1 on page 223 and Figure A2 on page 224). A discussion of each theme will be offered below.
Research Theme #1 Research on Death-Related Issues

There were 10 research articles that were published from 1986 to 2016. All of these studies were more exploratory in nature and were primarily descriptive. Five of the studies explored grief and loss from a religious or spiritual perspective and how one’s spirituality or religion helps in coping with loss. Three of the studies offered suggestions for how to work with specific populations of people who are grieving. One study examined levels of competence on death-related issues among professional counselors, and the last study examined how a near-death experience can impact how a person lives.

It is interesting that the bulk of the research studies were completed in the area of spirituality or religion. This makes sense because there has been an increased focus on spiritual and religious issues in the field over the last twenty years. These articles provide a glimpse of how spirituality and religion help a grieving person cope with their loss. This would be an important area to continue to explore as spirituality and religion is a key coping mechanism during loss for many individuals. All of these studies only explored how spirituality or religion can help bereaved individuals; there is no research on how to help the dying in the five journals reviewed in this study.

Another missing area is how to provide grief counseling and to begin to identify a list of evidence-based practices developed from the research to assist bereaved individuals. Along with developing evidenced-based practices through research, it would be important to also expand research on the efficacy of grief counseling as this has been questioned by researchers in other disciplines. It would be important for the field of professional counseling to initiate research in this important area. Lastly, only one article explored levels of death related competencies among
current professional counselors. This would be another critical area of research to develop in counselors to assist clients and their families.

**Research Theme #2: Personal Reflection and Poetry**

The most common theme emerging from the five journals was personal reflection with 21 published articles, of which six were poetry. In the theme of personal reflection and poetry, the authors wrote about their own experiences with loss, counseling the dying or counseling the bereaved. These essays were not research focused and were only based on the authors’ personal experiences with death-related issues. In addition, an associated theme of personal reflection was poetry, this was another form of personal reflection in which authors processed their loss through creative writing. The last two personal reflection articles were published nineteen years ago which provides evidence that personal reflections may not be as valued as they once were. It appears that theme of personal reflection was more valued between years of 1988-1994 when 13 personal reflection articles were written across all five journals. The last poem about death was published in 2008. One hypothesis for this change in the reduction of personal reflections is that it is reflective of the counseling profession as the discipline has moved developmentally from the late 1980 to 2008 to valuing a more research and evidence-based practice in more contemporary years. One of the most important competencies that many experts write about is the need for professional counselors to understand their own personal loss material which can inform one’s own perspective on death. While not research based, personal reflection articles published in the journals have and would currently provide an example of how to do this important work.

**Research Theme #3: Grief and Loss Education**

Only two articles focused on how to teach about grief and loss to counselor trainees. One of these articles was published in CES (Doughty Horn et al., 2013) and the other was in CV
(Harrawood et al., 2011). Although there were two articles published about grief and loss education, it is significant to note that this research team Harrawood and Doughty represented the only research on this important topic. In fact, Doughty Horn et al. (2013) built on their previous research in Harrawood et al. (2011). This indicates that very few people within the field of counseling were conducting the critical work of developing curricula for how to best teach counseling trainees about death-related issues. This area is especially crucial as counselor educators are expected to model a comfort level with death. Until this is more common place in the classroom, the field will suffer and continue to avoid addressing death related issues.

**Research Theme #4: Book Reviews**

JCD and CV were the only journals that incorporated any book reviews (four books) on grief and loss. JCD focused on the area of grief and loss in the family, as outlined in Hodges (2005), and on grief and adolescents as outlined by Wilson (2009). CV focused on describing concepts when reviewing Kubler-Ross’s book on grief and grieving (Bolden, 2007) and the book *Death Anxiety* by Gressard (1986). It is interesting to note that this is the only time that death anxiety was mentioned was when it was buried in a book review. There were no books that focused on the many other models of grief such as Worden’s Phase Model (Worden, 2009), Rando’s stage theory (Rando, 1984), Neimeyer’s Meaning Reconstruction and Loss (Neimeyer, 2000), Attachment Theory (Bolby, 1980; Shaver & Tancredy, 2001; and Rainer, 2013) or Stroebe and Schut’s Dual process model (Stroebe & Schut, 2010).

**Theme #5: Responding to Campus Death**

Three articles from the late 1980s referenced how to respond to a death on campus. One major theme across all of these articles was the importance of being prepared and developing a team of people to respond to a campus death. It is logical to think that there would be more
recent articles on this topic, given the increase in campus shootings across the country. This would be another notable area to publish on as college campuses work to be more prepared to respond to tragedies when they arise. This could be reflective of the fact that such articles may be more likely to be published in a more college student development journal rather than the more counseling focused journals reviewed in this study.

**Research Theme #6: Providing Grief Counseling**

This theme represented another major finding, with 10 of the 59 articles addressing grief counseling. Two of the articles described losing a child, and one of the two also focused on caring for the siblings of the deceased child. Three of the ten articles were about providing grief counseling to special populations, including how to work with a surviving twin, the gay male population, and those who have been disenfranchised in their grief. Two additional articles described providing care to those who have survived a loved one dying by suicide. There were also two articles on how to care for clients from a spiritual perspective and the remaining article was about establishing a group model for counseling those who struggle with grief in a funeral home setting. All of these articles were specific in their content about working with a particular population. There were no articles that discussed a more universal or generic set of guidelines for how to care for those who are grieving the loss of a loved one. In addition, none of the articles discussed the process of becoming a grief counselor and the list of competencies necessary to do such work. Additionally, a meta-analytic study reported that grief counseling may only be effective for certain populations and can make the client feel worse over time (Fortner, 1999). Given the controversy surrounding the efficacy of grief counseling (Larson & Hoyt, 2009) it would be important to expand the research to include investigations that more closely examine the effectiveness of grief counseling for specific populations. With its relational
focus, the field of counseling provides a unique perspective and therefore more research is necessary to inform the field with a voice that can uniquely guide counseling the bereaved, dying and all those who avoid the reality of death in their life.

**Research Theme #7: DSM and Bereavement Diagnosis**

Out of the 59 articles on death-related issues, only one of the articles covered the controversial topic of including persistent complex bereavement disorder (PCBD). Some authors have argued that it is important to include this disorder because it describes a unique form of depression that occurs when an individual is still deeply struggling with the loss of a loved one. They argue that it is not enough to diagnose MDD, but there should to be a more specific diagnosis and PCBD seems to better describe the client’s symptoms. This article, published before the DSM-5 was released, argued for the inclusion of PCBD. PCBD was not officially added to the DSM-5, but it was included under conditions for further study. It is possible that the disorder could be included in future DSM editions. The article also included information about removing the bereavement exclusion to MDD and the controversy that surrounded that issue. It should be noted that the bereavement exclusion was removed, and it is now appropriate to diagnosis someone with MDD, even when their symptoms are due to grief (American Psychiatric Association, 2013). It is surprising that there was only one article about diagnosis connected to death related issues. Conversely, this may not be surprising and may provide additional evidence for how the field has neglected to research this topic. Research on loss related symptoms and their possible contribution to DSM disorders is yet another area that warrants further investigation.
Research Theme #8: Counseling the Dying

There was a total of seven articles published within the theme of counseling the dying. Two of the articles described counseling terminally ill children, two of them were about the bioethics involved on right to die issues, and three were about the spiritual and religious issues of the dying. It is significant that there were at least three articles on issues of spirituality and religion as this is often a tool that grieving individuals use to cope with their loss. The last article that was published in this theme was in 1996. Consequently, it has been 23 years since there have been any publications on counseling the dying. Much has changed within this time frame, and it would be important to publish more in this area. For example, while the Kubler-Ross (1969) model has provided a foundation for understanding the experience of the dying individual, and the profession has utilized this model as a guide to counsel the bereaved. It would seem important to develop models more specifically designed for bereaved. An additional example would be the increasing conversation about one’s right to die or euthanasia. There is some likelihood that a professional counselor might be called upon to counsel someone who wants to end their life because of illness, and it would be important for the counselor to have competencies in this area.

Discussion of the Findings Identified in Research Question 4

Research Question 4: What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, personal reflection, and other)?

Research Question 3 used an inductive coding process to discover the major themes that were present across all five journals and within each journal. Research Question 4 used a deductive process to further analyze and categorize the death-related articles across all five
journals. This question was developed as an additional process to interpret the data in order to further affirm identified themes noted in Research Question 3. This is consistent with many content analyses published in the literature (Foley-Nicpon & Lee, 2012; Pope-Davis, Ligiero, Liang & Codrington, 2001; Southern, 2006).

The most common type of research published in the journals was qualitative research, with a total of seven journal articles, and three quantitative studies. These were small research projects targeting a variety of topics. There were no major quantitative research studies and the studies that were conducted used a correlational or descriptive method. There were no studies with an experimental design based on a large population of subjects. Twenty-eight of the articles were conceptual in nature in that they described specific concepts related to bereavement, death, or dying (See Appendix A, Figure A3 on page 224). Out of the 59 articles, there were no articles offering any sort of original theory or model for bereavement. Lastly, as pointed out before, 21 articles were personal reflections and only included personal thoughts on grief and loss.

It is significant to note that there were no articles that discussed the development of a particular theoretical approach to counseling the bereaved or dying. Other disciplines such as psychology have written extensively on theories of grief such as stage theories developed by Worden (2009), Rando (1984) and Kubler-Ross (1969). Kubler-Ross (1969) was one of the pioneers of the stage theories of grief and many have expanded on her work to include phase models (Worden, 2009), attachment models of grief (Bolby, 1980; Shaver & Tancredy, 2001; and Rainer, 2013), Neimeyer’s Meaning Reconstruction and Loss (Neimeyer, 2000), and Stroebe and Schut’s Dual process model (Stroebe & Schut, 2010). In fact, the only model of grief that was discussed in the processional counseling literature was the Kubler-Ross (1969) stage model theory. Researchers in the field stated that Kubler-Ross’s stage model of grief was antiquated as
it was developed in the sixties during her work with the dying (Davis Konigsberg, 2011). Though the stages of denial, anger, bargaining, depression and acceptance were meant to describe the emotional process of the dying, the stages were eventually adopted to describe the emotional process of grief when the death of a loved one occurs. Upon review of the death-related articles across the five professional counseling journals in this study, using a deductive lens, it is apparent that articles on approaching the grief emotional process through a theoretical perspective are lacking. Consequently, it is imperative for the counseling field to publish more articles on developing theories focused on how to provide services for the dying and bereaved.

**Discussion of the Findings Identified in Research Question 5**

**Research Question 5: How many articles were written that address the influence of diversity and culture on death-related issues in the journals?**

This next section will describe how each journal covered the topic of diversity and culture on death-related issues (See Appendix A, Figure A4 on page 225).

**Journal of Counseling and Development**

JCD had only one article (Springer & Lease, 2000) in the category of diversity and culture. This article provided guidelines for how to care for the unique grief issues that gay men face. This is an important article and brought awareness that the research should consider how people of different sexual orientations struggle with death related issues. These individuals tend to be more isolated, experience family and social stigma, and as a result higher levels of death related loss.

**Journal of Humanistic Counseling**

JHC did not publish any death related articles that were categorized under culture or diversity.
Journal of Multicultural Counseling and Development

It is noteworthy that JMCD published only three articles on death-related issues that were multicultural in nature. These articles were about specific populations and were case studies. One article was written about the experience of eleven south Asian families who lost loved ones in the 9/11 attacks. One major point highlighted in this article was the difficulty of coping with death in the US culture which has different methods of coping than in their home countries. Many of the families believed that they could not fully grieve the loss of their loved one because they were limited in what they could do within the predominant US culture. The second article was about a young Filipino boy and his experience of losing his mother. The last article was about the experience of how a school processed the death of a young Muslim preschooler. Each of these articles were specific in nature through addressing one specific culture. Yet each article did offer some basic and generic guidelines for how best to care for people of other cultures at the time of death. In sum, these articles pointed to the importance of meeting the client where they are in their grief journey. This would include helping to facilitate and support any unique cultural needs or expressions in the grief process. Given the paucity of research in this area it is clear that further research is warranted.

Counselor Education and Supervision

CES did not publish any death-related articles that could be categorized as multicultural.

Counseling and Values

CV published the highest number of articles under the category of diversity and culture and all of these articles could be further categorized under spirituality. Of the five published articles, two were research studies that examined the spirituality of bereavement counselors and the spirituality of children. The next two articles described the spiritual or religious needs of the
dying and the last article described the spiritual or religious needs of the bereaved. It is logical that the CV journal would cover issues of spirituality and death, but it is surprising that there were only five articles published in this area.

**Summary of Research Question 5**

As is demonstrated in the literature on death-related issues, it appears that culture, diversity, and death were not widely investigated topics. That being said, there is a significant need to expand research to consider culture and its relationship to death related issues. Many have argued that multicultural issues are a fourth force within the field of professional counseling, and it appears that death-related issues have largely been unaddressed in the discussion (Sue & Sue, 2013). Leaving death out of the discussion of multicultural issues is further reinforced when considering the multicultural competencies espoused in the seminal article by Sue, Arrendondo and McDavis (1992) where they called the profession to consider more of a multicultural focus. At the end of their article, they outlined a significant list of cross-cultural competencies and objectives. None of these competencies considered the importance of death-related issues within the field of counseling. The lack of general death-related competencies and specific culture-related, death-related competencies is not included in the Sue, Arrendondo and McDavis model (1992), the ACA code of ethics, or in the CACREP standards.

Leaving death out of the conversation around multicultural issues is an incredibly significant and glaring omission. All cultures possess a unique perspective in contending with death and leaving this topic out of the multicultural research is extremely unfortunate. Including death related issues in multicultural research will only expand and fully develop how the field approaches multicultural issues.
Summary of all Five Questions

Findings of this study suggest that the field of counseling appears to have neglected to address the topic of death in five premier ACA journals over the course of 30 years. It might even lead one to hypothesize that there is a deeper and overarching death anxiety within the field of counseling as demonstrated by the paucity of the research reviewed in this study. Several major conclusions emerged through this review of five ACA journals and death related issues. The first conclusion emerging from Research Questions 1 and 2 is that there is an overall lack of death-related articles being published in the five premier ACA journals reviewed in this study. It is staggering to consider that death will affect 100% of humanity, yet only 1% of the articles published across all five ACA journals reviewed covered any sort of death-related issue.

The second conclusion drawn from RQ 3 is that while there have been a variety of articles published, the counseling profession has much to accomplish in terms of developing a more focused and purposeful agenda to understand death-related issues. The eight themes that emerged through the inductive analysis could potentially provide a road map that would serve as a guide to expand death-related research for the field of counseling.

The third conclusion that emerged from RQ 4 further reinforces the lack of published articles in the five ACA journals. Specifically, .001% of the 5508 articles published in the five ACA journals were qualitative articles, while .0005% of the total articles were quantitative death related articles. Twenty-seven articles covered conceptual topics for a total of .004% of the total death related articles and twenty-one of the articles were considered personal reflection for a total of .003%. The findings of Research Question 4 (deductive content analysis process) reinforced and validated the findings of Research Question 3 (inductive content analysis process).
Lastly, Research Question 5 indicated that there have been few articles published on the intersection between culture, diversity, and death-related issues. To be sure, there is a start on the research examining the intersectionality of these important issues, but the research is significantly lacking. This is especially evident in that there were only nine published articles concerning the influence of diversity and culture on death related issues for a total of .001% of the total 5508 articles published.

**Limitations**

The next section will cover the limitations of this study and provide recommendations for how this investigation could be improved.

**Research Team Considerations**

Typically, qualitative content analyses are conducted as part of a research team consisting of three to four people. The goal of the team is to work to develop the code book and to formulate a final set of themes through a democratic process. This group also works to resolve any challenges that might arise in terms of what type of content to include. Developing a research team was not possible for this study. To mitigate not being able to rely on a research team to help with the content selection and the coding process, several additional procedures were added. First, the use of NVivo in the coding process and in the article selection process helped to ensure quality and reliability. In addition, an outside auditor was utilized to ensure that all articles on death-related issues were identified. Lastly, an additional outside auditor was involved to perform a final audit of the entire study in order to ensure that proper procedures were followed throughout its course.
No Comparison to Journals from Other Disciplines

Although it appears that there has been more research published in other related fields such as psychology, there has not been any content analyses conducted to examine this across disciplines. To date, there have been no comparisons between how psychology, social work, and marriage and family therapy have covered death-related issues in their journals. This is another area warranting further research attention.

Recommendations

The findings of the study clearly demonstrate that the field of counseling has largely avoided exploring death related issues in the field of counseling. Only one percent of the 5508 articles covered any sort of death related topic. There is no further time to waste in beginning and growing the body of research on death related issues. This next section will offer recommendations and offer a call to the profession to integrate a greater awareness of death related issues in the counseling profession. It is also hoped that the following recommendations will affirm the need for specifying competencies derived from the research that are culturally sensitive and vital to assist those struggling with death related issues. Additionally, the recommendations will inform counselor educators about how to best prepare counselor trainees to serve clients effectively. The recommendations offered in the following section will be organized by research question.

Recommendations from Research Questions 1 and 2

RQ1: How many articles were written on death-related issues in each of the journals from 1986 to 2016?

RQ2: What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016?
The findings of research questions one and two clearly indicate a lack of published articles focused on death related issues. Inadequate research on death-related issues within the counseling profession suggests that a robust and aggressive research agenda should be advanced. It is striking that as a profession we have yet to more vigorously investigate death related issues as death touches everyone’s life regardless of culture, ethnicity, race, and socioeconomic status. Death is at the very foundation of the human condition and yet its exploration has largely been neglected in the counseling literature. The field of counseling should actively engage and increase its understanding of death related issues through more published research in its professional journals.

In his book, The Discovery of Being, Rollo May (1983) stated, “Death is, in other words, the one fact of my life which is not relative but absolute, and my awareness of this gives my existence and what I do each hour an absolute quality” (p.107). Many clients seek counselors because of death related issues, and it is important to publish peer-reviewed material in order to ensure that counselors and clients are receiving quality services. Therefore, the primary recommendation offered from the findings of RQ1 and RQ2 is the need to publish more death-related material in professional counseling journals. The next section under RQ3 will outline recommendations for a future research agenda.

**Research Question 3**

RQ3: What are the most frequent categories or themes that have been examined in the literature on death in each of the journals from 1986 to 2016?

While it is evident that there needs to be more counseling research pertaining to death related issues, the next question to consider is what areas of research should be conducted? The answer to that question is discussed in the following section. The themes that emerged from the
inductive research process can provide the field with a good place to initiate a research agenda around death-related issues. The following section will outline how the field could expand each of the death-related themes.

**Research Theme #1: Research on Death Related Issues**

The major recommendation under this theme is to increase the amount of research that is conducted on death related issues. One important area to consider is the efficacy of bereavement counseling. Research in other disciplines has demonstrated that there are mixed results about the efficacy of bereavement counseling (Fortner, 1999). It would be important for researchers in the counseling field to contribute to the literature in this area. Expanding research about the efficacy of bereavement counseling through a more quantitative lens would also lead to the development of evidence-based practice guidelines, and increased understanding of bereavement and offer guidance about the provision of services to clients.

**Research Theme #2: Personal Reflection and Poetry**

Personal reflections have not been published since the 1990s and poetry since the early 2000s. This is noteworthy given that many experts on bereavement counseling stress the importance of enhancing self-awareness around death related matters (Gamino & Ritter, 2012; Jeffreys, 2011; Kastenbaum, 2000). Historically, the field has published personal reflections and poetry. Given the importance of counselors and counselors in training engaging in reflective processes, it seems prudent to consider embracing a strength of the past to consider publishing reflections and poetry again. Such publications may serve as a means to model process and could also be used as adjunctive tools in the counseling process in order to facilitate clients moving through their death related concerns.
Research Theme #3: Grief and Loss Education

As evidenced in this study, there is a paucity of articles on grief and loss education indicated a need for more published work in this area. The research has supported that counselor trainees are more anxious about death related issues as compared to other client presenting concerns (Kirchberg et al., 1991; Kirchberg, et al., 1998). It would be important to investigate the efficacy of death education and to develop new metrics for how to measure the effectiveness of grief and loss courses on the impact of counselor development and comfort with death related issues. In addition, it would be helpful to publish about the necessary topics that should be included in a curriculum on death related issues.

Research Theme #4: Book Reviews

There were only four book reviews published on death related issues across the five journals from 1986-2016. The main recommendation in this area is to simply increase the number of book reviews published. It would be especially important to review textbooks as this would help in curriculum development and raise awareness of the importance of death related issues. In the nursing field, Ferrell, Virani, Grant and Borneman (1999) provided an analysis of end-of-life content in textbooks in their discipline. Likewise, it would be an important endeavor to consider death related content in counseling textbooks. This seems important as there seems to be a parallel between the treatment of death related issues and multicultural issues. That is, until the field fully embraced the importance of multicultural understandings, this material was either not addressed at all, or, found in brief comments about its importance without depth. It was not until this critical aspect of counseling was understood and embraced by the profession that the value of expanding its content in textbooks and infusing it throughout the curriculum was valued and considered a standard of best practice by the profession and CACREP.
**Research Theme #5: Responding to Campus Death**

It would also be important to publish in the area of how to best respond to campus or school death. The natural inclination is to immediately make grief counselors available when a death occurs in these settings. Some researchers, however, have provided evidence that this is not always helpful and that sometimes providing such immediate counseling can actually make people worse over time (Mayou, Ehlers, & Hobbs, 2000). It would be important for professional counselors to do more research in this area to determine how best to respond to death and related losses whether it occurs in a school, an institution, a community agency or individual circumstances. Given the increase in the number of public traumas (e.g., school shootings, natural disasters, public or work-related mass shootings) that have contributed to death outcomes, future research directed to identifying ways to respond to people who have experienced a loss of functioning and/or a traumatic death of a significant other.

**Research Theme #6: Providing Grief Counseling**

Once again, it is recommended that additional research is needed about how to provide grief counseling. It would be especially important to include additional studies that would examine the efficacy of the numerous models already offered in the literature. It would also seem important to examine factors that would increase our understanding of the range of ways various cultures manage death related issues. Recommendations regarding diversity and death related issues will be further discussed in the RQ5 section below.

**Research Theme #7: DSM and Bereavement Diagnosis**

It is important that counselors are well-trained in providing accurate diagnoses for their clients. For example, the removal of the MDD bereavement exclusion was controversial and it is critical that counselors clearly understand the reasons as to why it was removed and to
thoroughly consider how they would diagnosis a bereaved client with MDD (Ogden & Gaetz Simmonds, 2014). In addition, persistent complex bereavement disorder is in the DSM-5 falls in the category of disorders under consideration (Lee, 2015; Maciejewski, Maercker, Boelen & Prigerson, 2016). Understanding bereavement and appropriately diagnosing more persistent or prolonged struggles with death and loss and clearly warrants more research.

**Research Theme #8. Counseling the Dying**

An additional topic in the literature is the longstanding debate on the right to die or euthanasia (Albright & Hazler, (1995). This would be an important topic for future research. There is potential that counselors will be working with individuals who may considering ending their life. Relatedly, it would also be important for additional research directed at working with the dying.

**Recommendations from Research Question 4**

RQ4: What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016?

One issue highlighted from Research Question 4 was that there were no published original theories about grief and loss from the counseling perspective. Many of the current theories on grief originated from psychology, family science and psychiatry. Counseling is yet to develop their own unique theory on grief. It would be important for the counseling profession to contribute to the development of theories to guide how counselors are responsive to grief and loss issues.
Recommendations from Research Question 5

RQ5: How many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals from 1986 to 2016?

The findings of this study indicate that multicultural concerns and death related issues have received limited attention in the literature. There were 9 articles out of a total of 59 in this study that addressed diversity and cultural issues. Five articles were identified that addressed spirituality/religion, one on gay men, and three on working with people of different cultures. These results clearly point to the importance of researching death related issues from a broader range of cultures and backgrounds. This also indicates a need to research and describe evidence-based multicultural competencies for working with people of other cultures struggling with death related issues.

An additional consideration for future research is the possibility that death related issues and events may contribute to prejudice and aggression towards individuals from differing cultures. There is also a growing body of literature referred to as TMT that further demonstrates the power of death anxiety and supports the assertion that paying attention to death-related issues in counseling is important. TMT posits that the awareness that we will die lies at the heart of every culture and influences why humans behave the way they do. TMT further hypothesizes that many of our social structures are created to assuage our sense of death anxiety. Culture, for example, has developed to mitigate and assuage the experience of death anxiety. Having faith in our own culture, especially when it comes to religiosity, is an important way to manage death anxiety. Culture provides a means to make sense of the world, safety, security, and systematic rituals/traditions for how to manage and cope with the journey through difficult times in life (Pyszczynski, Greenberg, Solomon, & Maxfield, 2012; Solomon et al., 2015).
Lieberman, Solomon, Greenberg and McGregor (1999) evaluated death anxiety, culture and aggression by examining levels of aggression towards people of other cultures using hot sauce. Subjects were arranged into a control group and an experimental group. The control group was told that they were preparing a dish for a group of people of a different culture and that they were responsible for adding the hot sauce to the dish. The amount of hot sauce was a strategy to safely and ethically examine aggression. The experimental group was asked to do the same thing as the control group, but prior to being asked to add the hot sauce, they were prompted to think about death. The researchers reported that the experimental group added higher amounts of hot sauce for people of a different culture when given a death prompt (i.e., prompts about considering one’s own death). Results indicated that humans will always work to protect their own group over other groups, and, this is especially true when an outside force threatens their own group. Based on this study and others like it (Solomon, et al., 2015), the argument could be made that developing a greater level of death awareness could foster more openness towards other cultures and perhaps influence individuals to respond to others with less prejudice and aggression.

Relatedly, Ivers and Myers (2011) explored the relationship of TMT with multicultural competence in counselor trainees. They hypothesized that counselor trainees would tend to be more protective of their own worldview when faced with death. To test their hypothesis, the researchers explored the relationship of mortality salience and their self-reported multicultural counseling competence (MCC). The participants of the study were placed in a control group and an experimental group. Both groups were asked to complete a self-assessment about their multicultural competence and were also prompted to consider death. The experimental group received a death prompt before taking the MCC self-assessment inventory while the control
group received the death prompt after taking the MCC. Results indicated that participants in the experimental group tended to rate themselves lower on their multicultural counseling competencies. Ivers and Myers (2011) suggested that this study provided evidence supporting the importance of considering TMT in multicultural counseling. The authors concluded that helping counselor trainees to become more aware of their death may help them to provide more effective care when working with people of a different culture (Ivers & Myers, 2011). These studies provided evidence that promoting a sense of death awareness could help beginning counselors become less prejudicial towards others and perhaps more open to working with people of differing cultures.

Death is a universal truth that affects all people, and yet each culture has unique ways of processing and understanding death. It is, therefore, recommended that future research address diversity and culture as it impacts death related issues. This would provide a critical foundation of information to be expanded in the counseling curriculum.

**Final Recommendation: A Call to The Profession**

In 1992, Sue, Arredondo and McDavis issued a landmark call to guide the profession in developing more multiculturally competent counselors and counselor trainees. This seminal article served to ignite and organize the incorporation of multicultural competencies in the classroom and the counseling field. Their work led the field of counseling to actively pursue the exploration of multicultural competencies and to find new ways of infusing multicultural practices into counseling (Collins & Arthur, 2010). Though their work is over twenty-five years old, their critical call to pursue a greater understanding of multicultural competencies remains paramount (Fietzer, Mitchell & Ponterotto, 2018).
The time has now come to issue a new and urgent call to the counseling profession to develop a model of death competencies to ensure that counselors, counselor educators and counseling students are better prepared to boldly address the apparent death anxiety of the field. Developing competencies for the counseling profession will contribute to greater understanding, awareness and strategies to overcoming the barriers that have prevented the field from addressing the universal truth of death. The efforts of Sue, Arredondo and McDavis (1992) in validating the need for multicultural competencies in the profession can provide a model for how to expand and elaborate the conversation on death-related issues and critically needed competencies.

Following this model, the first recommendation would be to convene a group of counselor educators interested in the field to come together to begin the process of preparing a competency document. One venue to begin this process would be the regional and national ACES conferences. An announcement could be sent out to begin the process of convening interested counselor educators to start conversations about the major death-related issues. Notes of these conversations could be kept, and special attention would be given to the major themes that emerge out of such conversations. Interestingly enough, during the writing of this dissertation, the Association of Adult Development and Aging (AADA) division of ACA has put out a call for a grief competencies task force (E. Crunk, personal communication, February 14, 2009). While this represents a start, it is recommended that a broader approach be taken that is not limited to an audience interested in life span considerations. In a similar vein, Sue, Arredondo and McDavis (1992) were advised to publish in JCD in order to reach the largest audience possible.
The second step in the process would be to prepare a document that would list the major competencies needed for counselors who are working with death, grief, and loss issues. Again, the work of Sue et al. (1992) could be helpful in providing a model of this magnitude. In their work, they organized cross-cultural competencies and standards around three central topics. This is a matrix of three characteristics by three dimensions. First, they wrote about the three major characteristics of multicultural competence: 1. Counselor Awareness of Own Assumptions, Values and Biases, 2. Understanding the Worldview of the Culturally Different Client, and 3. Developing Appropriate Intervention Strategies and Techniques. Under each topic or characteristic, they included three sub-topics or dimensions including beliefs and attitudes, knowledge, and skills. Their organization for writing about competencies for multicultural competence could easily become a model for how to write about competence in death-related issues. This article could serve as an important model for how to draft a new set of competencies for counselors in working with death related issues. It would be especially important for these competencies and death education in general to include an experiential component as research has demonstrated that experiential learning is especially effective for developing competencies around death related issues (Van Geest, 2001). Furthermore, research has also demonstrated that as one grows in their level of experience with death related issues, the less anxiety that they will feel in working with such issues (Maglio & Robinson, 1994; Terry et al., 1996).

A more parsimonious approach would be to consider how to utilize Sue et al.’s model to directly guide counselors and counselor trainees in their work with individuals struggling with death related issues. Regardless of the approach taken, based on the findings of this study, the counseling must broadly attend to death related issues and infuse the topic of death into counselor education and into the practice of counseling. Death affects everyone and it is
important to acknowledge this reality and explore the role it plays in the development of counseling trainees, the effectiveness of professional counselors, and the ability of counselor educators to engage in this topic with their students. Gamino and Ritter (2009, 2012) emphasized that death competence is an ethical imperative and that counselors should be trained in how to care for clients who struggle with death related issues.

**Conclusion**

This study evaluated how well the field of counseling has covered death-related issues in five of the ten American Counseling Association journals over a 30-year time period. Although there has been some coverage of such issues in these journals, a great deal of work remains. These findings affirm that the counseling profession has contributed limited time to death related issues. This knowledge suggests that a call to the profession to establish death-related competencies that will enhance the development of professional counselors is warranted. Ultimately this will increase the likelihood of providing evidence based and state-of-the-art counseling services for clients struggling with death related issues.

Mother Theresa once stated (n.d.), “Today, if we have no peace, it is because we have forgotten that we belong to each other—that man, that woman, that child is my brother or my sister (paragraph 3).” Though there are many things that separate people and make them unique, there is one thing that unites all people and that is death.

A courageous exploration of death is warranted by the profession to affirm that all people are united and connected through the universality of death. It is imperative that the field of counselor education more robustly engage in research addressing death-related issues. Such efforts will not only inform the field, but assist counselor trainees, counselor educators and counseling professionals to embrace, explore, and expand the conversation around death.
Journals represent the heart of the profession and serve as catalysts for change and launching courageous conversations about challenging topics for a new era, and the counseling profession should be leading this conversation.
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doi:10.1207/S1532706XID0204_01


Appendices

Appendix A: Summative Findings for *Death: A Qualitative Content Analysis of Counseling Journals, 1986–2016*

Guiding Research Questions

**Research Question 1:** How many articles were written on death-related issues in each of the journals from 1986 to 2016?

**Research Question 2:** What is the exact percentage of articles that covered death-related topics in each of the journals from 1986 to 2016?

**Research Question 3:** What are the most frequent categories or themes that have been examined in the literature on death in each of the journals from 1986 to 2016?

**Research Question 4:** What specific types of literature and research exist around death-related issues (qualitative, quantitative, conceptual, theoretical, and personal reflection) in each of the journals from 1986 to 2016?

**Research Question 5:** How many articles have been written that address the influence of diversity and culture on death-related issues in each of the journals from 1986 to 2016?

Journals Examined

Five American Counseling Association journals were examined from 1986 to 2016 using a Qualitative Content Analysis (QCA) process. The journals studied were: *Journal of Counseling and Development* (JCD), *The Journal of Humanistic Counseling* (JHC), *Journal of Multicultural Counseling and Development* (JMCD), *Counselor Education and Supervision* (CES), and *Counseling and Values* (CV).

Overview of Findings by Question

Research Questions 1 and 2 (See Figure A1)

JCD had the highest number of articles written on death-related issues with 28, followed by CV with 14, JHC with 13, JMCD with 3 and CES with 1 death related articles. In terms of percentage of articles on death related issues JHC was the highest with 1.9%, followed by CV with 1.8%, JCD with 1.0%, JMCD with .4% and CES with .01%. This information is represented in Figure A1.
Research Question 3 (See Table A1 and Figure A2)

Eight overarching themes develop from the Qualitative Content Analysis (QCA) process. These themes are: Research on Death Related Issues, Personal Reflection and Poetry, Grief and Loss Education, Book Reviews, Responding to Campus Death, Providing Grief Counseling, DSM and Bereavement Diagnosis and Counseling the Dying. Table A1 and Figure A2 lists the eight themes and the number of articles from each journal that supports the theme.

Table A1: Number of Articles Supporting each Research Theme by Journal

<table>
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<tr>
<th>Total Number of Death Related Articles Recorded</th>
<th>Research Theme #1: Research on Death Related Issues</th>
<th>Research Theme #2: Personal Reflection and Poetry</th>
<th>Research Theme #3: Grief and Loss Education</th>
<th>Research Theme #4: Book Reviews</th>
<th>Research Theme #5: Responding to Campus Deaths</th>
<th>Research Theme #6: Providing Grief Counseling</th>
<th>Research Theme #7: DSM and Bereavement Diagnosis</th>
<th>Research Theme #8: Counseling the Dying</th>
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</thead>
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<tr>
<td>JCD</td>
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<td>0</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
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<td>9</td>
<td>0</td>
<td>0</td>
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<td>2</td>
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<tr>
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<td>4</td>
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<td>10</td>
<td>1</td>
</tr>
</tbody>
</table>
Research Question 4 (See Figure A3)

After coding the articles using the inductive QCA process, the articles were also coded using an inductive process into the following categories: Qualitative Research, Quantitative Research, Personal Reflection, Theoretical and Other. There were 7 articles in the qualitative category, 3 in quantitative, 28 articles in conceptual and 21 in personal reflection and 0 in other. These results are represented in Figure A3 below.

Figure A3: Deductive Themes Across all Five Journals
Research Question 5 (See Figure A4)

There were 9 articles that were coded under diversity or culture. Three in JMCD, 1 in JCD and 5 in CV. This information is represented in Figure A4.

**Figure A4: Number of Multicultural Articles by Journal**

Overall Recommendations:

- Publish more articles on death related issues. The eight themes that emerged in this study could serve as a guide or agenda for which types of articles could be published in the journals. Special attention should be given to publishing more evidenced based practices for providing grief counseling.

- Expand the conversation on death related issues, diversity and culture. Surprisingly there were few articles that covered this topic, despite the focus on multicultural issues in the field.

- Develop a list of competencies around death related issues similar to what was developed by Sud, Arredondo, and McDavis (1992) in their seminal article, Multicultural counseling competencies and standards: A call to the profession.
Appendix B: Documentation of IRB Approval Not Needed

IRB approval?
Hadley, Mary
Mon 10/9, 2:09 PMCoursol, Diane

Dr. Coursol,

I hope this e-mail will suffice for your student. If you run into problems, let me know and I will see what else needs to be done.

The research for the dissertation entitled, “Death: A Qualitative Content Analysis of Counseling Journals, 1986-2016.” Did not need IRB approval as it was not research as defined by the Federal Regulations that guide Institutional Review Boards.

Dr. Hadley

Coordinator, Institutional Review Board.