

ABSTRACT

FRIEDRICH, WILLIAM LEE. Death, Dying, and the Professional Counselor: A Phenomenological Study. (Under the direction of Edwin R. Gerler).

The purpose of this qualitative phenomenological study was to learn about the lived experiences of professional counselors as it relates to issues of death and dying. Ten licensed professional counselors were interviewed about their experiences, both professionally and personally, in dealing with issues related to death and dying. The ten participants were currently practicing as licensed professional counselors within a state in the southeastern United States. The participants were of varying ages and cultural backgrounds. The primary researcher also examined how competent and comfortable professional counselors feel working closely with issues of death and dying. There were five major themes presented in the results. Those themes are: lack of death pedagogy, need or desire for death education, universal experience of death, death as negative, and spirituality. The need for increased education in the areas of death and dying for professional counselors was mentioned. Recommendations for future research and clinical implications are also discussed.

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Death, Dying, and the Professional Counselor:
A Phenomenological Study

by
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DEDICATION

This is dedicated to those important individuals who are no longer here with us physically.

May they live on in our memories and in our hearts.

BIOGRAPHY

William Lee Friedrich was born in Illinois and raised in Green Bay, Wisconsin. He earned a bachelor's degree in psychology with a minor in sociology from The University of Wisconsin – Eau Claire. He subsequently graduated with a master's degree in Counselor Education from East Carolina University. Upon graduating, William worked as a high school counselor in North Carolina for several years before returning to school to pursue his doctoral degree in Counselor Education at North Carolina State University. William has worked as a school counselor, and a private practice counselor. He is a Licensed Professional Counselor and National Certified Counselor. He is also a member of ADEC (Association for Death Education and Counseling).

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I want to thank everyone who has helped me along the way in my life. The number of individuals who have helped and supported me along this journey are too numerous to name. I have been supported and challenged by many people throughout my life. Whether they know it or not, this has helped make me who I am today. I am grateful for all of the experiences I have been through in my life. I look forward to the meaningful experiences life still has to offer me in the future.

I would also like to sincerely thank each of the participants for sharing their experiences. Without them, I would not have anything. I feel fortunate and honored that you entrusted me with this part of your life. I promise to do my very best in conveying your stories to those who read this.

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CHAPTER ONE: INTRODUCTION

Everyone you know will die, including yourself. Death is the final stage of human development, and one that everyone is guaranteed to experience. In the fast paced, technology laden, ever increasingly detached world of the 21st century, it is even more important that professional counselors be able to connect with their clients. This is especially important for those clients experiencing issues of death and dying. Death is arguably the most taboo subject in Westernized society. Having no control over our own mortality is unnerving to many. With the increased focus on culturally appropriate and transformational counseling interventions, counselors and counselor educators need to be informed about innovative research regarding death and dying. Death can impact professional counselors, both personally and professionally. Working with clients experiencing issues of death and dying may bring up unresolved issues for counselors. In other instances, professional counselors may not feel comfortable or competent facing issues of death and dying as it relates to the needs of their clients.

Professional counselors, no matter the setting, will encounter issues of death and dying. It is important for professional counselors to be aware of different theories, models, and ways of interpreting the uniqueness of death, dying, and bereavement. Additionally, professional counselors will be faced with thoughts of their own mortality. Therefore, it is important that professional counselors feel competent and comfortable exploring issues of death and dying with their clients. It is also essential for professional counselors to work through their personal issues related to death and dying.

Grief counseling has grown over the past several decades to become a prominent specialty area within the field of counseling (Daneker & Cashwell, 2005a). The overall number of individuals going through the grief process at any given time is difficult to accurately account for. However, some research has reported that at any given time, 22 to 30% of college undergraduates are in the first 12 months of grieving the death of a family member or friend (Balk, 2008). Although this may seem like a high number, it illustrates how prevalent and impactful death is. It only seems to follow that counselors working closely with death and dying would be at a high risk of this affecting them. The majority of research done involving professional counselors and death focuses mainly on self-help strategies. Although it is important to avoid issues of professional burnout and compassion fatigue, these are only a few of the issues related to working closely with death. There are very few research articles that focus on the lived experiences of those providing counseling services (Puterbaugh, 2008). Those counselors who specialize in working with issues of death and dying may also face social stigma related to their specialized work. Engaging in the specialized area of grief counseling in our death-averse American society continues to be socially and academically isolating (Schim, Briller, Thurston & Meert, 2007). This stigma creates another possible area of stress for counselors.

The topics of death and dying are important ones for professional counselors and counselor training programs. In most cases, death and dying is mentioned on a few pages of an introductory counseling textbook. Many professional counselors mention the desire to improve their knowledge in this area, but they do not know where to find the necessary tools. There may be a number of reasons why death and dying is not mentioned in greater detail.

Perhaps it is because the subject matter is taboo and makes one feel uneasy. Perhaps it is because there is more important ground to cover in the classroom. Whatever the reasons, many professional counselors do not feel comfortable or competent in dealing with issues of death and dying. For these major reasons, along with many other reasons, the topic is one of great importance in the field of counselor education. The purpose of the current study was to learn about the experiences of professional counselors as it relates to issues of death and dying. The study was qualitative in nature and attempted to outline qualitatively the shared experiences of counselors dealing with issues of death and dying.

The majority of research conducted in relation to death and dying has addressed different types of grief, the bereavement process, and specific populations served (Rossheim & McAdams, 2010; Hung & Rabin, 2009; Botella, Osma, Palacios, Guillen & Banos, 2008; Tracey & Holland, 2008; Taylor, Clark, & Newton, 2008; Inman, Yeh, Madan-Behel, & Nath, 2007). The primary focus has been on clients receiving counseling services, not the effect on counselors (Dunphy & Schneiring, 2009; Puterbaugh, 2008; Schim, et al., 2007; Bober, Regehr, & Zhou, 2006; Kirchberg, Neimeyer, & James, 1998). The researcher in this current study focuses on how death and dying affects professional counselors. The researcher also examined the comfort level and competence of professional counselors. Additionally, the researcher explored whether professional counselors experienced their own personal issues related to death and dying.

History of Death Education

Humans have wondered about the mysteries of death since the beginning of civilization. Over the past century, the field of death education or thanatology (formally

known as), has been seen as a distinct discipline. Over the last half century, a number of grief theories have been proposed. The most well known is Elisabeth Kübler –Ross’ Stages of Grief (Kübler –Ross, 1969). This theory has become so well known, it is used not only by the professional counselor, but also by the layperson. Popular culture has generalized this theory to describe anything from the loss of a job, to retirement, to workplace changes. For most counselors, this is the only theory relating to death and dying they are familiar with.

Dr. Elisabeth Kübler-Ross created her famous stage theory of grief based on work she had done with terminally ill patients. Her seminal work “On Death and Dying” outlined the five stages of grief and explained what to expect from each stage. The key constructs in Kübler –Ross’ stages of grief are the stages themselves. During her work in hospitals, she noticed the hospital staff and family members speaking about the dying as if they were not present. She saw a need to speak with the terminally ill patients, in the hopes of both empowering the dying and learning more about their lived experience. Kübler –Ross wanted to give a voice to those terminally ill individuals, who previously were without.

While Kübler –Ross may not have explicitly stated that an individual needed to go through all five stages sequentially, this is how many have interpreted her work. This has further been changed over the years by many, including doctors, nurses, and other health care professionals into the five stages of grief. According to Kübler –Ross (1969), there are five stages of grief. The five stages identified by Kübler –Ross are denial, anger, bargaining, depression, and acceptance.

Although Kübler –Ross’ stages of grief is by far the most well known body of work on death and dying, there are many other lesser known theories and models of death and

dying. Task theories such as J. William Worden's Four Tasks of Mourning (1991) have become well known. Worden proposed four tasks of mourning. The four tasks are: to accept the reality of the loss, to work through the pain of grief, to adjust to an environment in which the deceased is missing, and to emotionally relocate the deceased and move on with life (Worden, 2009). In this type of death education model, the counselor would work with the client to complete specific tasks of mourning. Most death education models and theories fall into one of two categories: stage or task. Kübler-Ross' work would be an example of stage models and Worden's would be an example of task models. Both types have their usefulness within the field of counseling. The main problem with the current state of death education, according to many experts, is there is not nearly enough of it.

Need and Rationale for the Study

Many counselors, counselor educators, and researchers have mentioned the need for more research in the area of death and dying. Some researchers believe there is a need for more education at the college level for those individuals going into a helping profession such as counseling or social work. Bonger and Harmatz (1991) found that less than 50% of graduate programs in counseling and related helping professions cover death related problems, such as suicide. Even more recently, Wass (2004) found that less than one fifth of those students working in health professions are offered a full course on death and dying. The rest of those students receive most of their death education through a few lectures. This lack of depth in death education leaves many new counselors inadequately prepared to work with clients experiencing death related issues.

Although there was a focus on death, dying, and bereavement that peaked in the 1960's, there seems to have been a great need for additional training for the past several decades. Rosenthal (1981) conducted a national survey of counselor and counselor educators. Over 80% of those respondents indicated a need for death education, while only slightly over half had any training related to death. This seems to show there is a need for further research and training, and a current lack of professional competence in this area.

Furthermore, there seems to be a lack of research done in the area of death and dying related to counseling. Kirschberg, et al. (1998) found there has been very little empirical research done related to counselors working closely with death. The researchers also found that dealing with issues of loss from death increased the beginning counselors' level of distress more than any other counseling scenario. These examples indicate there is a great need for continued research in the area of death and dying. The purpose of the current study was to focus solely on the experiences of professional counselors.

Significance of the Study

Previous research on death and dying and the impact on professional counselors is limited. The death related research that has been done, tends to focus primarily on the clients receiving the therapeutic services. Of the research that does focus primarily on professionals, professional counselors have rarely been the main focus. For example, much of the research has used health care professionals such as nurses (Johansson & Lally, 1991; Servaty, Krejci, & Hayslip, 1996; Supiano & Vaughn-Cole, 2011; Quince, Barclay, Spear, Parker & Wood, 2011) and hospice care workers (Bluck, Durk, Mackay, & Hux, 2008) as the participants.

Although this research is important, the current study focused on professional counselors and their experiences with death.

The results of this study can be used within the helping profession, and more specifically the counseling profession. The results of this study can also be used within counselor training programs, to better educate counselors in training. It is hoped that the information from this study could be used in future research and an increase in death education overall for professional counselors and counselors in training. The benefits of learning more about death and dying are beneficial not only for professional counselors' professional improvement, but it also helps them become more introspective about issues of death and dying.

Research Questions

This study will explore the lived experiences of professional counselors as it relates to issues of death and dying. The purpose of this exploratory qualitative design is to learn from the direct accounts of professional counselors what it is like to work with issues related to death and dying. One research question will be explored: What are the lived experiences of professional counselors when dealing with death and dying?

Key Terms Defined

There are several key terms used throughout the literature that are important to be aware of. Some terms have been used interchangeably, therefore it is important to define the key terms of this study. Failure to define key terms could result in confusion. The following key terms are mentioned in this study:

1. Comfort – To cause someone to feel less worried, upset, frightened, or stressed. In this study, comfort relates to the level of uneasiness professional counselors experience in relation to issues of death.
2. Competence – An individual who is in possession of a required skill, knowledge, qualification, or capacity. In this study, competence relates to the level of skill professional counselors possess in relation to issues of death.
3. Death education – Formal and informal methods for acquiring and disseminating knowledge about dying, death, and bereavement (Balk, 2007).
4. Death and dying – Although the terms death and dying are specific, they will be used throughout the study to refer to the ending of a human life. Terms such as grief, bereavement, mourning, loss, (and other similar terms) may refer both to death and dying, but also to other losses. Those other losses could for example be losing a job, retiring from a professional career, or divorce. When the terms death and dying are used in this study it will be referring specifically to the death of a human.
5. Grief counseling – Throughout the study, the terms grief and grief counseling are regularly used interchangeably with terms such as death and dying. For the purpose of this study, whenever the term grief or grief counseling is used, it is meant to be related to the death of a human unless otherwise noted.
6. Issues of death and dying – Throughout the study this term is mentioned. It is an overall encompassing term which includes any anxiety, stress, discomfort,

feeling, emotion, or other thoughts and reactions of professional counselors as it relates to their professional and personal experiences.

7. Lived experience(s) – The first-hand accounts, interpretation, and impressions of an individual. In the case of this study, it would be the lived experiences of professional counselors.
8. Pedagogy – The art of teaching, education, training, and instructional methods.
9. Phenomenology – The study of conscious experience as experienced from the subjective or first person point of view (Gallagher, 2012).
10. Professional counselor(s) – A licensed mental health practitioner who holds a license as a Licensed Professional Counselor (LPC). These individuals are the participants in this study.
11. Thanatologist – A foundation certification that enhances the professional designation established by the academic discipline of each certificate holder. The individual is recognized for a specific educational background in dying, death, and bereavement (Balk, 2007).
12. Thanatology – The study of dying, death, and bereavement (Balk, 2007).

Summary

This dissertation consists of five chapters. Chapter One provides an overview of the subject matter, details the history of death education, and explains the need and rationale of this study. It explains the significance of the study, states the research question, and defines key terms that will be used throughout the dissertation. Chapter Two is a literature review on death and dying as it relates to counseling. Various models and theories related to death

education are examined. Chapter Three provides an outline of the research design, methodology, participants, data collection, and data analysis. Chapter Four reports on the results and findings of this study. Chapter Five is a summary of this research. The findings of this study are compared with existing literature. The limitations of this study, along with implications for practice are mentioned. The chapter concludes with implications for future research.

CHAPTER TWO: LITERATURE REVIEW

Mortality and death have been pondered since the beginning of humankind. Socrates regarded the investigation of death as one of the main concerns of philosophy (Puolimatka & Solasaari, 2006). Several centuries later, death is still a taboo subject. Death is avoided regularly in everyday life, as well as in academic settings and counselor education programs. This thought is echoed by Nuland (1993), who said, “Everyone would like to know the details of death, but few are willing to admit it.” This is the first part of the problem of death education: individuals are at the same time wanting to learn more about death, but are frightened at what they may learn. Life and death are dichotomous terms but they are interrelated. Corr, Nabe, & Corr (2009) believe learning about death and dying is an important way to learn about life and living.

Death Education and Grief Counseling

For the purpose of this study, the focus is on death and dying. The literature contains a number of articles that refer to issues of death and dying, as grief counseling, grief therapy, or bereavement. This study focuses on issues of death and dying. However, for this literature review the terms, grief, grief counseling, grief therapy, bereavement and mourning may be used. This is to maintain the integrity of the previous research. It does not matter whether the subject is referred to as death and dying, or any number of related or interchangeable terms. The subject matter being discussed and mentioned in the literature review is seen as similar and related to the current study and the research question.

Death education is defined as formal and informal methods for acquiring and disseminating knowledge about dying, death, and bereavement (Balk, 2007). It is important

to be aware of the history of death education and grief counseling. As previously mentioned, one of the most famous figures in the history of death education is Dr. Elisabeth Kübler-Ross. Many of the articles recognize Dr. Elisabeth Kübler-Ross' stages of grief (Kübler-Ross, 1969) as a grief counseling foundation (Crosbie & Garlie, 1976; Duncan, 1992; Granados, Winslade, De Witt, & Hedtke, 2009; Lenhardt & McCourt, 2000; Leviton, 1972; McLaren, 1998; Spillers, 2007). Some researchers believe that Kübler-Ross is the preeminent pioneer in the field of death education (Crosbie & Garlie, 1976). Later in this chapter Kübler-Ross' stages of grief will be examined in further detail. Although Kübler-Ross is the most well known name in death education, there are other theories of importance related to death education.

Bowlby's Attachment Theory (Bowlby, 2007), which was first published in 1969, has nearly as many citations in the literature as Kübler-Ross (Freeman & Ward, 1998; Holland, 2008; Horacek, 1995; Machin, 1998; Moore & Herlihy, 1993; Tracey & Holland, 2008; Wada & Prak, 2009). Bowlby's Attachment Theory and related ideas on loss provide a framework for counselors to use in assessing client grief responses (Freeman & Ward, 1998). In addition, cognitive behavioral therapy is mentioned many times in the literature as an effective way to deliver grief counseling and death education (Beckwith, 1996; Boelen, de Keijser, van den Hout, & van den Bout, 2007; Botella, et al., 2008; Matthews & Marwit, 2004; Wagner, Knaevelsrud, & Maercker, 2006). Carl Roger's Person Centered Counseling also has several mentions in the literature related to working with clients who had lost a loved one to death (Bryden, 2002; Klass & Shinnars, 1982; McLaren 1998; Wang, 2006).

Death as a Taboo Subject

One of the major themes found throughout the literature, is the idea that death is a taboo subject, not to be openly discussed (Holland, 2008; Leviton, 1972; Maglio, 1991; Tracey & Holland, 2008). Death is as taboo a subject in present day as sex was a taboo subject in the Victorian era (Crosbie & Garlie, 1976). Working in a taboo subject can have implications for professional counselors. Professional counselors working closely with issues of death and dying may feel more isolated from other professional counselors. Death is universally experienced by all. Death as a taboo subject in contemporary life is an irony. Death is an experience that crosses all economic, social, cultural, and educational lines (Collins, Sedlacek, & Maryland University, 1972).

Many previous researchers mention the taboo nature of death and dying. Also, in the literature, researchers make mention of the difficulty of advancing death research due to it being an uncomfortable and taboo subject (Collins, et al., 1972; Crosbie & Garlie, 1976; Holland, 2008; Leviton, 1972; Maglio, 1991). Recently death has become an event that can be separated from the living. As early as several decades ago, many funerals were held within the home. Today, long term care facilities, hospitals, and funeral homes separate the living from the dying. This separation creates another way in which individuals can more easily avoid the topic of death. Taboo subjects, by their very definition, are not discussed. They remain tucked away and are avoided as we go about our daily lives. Only by talking about death, exploring our beliefs and fears, and becoming more comfortable with death can we begin to make progress in the areas of death and life.

Counselors and Death

Doctors, nurses, and hospice care workers arguably have the most training when it comes to death education. Due to the nature of their work and their proximity to death, it would only reason that a great deal of the literature is devoted to these professionals. Although there are great differences between professional counselors and medical professionals, the literature can be helpful for learning more about issues of death and dying.

Few articles were found in the literature about the experiences of professional counselors and death. A majority of the researchers focused on the client receiving grief counseling services. In the literature, most of the researchers focused on the administration of counseling services to a specific client population (Joy, 1985; Schneider, 2005; Starks, et al., 2007; Wells, 1993; Withrow & Schwiebert, 2005). Some researchers focused on grief counseling with school aged students (Errington & Prestridge, 1995; Gilliam, 1994; Mille, 1997; Schlozman, 2003; Swihart & Silliman, 1992; Steward, 1993; Tracey & Holland, 2008; Valente, Saunders & Street, 1988), while other researchers focused on college students (Balk, 2008; Collins, et al., 1972; Lenhardt, 1997; Neimeyer, Laurie, Mehta, Hardison, & Currier, 2008; Vickio, 2008).

Several articles that examine issues related to grief counselors, or those who administer grief counseling services were mentioned in the previous literature (Bober, et al., 2006; Crosbie & Garlie, 1976; Daneker & Cashwell, 2005a; Dunphy & Schniering, 2009; Kirchberg, et al., 1998; McLaren, 1998; Puterbaugh, 2008; Schim, et al., 2007). The researchers of one of these studies conducted a simple questionnaire measuring clergy, teachers, counselors, nurses, and nursing students' attitudes towards death. The researchers

found there was a significant difference in the scores for those individuals older than 30 compared to those individuals younger than 30. Overall the younger group had a higher mean score than the older group, which would suggest the younger group had more acceptance of death than the older group (Crosbie & Garlie, 1976).

Researchers have found that beginning counselors are more unnerved by clients' presenting with death related issues than any other client issue. However the same study found that beginning counselors who were bothered by these issues were still able to show a proper level of empathy. This indicates that professional counselors can still be effective with their clients, even if they are uncomfortable with issues of death and dying (Kirchberg, et al., 1998).

Other research examined the work activities of thanatologists. The results indicate there are no significant differences between professional affiliation (e.g., counselors, nurses, social workers, or ministers) and the type of work behaviors. All professionals perform essentially the same tasks. This indicates that individuals wanting to work as clinical thanatologists must gain additional training beyond a basic degree to provide quality services (Daneker & Cashwell, 2005a).

Some researchers explained what the firsthand experience of a grief counselor is like. One of the authors felt an overall positive feeling clients had entrusted her with their deepest grief and pain. The feeling was also one of great relief that the client had the resilience to manage the grief and it is overall more manageable (McLaren, 1998).

There was a study that is important and related to the current study. In this previous study, Puterbaugh (2008) interviewed ten grief counselors regarding their experiences

providing grief counseling. Several themes emerged from these interviews. The grief counselors emphasized self care practices, being familiar with the major theories of death and grief, being aware of one's own beliefs about death and grief, and they believed that entering the field would result in a rich, spiritual and emotional experience. Additionally, the counselors were candid about the effects this type of work had on their spirituality. The counselors stated that bereavement counseling illuminated their own fears, doubts and struggles with spiritual issues and provided an increasing awareness of the spirituality in their daily life (Puterbaugh, 2008).

Another research article resulted in similar findings. Researchers used two grief counselors as the participants of the study (Dunphy & Schniering, 2009). The personal grief experiences of the grief counselors were found to be a valuable source of empathy and healing. This study also found there were parallels between the counselors' own personal resolution process and their intervention style with their clients. The participants stressed the importance of counselors being mindful about their own grief related experiences (Dunphy & Schniering, 2009).

Although there were several articles in the literature about counselor experiences with death, there was not a study that looked at the entire professional counselor experience. In addition the previous research was very general in nature. Counselors were asked general closed ended questions and were not given an opportunity to expand on their answers. This study hopes to address not only the overall experiences of professional counselors dealing with death, but also how competent and comfortable professional counselors feel about death. In addition, this study also asks questions about both professional and personal issues

related to death and dying. The questions are open ended in nature, in the hopes of gaining responses of greater detail and value. It is hoped that these detailed responses, as reported by the participants, will be of great value and insight for all professional counselors and counselors in training.

Theories and Models

Although there are many theories and models related to issues of death and dying, this study will focus on two of them. These two were chosen, since they most closely align with professional counseling and death and dying. The models selected were Elisabeth Kübler –Ross’ stages of grief and J. William Worden’s four tasks of mourning. These models are relevant to the field of counseling for several reasons. First, both Kübler –Ross’ and Worden’s models have a wide range of usefulness for professional counselors dealing with issues of death and dying. This is particularly beneficial when working with client issues involving death and dying. Although Kübler –Ross’ stages of grief is the most well known, there are many other theories of grief to be aware of. The selection of Worden’s task-based theory illustrates a different way of looking at the struggles of the grieving client. Together these theories give professional counselors different ways of approaching the same phenomena.

Kübler-Ross’ Stages of Grief

Dr. Elisabeth Kübler-Ross created her stages of grief based on work she had done with terminally ill patients. Her seminal work “On Death and Dying” outlined the five stages of grief and explained what to expect from each stage. This stage based model was popular with professional counselors as well as non-counselors. This model of grief is arguably the

most popular grief framework used by professional counselors and other helping professionals. In addition, many individuals interpret Kübler-Ross' stages of grief incorrectly.

The assumptions stated by the model are that individuals with a terminal illness go through a series of stages resulting from that terminal diagnosis. These stages are assumed to begin after the time of diagnosis and lead up to the time of the patient death. Through the years, researchers and health professionals, have twisted Kübler-Ross' model to assume it can be used to explain life changes it was not intended to. Researchers have used the stages of grief to describe life events such as divorce (Elmore, 1986; Gastil, 1996), the injured college athlete (Harris, 2003), and significant work changes (Daresh, 1993; Peca, 1994; Norum & Lowry, 1995; Blau, 2007). While Kübler –Ross may not have explicitly stated that an individual needed to experience all five stages sequentially, this is how many have interpreted her work. Many interpret these stages to be orderly and universally experienced by all who have been given a terminal illness diagnosis. Furthermore, Kübler –Ross' stages of grief has been used interchangeably with those individuals grieving the loss of a loved one. Although there is some value in this, Kübler –Ross' initial work was done with the terminally ill, not those who lost a loved one to death. The experiences of those grieving the loss of a loved one, are not identical to terminally ill patients who are experiencing the process of dying themselves.

The key constructs in Kübler –Ross' stages of grief are the stages themselves. Originally, Kübler –Ross saw a need to speak with the terminally ill. During her work in hospitals, she noticed the hospital staff and family members speaking about the dying as if

they were not present. She saw a need to speak with the terminally ill, in the hopes of both empowering the dying and learning more about what their experience was like. Kübler –Ross wanted to give a voice to those terminally ill individuals, who previously were without.

According to Kübler –Ross (1969), there are five stages of grief. The five stages identified by Kübler –Ross are denial, anger, bargaining, depression, and acceptance. The first stage is denial, which was originally labeled as denial and isolation. Denial is a conscious or unconscious refusal to accept facts, information, or the reality of the situation. It is a defense mechanism and perfectly natural. It is thought of as the body’s built-in defense mechanism. The body only allows as much grief in as the person can handle at that time. Many times the individual is initially in shock. A common thought of the terminally ill person would be, ‘This cannot be happening to me’. Kübler-Ross’ stages of grief are helpful to professional counselors in identifying when the client is experiencing each stage. It gives both the counselor and the client a common ground on which to better understand the lived experiences of the client.

Denial will eventually lead into the second stage which is anger. Anger can manifest in different ways. This stage can be characterized with anger, guilt, envy, rage, and resentment. People dealing with emotional upset can be angry with themselves or with others, especially those close to them. The anger experienced is often displaced in a number of different directions. Common thoughts during this stage are, ‘Why me?’ or ‘This isn’t fair!’ For professional counselors, it could be helpful to identify when their client is experiencing Kübler-Ross’ stage of anger. Turning an emotion that is thought of as negative, may be channeled into something positive for the client.

The third stage is bargaining. The individual hopes to postpone or delay their death. Bargaining is usually done in secrecy as most individuals bargain with whatever God the person believes in. It is the opposite approach taken than what was tried in the anger stage. Individuals many times bargain for an extension of their life in return for behaving well. Bargaining rarely provides a sustainable solution, especially if it is a matter of life or death. Common thoughts in this stage are, 'I promise to donate my body to science if you can extend my life.', or 'I will do anything if I can live to see my son get married.' Professional counselors working with a terminally ill patient in this stage can relate better to what the client is experiencing. However, if the client is grieving the loss of a loved one, then the bargaining stage is not as relevant to therapeutic work.

The fourth stage is depression, which has also been called 'preparatory grieving'. Kübler –Ross talks about two kinds of depression in this stage. There is the depression related to the loss of identity which could include financial burdens related to treatment and care, loss of a job, loss of identity, and an overall sense of loss. The other depression is the preparation the dying individual must make to finally separate from this world. In a way it is the dress rehearsal or the practice run for the 'aftermath'. It is not recommended to attempt to cheer up the individual in this stage as it is an important time for them to grieve. It is a sort of acceptance with emotional attachment. It is natural to feel sadness and regret, fear, uncertainty, when experiencing this stage. It shows that the person has at least begun to accept the reality. Common thoughts during this stage are, 'I am going to die soon, what's the point?', or 'I am afraid of what happens after I die.' Although the common thoughts

mentioned may seem negative, these are common thoughts. Professional counselors could help reframe these client thoughts in a more positive way.

The fifth and final stage is called acceptance. The individual becomes to accept his or her mortality. This stage varies according to the person's situation, although broadly it is an indication that there is some emotional detachment and objectivity. Kübler –Ross mentioned that this stage should not be seen as a happy time. Acceptance is a stage almost void of feelings. At the time the individual reaches acceptance, his or her family will need more understanding, help, and support dealing with the impending loss than the patient will. Common thoughts during this stage are, 'I just cannot fight it any longer.', or 'Everything is going to be okay.' This stage, more than any of the other stages is different for professional counselors depending on what type of client they are working with. If professional counselors are working with terminally ill patients, many times this is a time to sit and listen to the client. If professional counselors are working with clients working through the loss of a loved one this stage will be quite different. Clients of this sort may have the most difficult time with this stage.

Kübler –Ross' stages of grief are pretty well described and easily understandable. Part of the popularity of this model stems from the clarity of it and how those without a background in counseling can easily understand it. This however, has been one of the problems associated with it, since popular culture has used it to describe a number of experiences. This is something Kübler –Ross' original work was not intended to do. Her work was done with the terminally ill, so even using the stages to describe those who have lost someone to death is a bit misleading. Additionally, many individuals who die are not

terminally ill. Many deaths are sudden in nature, and require a different perspective for the grieving clients left behind.

The usefulness of Kübler –Ross’ stages of grief has been criticized. Although the stages of grief have become well known among the culture at large, many scholars in the field have taken exception to the flawed methodology and the simplicity of the stages (Corr, 1993; Attig, 2011). Kübler –Ross visited with dying patients and made detailed notes of the conversations. However, she did not have identifying information to link the conversations to specific individuals, nor did she have a hypothesis to test. In addition, her research was very informal and not done with the scientific method in mind. It may be possible to create a hypothesis based on the stages and test it on those who are terminally ill. The terminally ill patients Kübler –Ross worked with were given a voice and described their own personal experience. Kübler –Ross wanted to categorize the responses she got from the patients to help describe the type of feelings they were experiencing. In this respect, Kübler –Ross was doing research that was phenomenological in scope.

Even though there were previous research studies done, Kübler –Ross did not base her particular stage model on any previous theory or research. Although it seems the concept of the five stages could be related to previous psychological stage theories such as Freud and Erikson at least in formatting similarities. According to Copp (1998), the stage theories of grief are derived from childhood developmental theories.

Although Kübler –Ross’ stages of grief are flawed in some ways, they still hold importance for professional counselors. The model helps describe the lived experiences of terminally ill patients. This was a group of participants that had previously not been listened

to, nor given a voice. The stages of grief are still useful in describing the experiences of terminally ill patients. Kübler –Ross (1969) has always said that not every individual will move through all five stages, and many times not in a linear fashion. She has stated that the experience is as individualized as a fingerprint. The most useful aspect of the model is it made a taboo subject less so. Kübler –Ross was certainly not the first scholar to write about this topic, however her charisma and the culture’s openness to learn more about the subject was the perfect combination for her to get her message across. According to Pine (1977), her straightforward approach to psychiatry and descriptive accounts of the dying helped increase public awareness about death and dying.

Dr. Elisabeth Kübler –Ross helped bring to light the subject of death and dying at a time when the topic was taboo. In the more than forty years since her seminal work, many other theories and models have been created to help clinicians and the grief stricken make sense of their experiences. For future researchers, Kübler –Ross’ work is there to build upon. For professional counselors, the model is well known, which helps initiate conversation with clients. For training programs, Kübler –Ross’ work is relevant from a historical perspective. Most professional counselors are only aware of Kübler –Ross’ stages of grief. This is problematic both for counselors’ professional competence and from a client care standpoint. Every professional counselor will encounter death both professionally and personally. Therefore, professional counselors need be more competent and educated in this area.

Worden’s Four Tasks of Mourning

J. William Worden created his four tasks of mourning as a way to interpret an individual’s grief. Corr, et al. (2009) found that Worden’s tasks reflect an interpretation of

coping and is a proactive way to manage loss and grief. Unlike Kübler –Ross’ stages of grief, Worden’s tasks focus on the mourning or grieving client who is dealing with the death of a loved one.

Worden’s tasks of mourning are defined as tasks and not stages or phases. This is done purposefully, because according to Worden using the term tasks means the individual has to do something and therefore has some control in their own well being. The task model Worden uses borrows heavily from the structure of child development (Worden, 2009). Worden believes not everyone will have problems navigating the tasks of mourning. Worden sees grief as a fluid process. The tasks are not to be seen as a fixed progression. Various tasks can be worked on at the same time, and an individual may revisit and work through certain tasks over time.

Worden believed individuals would sometimes get stuck in their grief. Individuals get stuck for any number of reasons. The job of professional counselors is to find which task the client is stuck with. After identifying where the client is stuck, the professional counselor assists the client in working through that task. Worden proposed four tasks of mourning. The four tasks are: to accept the reality of the loss, to work through the pain of grief, to adjust to an environment in which the deceased is missing, and to emotionally relocate the deceased and move on with life (Worden, 2009). Worden defined each of the four tasks as follows.

Task 1: To Accept the Reality of the Loss. Accepting the person is dead and will not be returning. The individual must come to realize that a reunion in this lifetime is impossible. Traditional rituals of closure such as the funeral help many bereaved people move towards acceptance. Task 1 takes time as the individual needs to come to terms with the loss both

intellectually and emotionally. The opposite of this task is, not believing through some sort of denial.

Task 2: To Process the Pain of Grief. Pain created by the loss must successfully be processed and felt. Many times individuals use thought-stopping procedures to prevent feeling the loss completely. Not everyone experiences the same intensity of pain but it is nearly impossible to lose someone close to you and not experience any pain. The interplay of the mourner's own defenses and society's discomfort makes it difficult to feel the loss. Processing the pain of grief helps prevent people from carrying pain into the future, where it might be more difficult to work through. It is important to have our feelings surrounding the loss validated.

Task 3: To Adjust to a World Without the Deceased. Worden said there are three areas of adjustment that need to be addressed after the loss of a loved one. External adjustments – how the death affects one's everyday functioning in the world. Many times it is related to roles and tasks the deceased used to perform. Internal adjustments – how the death affects one's sense of self. The mourner asks, 'Who am I now?' Spiritual adjustments – how the death affects one's beliefs, values, and assumptions about the world. When an individual does not complete Task 3, Worden calls it a failure to adapt to the loss.

Task 4: To Find an Enduring Connection With the Deceased in the Midst of Embarking on a New Life. Worden originally called this task 'Withdrawing Emotional Energy From the Deceased and Investing It In Another Relationship'. This task is similar to Kübler –Ross' Stage of acceptance in that the individual needs to find a way to move on but not forget the loved one. The professional counselor's task is to help the client find an

appropriate place for the deceased in their current emotional life, a place that allows the client to go on living an effective life. Worden states when an individual is stuck in this stage, their life almost stops with the end of the life they are grieving. Worden says non completion of the task should be called 'not living'.

Worden's tasks of mourning are useful as a framework in working with issues of death and dying. The task model is clear and explains different examples for each task of mourning. Worden's tasks are detailed enough to help assist professional counselors working with those experiencing issues of death and dying. This model would be helpful for professional counselors in learning more about a different type of model. According to Balk (2007), Worden's tasks of mourning are useful in helping clients regain some amount of control over their life.

Worden created the four tasks based on a need he identified and based on previous research. Worden states not everyone experiences trouble working through these tasks. This means that every individual who loses a loved one would not necessarily need to work through the tasks of mourning. Worden also states the grief process is fluid (Worden, 2009).

Worden borrows heavily from child psychologist Robert Havinghurst and his developmental tasks (Worden, 2009). Worden's theory has some generalizability, and can be used with other types of client populations dealing with issues of death. For example, some research has used Worden's tasks as a basis for grief groups with prison inmates (Olson & McEwen, 2004) or adults with mental handicaps (Luchterhand & Murphy, 1998). Other research has used the tasks along with Kübler –Ross' stages to work with foster parents and

foster children (Fineran, 2012). However, Worden's four tasks of mourning are best used when working with individuals who cannot work through their grief.

J. William Worden's four tasks of mourning are useful for professional counselors. The model does an excellent job in contextualizing grief and mourning. Worden goes into detail explaining each task, and the possible pitfalls of working through each task. The tasks are clear and easy to use by professional counselors. In creating four tasks of mourning, Worden has almost a built-in form of organization which makes the theory easy to organize and contextualize. Many professional counselors are only aware of Kübler –Ross' stage theory and do not realize there are other types of theories and models available. Worden's model would be beneficial for counselor training programs. It gives professional counselors another way to work through issues of death with their clients. Worden's work also exposes professional counselors to more models of death, dying, and bereavement. This would increase professional counselors' overall level of competence.

Gaps in the Literature

Overall, there was a lack of research related to the effects of death on professional counselors. The majority of the literature, although helpful, did not explain the experience of working closely with issues of death and dying. The biggest gap in the literature is the topic needs to be researched in greater depth. There is a need for greater education of professional counselors in the areas of death and dying. There also appears to be a desire of professional counselors to want to learn more about these subjects.

There is little research comparing school counselors with private practice counselors. A comparison of counselors based on their work environment may be enlightening. In

addition, the topics of death and dying are often closely related to spirituality. There were mentions in the literature about how individuals' spiritual beliefs help them cope with death. There were no mentions in the literature related to non-religious individuals. A comparison of religious and non-religious individuals may make for an interesting research study.

The overall lack of research in the area of death and dying and counselors shows this is an area in need of further research. Since the self, is the professional counselor's main work tool, it is important to find out more about the experience of dealing with topics related to death. A feeling of incompetence, discomfort, fear, or uneasiness around issues of death and dying could lead to an ineffective counseling process. In addition, the new counselor and counselor in training need more education on issues of death and dying before they work in the field.

Death is universally experienced. Much of the existing literature has focused on individuals who have lost someone to death. Research in the area of counselor experiences with death has been scarce. There is a need to learn more about the lived experiences of professional counselors as it relates to death and dying. Additional research in this area will help the counseling field as well as improve the services clients receive. Death is seen as a taboo subject. This is another challenge for increasing the amount of research in this area. It is hoped that the current study will be beneficial not only for improving awareness about the topic, but also that it may lead to future research in the areas of death, dying, and counseling.

CHAPTER THREE: METHOD

This chapter will include the purpose of the study, the research question, a description of the research design, participants, procedure, data collection, and data analysis. In addition, it also discusses construction of the questionnaire including pilot study feedback and adjustments to the original questionnaire.

Purpose of the Study

The main goal of this study was to learn about the lived experiences of professional counselors, as it relates to issues of death and dying. Specifically, how these participants experience issues of competence, comfort, training and education, personal loss, and client related issues in the area of death and dying. Through learning about the participants' lived experiences, this study aimed to provide rich, detailed descriptions of the participants' own dealings with death.

The primary research question for this study was, "What are the lived experiences of professional counselors when dealing with death and dying?" The majority of research done on death and dying does not focus specifically on counselors' experiences. Instead, most research conducted has been about cultural sensitivities, working with diverse client populations, and trauma focused work. Although that research is important, this study focused on how death and dying affects professional counselors. This study aims to assist scholars, counselors, counselors in training, counselor educators, and counseling training programs by providing a look into the lives of professional counselors. This study was qualitative, using a phenomenological approach in order to provide rich descriptions about the experiences of professional counselors as it relates to death and dying.

Research Design

The qualitative methods used in this study are phenomenological in nature. The aim of phenomenology is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it (Moustakas, 1994). According to Giorgi (2005), phenomenology aims to clarify the meaning of the experience for the individual who is living the experience. Phenomenology emphasizes the individual's construction of a 'life-world', or the world of their everyday life (Liamputtong & Ezzy, 2005). In contrast to other research methods, phenomenology focuses on studying experiences from the viewpoint of the participants. Giorgi (2005) stated the goal of qualitative research is to discover rather than confirm.

For this study, phenomenology was used to explore the meaning professional counselors give to their experiences working with issues of death and dying. The procedure for data analysis follows the steps outlined by Moustakas (1994) for phenomenological data analysis. In the initial analysis, the researcher finds significant statements in the interviews reflecting the participant's experiences surrounding the phenomenon (horizontalization). Next, the researcher groups these statements into meaning units (textural description) and begins to develop categories and themes. Finally, a description of how the phenomenon was experienced is established from these themes and an overall description of the essence of the experience is constructed.

Participants

The participants for this study were selected by purposeful criterion sampling. Participants were required to currently be a practicing licensed professional counselor in a

specific state in the Southeastern United States. Criterion sampling helps create more detailed and rich data relevant to the area of research (Liamputtong & Ezzy, 2005). Each of the participants was currently practicing in their state of licensure, and they were all licensed professional counselors, thus they fit the inclusion criteria. Liamputtong and Ezzy (2005) stated that creating a homogeneous sample should create depth and detail in the experiences of the participants. Therefore, in this study, the participant group was homogeneous in regards to their level of education, profession, and geographic area of employment. A more detailed description of the participants is listed in chapter four.

Unlike quantitative research, qualitative research does not have a minimum number of participants required. There is no steadfast rule that relates to sample size in qualitative research. Instead, most scholars agree that the concept of saturation is most important when considering sample size in qualitative research (Mason, 2010). Some researchers have reported that although there are no strict guidelines for sample size in qualitative research, phenomenological studies typically have smaller sample sizes. This is due to the in-depth emphasis on a specific phenomenon (Creswell, 2007). Onwuegbuzie and Leech (2007) stated the sample size should not be too large that it is difficult to extract rich, detailed data. The sample size should also not be too small so as not to be able to achieve saturation or informational redundancy.

According to Morrow (2005), the size of the sample has little to do with the quality or adequacy of qualitative data. Instead, as Patton (2002) stated the number of the sample size is irrelevant, as long as the cases are information rich. For the current study, the primary researcher used the concept of saturation to determine the final sample size of the study. The

primary researcher reached the point of saturation and information redundancy when reaching ten participants. Thus the sample size of the current study was ten participants. At this point, no new themes emerged from the participant interviews. In addition, the participants had provided the primary researcher with enough detailed information to answer the research question. Marshall (1996) stated that the number of participants becomes clearer and more obvious as the study progresses, as new themes stop emerging. In qualitative research, the researcher has reached the required number of participants when the data are deemed rich enough and cover enough of the dimensions being researched (Liamputtong & Ezzy, 2005). The concept of saturation is reached when the responses of the participants become redundant and no longer add to the research (Mason, 2010).

This study was approved by the North Carolina State University Institutional Review Board, prior to commencing. The participants were identified through the primary researcher's personal contacts and acquaintances, individuals referred to the primary researcher, and individuals referred to the primary researcher by participants of this study (snowballing). Those counselors who were not currently licensed or were provisionally licensed by state licensure boards were excluded from the study. Counselors who were not currently working in the mental health field were also excluded from the study. The reason for the exclusion criteria was to create a minimum level of training and professional practice of the participant pool. Data was collected from in-person interviews individually with each participant. Each interview was completed by the primary researcher. Each participant was able to withdraw from the study at any time for any reason. In addition, each participant was

given the opportunity to be randomly selected to win one of two \$25 gift cards to a local merchant. Participation in this drawing was voluntary and anonymous.

Procedure

This study followed all requirements of the Internal Review Board at North Carolina State University. Participants were gathered through purposeful sampling (selecting specific participants to achieve a specific objective) and through snowballing (participants for this study referring other participants to the study). The participants included acquaintances of the primary researcher, individuals referred to the primary researcher, and individuals referred to the primary researcher by participants of this study (snowballing). Potential participants were sent an e-mail invitation (Appendix A) to see if they were interested in participating in this study. The participants who expressed interest were then screened for inclusion and exclusion criteria.

In addition to the participants used in this research study, five potential participants responded to the initial e-mail invitation and expressed an interest in participating. Of those potential participants, two individuals returned e-mails to the primary researcher indicating they read the informed consent and agreed to an in-person interview. Both of these individuals were contacted several times over a four week period via e-mail to schedule the in-person interview. The primary researcher received no further communication from these potential participants.

The other three potential participants mentioned, initially showed interest in the research study. However, they did not send further communication to the primary researcher

after being sent the informed consent and participant e-mail for this research study. No further communication was sent to these potential participants.

The primary researcher continued to recruit participants for this research study until saturation of responses was achieved. When enough participants were scheduled and had completed the in-person interviews, the primary researcher e-mailed the two participants who initially agreed to participate to inform them they would no longer be needed. No further communication was sent to the other three potential participants who expressed an initial interest in participating.

If the participants were still eligible and still interested in participating in the study, the primary researcher scheduled a date and time for a private in-person interview. These interviews were scheduled in a confidential and convenient location for the participants. The participants were sent an e-mail reminder about the scheduled interview approximately two days prior to the scheduled interview. Each participant was informed about the purpose of the study and signed informed consent (Appendix B) prior to the interview. The participants did not receive the interview questions (Appendix C) prior to the interview to preserve the spontaneity and genuineness of their responses. Participants chose their own pseudonyms for the purposes of confidentiality in the study. Two of the participants in this research study chose the same pseudonym. For data analysis purposes, the second participant was asked to choose a different pseudonym. All interviews were facilitated by the primary researcher and lasted approximately 45-60 minutes. Participants filled out a brief demographic survey (Appendix D) at the conclusion of the interview. Data were stored in audio files on a password protected computer that was stored in a locked office.

The primary researcher transcribed all of the in-person interview transcripts verbatim. The transcripts were sent (via e-mail) to each participant so they could do a member check. The participants were asked if the transcribed data accurately depicted their experience. Eight of the ten participants applied affirmatively and did not want to change any data. One participant added further clarification via e-mail sent to the primary researcher. Additionally, one other participant sent additional thoughts via e-mail sent to the primary researcher. Both of these changes were made on the original transcripts. Each participant was sent a final e-mail thanking them for their time and participation in the study. Following the completion of the member checks, the verbatim transcripts were sent by e-mail to each of the three person coding team for initial coding. The coding team was made up of the primary researcher, and two doctoral cohort members who each recently completed their own qualitative dissertations. Each team member completed doctoral qualitative coursework and had been trained to analyze data using thematic coding methods and descriptive statistical analysis of demographic information.

Pilot Study

Prior to working on this project, the primary researcher conducted a pilot study. The pilot study was completed to meet this researcher's departmental requirements of the Thesis equivalency. This study consisted of two licensed professional counselors living and practicing in the Southeastern United States. This study focused on the lived experiences of licensed professional counselors as it relates to issues of death and dying. The participants shared their experiences through a semi-structured interview process. The results of this study increased this researcher's interest in the area of death and dying and how it affects

counselors. The feedback received from this pilot study, assisted the primary researcher in effectively editing the questions for the current research study.

Instrumentation

All participants answered the same open-ended questions (Appendix C) to complete the semi-structured in-person interview. Upon completion of the interview, the participants answered a brief set of written demographic questions (Appendix D). Demographic questions were aimed to understand the participants' age, gender, ethnicity, years of experience, work environment, and overall experience with issues of death as a professional counselor. Each of the open-ended interview questions had a possible follow-up (prompt) question, which was used to further engage the participants if they gave a brief or evasive answer to the original question. An in-depth interview was conducted with each participant including the following major question: What has your experience as a counselor been like in working with clients experiencing issues of grief and loss? The other major question was: How comfortable and competent do you feel in working with clients who have reported grief and loss? See Appendix C for a list of the interview questions. The interview questions used in the interview assisted the primary researcher in eliciting rich, detailed responses related to the primary research question.

The questions used in this study, were being used for the first time by the primary researcher. The questions used were revised from a pilot study conducted by the primary researcher. Feedback from the participants and the coding team of the pilot study were used to improve the quality of the interview questions. In the pilot study, the interview questions (Appendix E) referred to the terms grief and loss. It was found that the terms grief and loss

were too ambiguous. Some of the participants spoke of loss and grief that had nothing to do with death. For example, one of the participants talked about losing her blended family after a divorce. Another participant mentioned clients who had lost a job or experienced a divorce. The questions were changed from the pilot study to the current study to use the terms death and dying, instead of grief and loss. The reason for this was to get more specific information in regards to the effect death and dying has on professional counselors. Most of the literature found uses the terms death, dying, grief, loss, and bereavement interchangeably. This can account for confusing results.

Question Construction

The semi-structured interview questions were created by the primary researcher based on a review of the literature and questions tested in a pilot study. In addition, the primary researcher used the feedback received from the pilot study to create and edit the content of the interview questions. The primary researcher formed the research question for this study by conducting an extensive literature review. Upon reviewing the literature, the primary researcher was able to focus his area of inquiry on specifically the subjects of death and dying and the impact that has on professional counselors. The basis for some of the interview questions came from previous research (Brown & Kimball, 2012; Puterbaugh, 2008). However, the primary researcher used the primary research question to guide the overall construction of the interview questions. In addition, literature on question construction within qualitative research was consulted to help in the creation of interview questions (Jacob & Ferguson, 2012).

The interview questions were formed primarily to capture a specific type of response from the participants. The questions were all open ended with possible follow up probing questions if the participant gave very little information in the way of a response. The interview itself would be classified as a standardized open-ended interview. Turner (2010), states this type of interview allows the participants to fully express their viewpoints and experiences. Additionally, Turner (2010) adds that the open ended questions allow for the researcher to follow up with appropriate probing questions.

The primary researcher edited many of the questions used in the initial pilot study. The differences can be seen by comparing the initial pilot study questions (Appendix E) to the current questions used in this study (Appendix C). The main revisions in the questions came in two areas. First, the words grief and loss have been replaced with death and dying. This was done to eliminate some of the ambiguousness of the terms 'grief' and 'loss'. The current research study wanted to learn about professional counselors and their experiences with death and dying. Grief and loss are too broad in scope.

The other major revision in the interview questions was separating the terms competent and comfort into two separate questions. The primary researcher learned from the pilot study, counselors who feel competent in areas of death and dying, may not necessarily feel comfortable. The reverse could also be true. A counselor may feel comfortable around issues of death and dying, but may not feel competent to work with clients experiencing issues related to death and dying. The terms are not synonymous with one another.

Researcher as Participant

In qualitative research, the primary researcher is considered a participant throughout the research process. In addition, the quality and overall credibility of the research is the responsibility of the primary researcher (Patton, 2002). Qualitative researchers acknowledge it is impossible to set aside one's own perspectives and biases completely (Elliott, Fischer, & Rennie, 1999). There are ways in which qualitative researchers can account for those possible flaws of interpretation. Accounting for these possible flaws, helps the overall goal of this qualitative research, which is to explain the lived experiences of professional counselors with rich descriptions and detailed experiences.

The primary researcher acknowledges that he may have his own personal biases that may influence the data analysis and interpretation of this research. The primary researcher worked to reduce the influence of these potential biases by bracketing these biases and working with a team to reduce the biases in this research.

As the primary researcher, I acknowledge that I am white, male, a licensed professional counselor, American, and born and raised in the Midwest area of the United States. I acknowledge that society affords me certain privileges and advantages based on my ethnicity and other demographic information. As the primary researcher, I also have certain perceptions or anticipated outcomes on the current research based on my emic (insider) and etic (outsider) experiences. My emic experience comes directly from my personal experiences with death and dying. I worked for several years as a school counselor, where my experience with death was largely dealing with it from an immediate trauma-focused perspective. While working as an outpatient therapist in several different clinical settings, I

found death to be more a cause for current client issues. Therefore, I would expect the experiences of the participants in this research study to parallel my own to some degree. My etic experience comes from having completed a pilot study for this current research study. Having gone through the research process, albeit with a much smaller sample size, I would expect similar experiences to be reported by the participants of the current study. As the primary researcher, I have been interested in this area of research. I have taken courses that focus primarily on death and dying, and have completed additional research during my leisure. Being knowledgeable in this particular area of research, leads to an expectation that most participants will not have the same breadth of knowledge.

The experiences of my life, along with my demographic information have to a large degree shaped my worldview and perceptions. Bracketing my personal views and keeping my emic and etic experiences was of the utmost importance in this research study. Acknowledging these experiences and personal views and keeping them from influencing this research was imperative. This research is about the unique, rich, and authentic experience of the participants who agreed to share their story. As the primary researcher, it is from this personal perspective that I undertake this research study. I feel confident the lived experiences of the participants are accurately represented in this research.

Data Analysis

Phenomenological research aims to describe and identify the subjective experiences of the participants, without critical evaluation by the researcher (Patton, 2002). All interviews were transcribed verbatim and reviewed for accuracy by the primary researcher. The verbatim transcripts were then sent to the participants via e-mail. Participants were asked to

voluntarily serve as “member checkers” for their transcribed interviews. The interviews were transcribed and sent to each participant one week after the interview took place, for a member validity check. The one week time period allowed the participant some time to reflect on the subject matter of this research study. Upon completion of the member checking, the participants sent the transcriptions back to the primary researcher via e-mail. Eight of the ten participants stated they did not want to make any edits on the interviews. The remaining two participants, made minor revisions and clarification to some of their interview responses and sent the newly revised transcript back to the primary researcher.

Next, the primary researcher sent the verbatim transcripts via e-mail to the other two coding team members. The two research team members and the primary researcher then did initial coding for significant statements in the interviews reflecting the participant’s experiences surrounding the phenomenon (horizontalization). Horizontalization consists of treating each statement with equal value (Moustakas, 1994). Later, irrelevant or redundant responses are deleted, which leaves only the horizons (textual meanings and invariant constituents of the phenomenon being researched). Following the initial coding, all three research team members discussed overall categories and themes from the interviews. Based on the agreement of the research team, the primary researcher grouped the data into meaningful units (textural description) and began to develop categories and themes from the data. Finally, a description of how the phenomenon was experienced was established from those themes and an overall description of the experience was constructed. The entire data analysis process including bracketing (the research team members’ biases), horizontalization, clustering the horizons into themes, creating textural themes and codes, and constructing a

coherent description of the participants' experience is referred to as phenomenological reduction (Moustakas, 1994). After the phenomenological reduction process was completed by the research team, validity was further supported by an external auditor.

Research Team

The research team consisted of three individuals (the primary researcher and two other code team members) who attended the same counselor education doctoral program, at a large research one university in the Southeastern United States. The research team consisted of both male and female gender identities. Each member of the research team was from various geographic areas of the country, prior to enrolling in the same doctoral program. Each member of the research team compiled and sent their personal biases to the primary researcher prior to data analysis beginning. Each member of the research team also revisited their personal biases after independently coding the verbatim interview transcripts. Each member individually reflected on how their personal biases may have impacted the coding process and overall data analysis process.

The credibility of the results was enhanced by having a research team with training in qualitative design. All three research team members had completed the required coursework to meet the requirements of a Council for Accreditation of Counseling and Other Related Programs (CACREP) accredited counselor education program. In addition, the two other research team members had both recently completed qualitative dissertations of their own. To further support the validity of this research, an external auditor was used. This auditor was selected based on skill, experience and rigor in qualitative research. The use of an external auditor is important because it controls for groupthink during the data analysis

process. The auditor's purpose is to check the major themes are accurately portrayed, the raw data is in the correct domain, and the data analysis faithfully represents the data (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005).

Validity Issues

In qualitative research, validity and reliability are important to address. The primary researcher utilized took steps to increase the validity and reliability of this research. Although there is no such thing as a perfect research design (Patton, 2002), there are ways to limit negative aspects of the design and improve the overall quality of research. The primary researcher took steps to increase the credibility of this research.

The data were collected by using individual recorded interviews. The participants were asked a series of open-ended questions in a semi-structured interview. Every participant was asked the same eight open-ended questions (Appendix C). Based on participant responses, the primary researcher could ask the possible prompt questions or use probing questions. The semi-structured interview gave the primary researcher the benefit of having a standardized set of questions to ask each participant, and the freedom to ask probing questions to ascertain more detailed responses from the participants.

After the interviews were transcribed verbatim by the primary researcher, the participants were sent the transcripts. The participants were asked to member check the verbatim transcriptions and edit anything if they chose to. Member checks control for any threats to validity that may be contained within the transcription (Creswell & Miller, 2000).

The primary researcher used two other research team members for the data analysis, in order to create the overall themes of this research study. The use of two research team

members was beneficial because it helped reduce any of the primary researcher's biases. This was important since the primary researcher was so close to the data throughout the study. Each member of the research team independently coded the transcribed interviews. Using multiple research team members to code, helps the dependability (consistency of the findings) of the data (Baxter & Jack, 2008). The research team discussed the coding process and themes generated from the coding process. This allowed the research team to engage in triangulation. Triangulation helps to ensure that an individual researcher's personal biases do not enter into the coding process. It also allows the research team to gain a clearer and deeper understanding of the phenomenon being researched (Taylor & Bogdan, 1998).

In addition to triangulation, the research team also used bracketing. Bracketing is the process of listing all your personal biases related to the subject matter being researched. Each of the research team members listed their personal biases (Figure 1) prior to the interviews taking place or the initial coding beginning. These biases were sent to the primary researcher. This was done to help the research team members become more aware of their possible biases throughout the data analysis and thematic coding process. The personal biases reported by the research team members are listed in Figure 1.

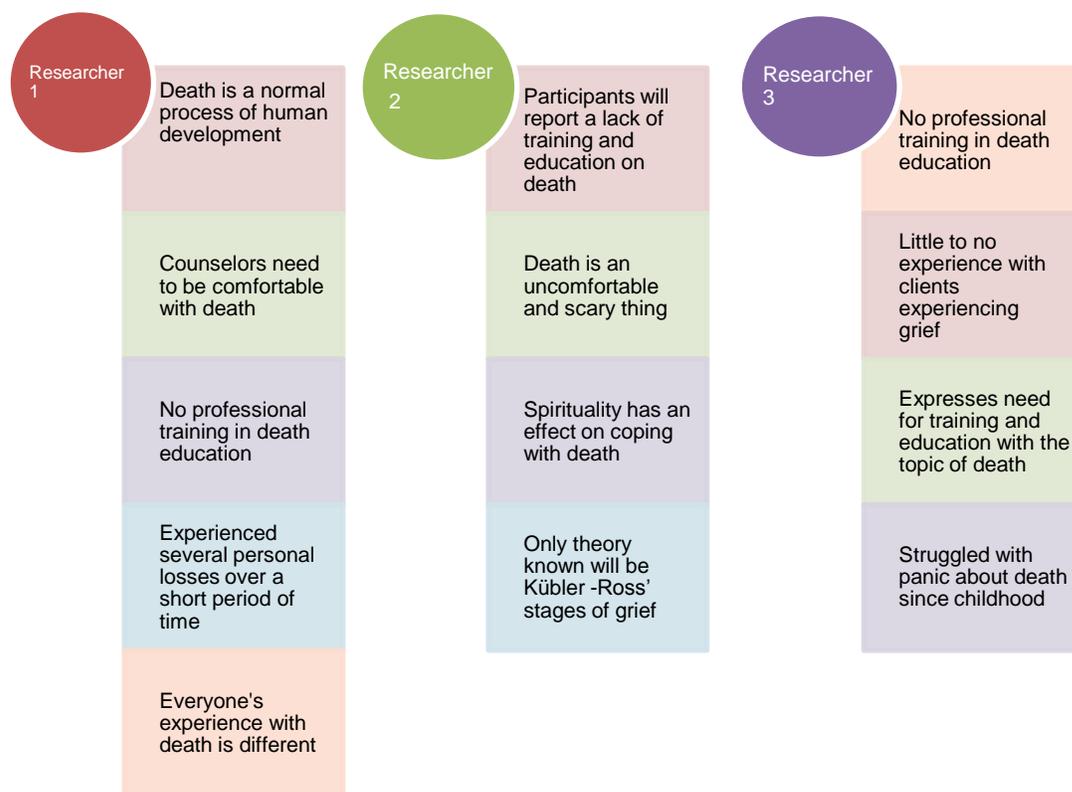


Figure 1: Researchers' Personal Biases Reported Prior to Individual Coding

After the coding process was completed, each of the research team members revisited their initial biases, and reflected on how those biases may have influenced the individual coding process. Each research team member also reported anything else of note from the individual coding process (Figure 2).

Finally, an auditor was used to ensure the coding team member's biases were absent from the results. The auditor used in this research study was qualified to do so. The auditor has a doctoral degree in counselor education and has completed a qualitative dissertation. Once the codes were agreed upon by the coding team, the auditor reviewed segments of the independently coded transcripts and the code list. The auditor also had access to the bracketing information to assure the biases of the research team were not present in the results. Having conducted research studies using qualitative data analysis, the auditor was found to be competent as an auditor. The auditor's previous research addressed the topic of death and loss. Due to skill, rigor and experience level, the auditor was chosen to assist with this research. The steps taken by the primary researcher mentioned previously all add to an increase in the level of trustworthiness and credibility of this research.

The reported thoughts and impressions of the research team members are listed in Figure 2.

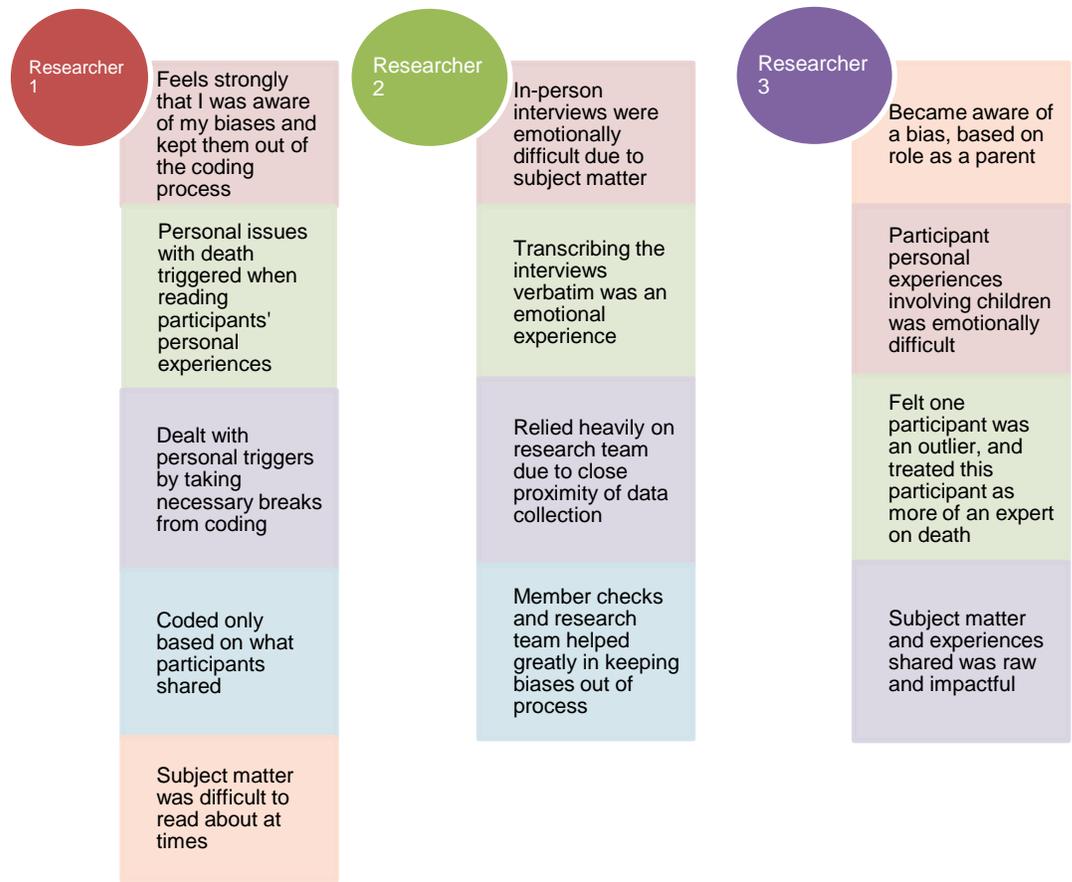


Figure 2: Researchers' Thoughts and Impressions After Individual Coding

CHAPTER FOUR: RESULTS

The purpose of this exploratory qualitative research study was to learn from the direct accounts of professional counselors what it is like to work with issues related to death and dying. One research question was explored: What are the lived experiences of professional counselors when dealing with death and dying?

This study used phenomenological reduction to capture themes and meanings of licensed professional counselors' experiences dealing with death and dying. The findings of this study are reported in this chapter. Participant characteristics are reported using descriptive statistics. Results of the ten in-person semi-structured interviews are reported based on the research question and supported by verbatim participant responses. The quotations have been kept in the original language of the participants' responses taken directly from verbatim transcripts. The primary researcher did not modify or change any of the transcripts to reflect proper grammar.

Participant Profiles

Ten licensed professional counselors were interviewed individually for this study. To maintain the confidentiality of the participants, each participant chose a pseudonym for their interview. This pseudonym selection is in compliance with the IRB guidelines of the primary researcher's university of study. The following section describes the participants based on the responses given during the in-person interview, as well as the responses given to the demographic questionnaire.

Boris

Boris self reported as a 40 year-old African American male, and licensed professional counselor (LPC) for five years. He reported that he is currently working as a community mental health counselor. Boris reported working with between four to six clients who were experiencing death related issues over the past twelve months. The interview was transcribed and sent to Boris one week after the interview took place, for a member validity check. Boris did not make any changes to the original transcript and affirmed that the transcript was accurate.

Abby

Abby self reported as a 37 year-old white female, and licensed professional counselor (LPC) for six years. She reported that she is currently working as a private practice counselor. Abby reported working with between one to three clients who were experiencing death related issues over the past twelve months. The interview was transcribed and sent to Abby one week after the interview took place, for a member validity check. Abby did not make any changes to the original transcript and affirmed that the transcript was accurate.

Sterling

Sterling self reported as a 37 year-old white female, and licensed professional counselor (LPC) for four years and six months. She reported that she is currently working as a community mental health counselor. Sterling reported working with between four to six clients who were experiencing death related issues over the past twelve months. The interview was transcribed and sent to Sterling one week after the interview took place, for a

member validity check. Sterling did not make any changes to the original transcript and affirmed that the transcript was accurate.

Samantha

Samantha self reported as a 33 year-old white female, and licensed professional counselor (LPC) for eight years. She reported that she is currently working as a hospital based counselor. Samantha reported working with between one to three clients who were experiencing death related issues over the past twelve months. The interview was transcribed and sent to Samantha one week after the interview took place, for a member validity check. Samantha did not make any changes to the original transcript and affirmed that the transcript was accurate.

Arturo

Arturo self reported as a 38 year-old white male, and licensed professional counselor (LPC) for four years. He reported that he is currently working as a community mental health counselor. Arturo reported working with between four to six clients who were experiencing death related issues over the past twelve months. The interview was transcribed and sent to Arturo one week after the interview took place, for a member validity check. Arturo did not make any changes to the original transcript and affirmed that the transcript was accurate.

Lucy

Lucy self reported as a 29 year-old white female, and licensed professional counselor (LPC) for one month. She reported that she is currently working as a community mental health counselor. Lucy reported working with between one to three clients who were experiencing death related issues over the past twelve months. The interview was transcribed

and sent to Lucy one week after the interview took place, for a member validity check. Lucy did not make any changes to the original transcript and affirmed that the transcript was accurate.

Rebecca

Rebecca self reported as a 31 year-old white female, and licensed professional counselor (LPC) for one year. She reported that she is currently working as a private practice counselor. Rebecca reported working with between four to six clients who were experiencing death related issues over the past twelve months. The interview was transcribed and sent to Rebecca one week after the interview took place, for a member validity check. Rebecca did not make any changes to the original transcript and affirmed that the transcript was accurate.

Patty

Patty self reported as a 36 year-old white female, and licensed professional counselor (LPC) for five years. She reported that she is currently working as a private practice counselor. Patty reported working with between four to six clients who were experiencing death related issues over the past twelve months. The interview was transcribed and sent to Patty one week after the interview took place, for a member validity check. Patty did not make any changes to the original transcript and affirmed that the transcript was accurate.

Cassie

Cassie self reported as a 41 year-old Latina and white female, and a licensed professional counselor (LPC) for two years and six months. She reported that she is currently working as a hospital based counselor. Cassie reported working with more than twenty clients who were experiencing death related issues over the past twelve months. The

interview was transcribed and sent to Cassie one week after the interview took place, for a member validity check. Cassie identified several areas of the transcript where she wanted to add additional information to the transcript to clarify a few of her responses. Cassie indicated that the most important edit or clarification had to do with the age of the patient and the relationship the patient had with the professional. The changes Cassie sent to the primary researcher were made on her original transcript. The revised transcript replaced the original transcript. Other than these changes, Cassie affirmed that the transcript was accurate.

Rachel

Rachel self reported as a 37 year-old Arab American female, and licensed professional counselor (LPC) for six years. She reported that she is currently working as a community mental health counselor. Rachel reported working with between seven to ten clients who were experiencing death related issues over the past twelve months. The interview was transcribed and sent to Rachel one week after the interview took place, for a member validity check. Rachel identified several sentences she wanted to add to one of her responses. The additional information described in more detail how she felt and what she experienced at a specific point in her life. The addition was made and replaced the original transcript. Other than the one addition, Rachel did not make any further changes and affirmed that the transcript was accurate.

Descriptive Statistics of Participant Group

Ten participants participated in this qualitative study ($N=10$). The majority of the participants, 80%, self reported their gender/sex as female. The remaining 20% self reported their gender/sex as male. The majority of the participants, 70%, self reported their ethnicity

as white. One participant self reported his ethnicity as African American. One participant self reported her ethnicity as Arab American. One participant self reported her ethnicity as Latina and white. The participants' ages ranged from 29 to 41 years. The mean age of the participants was 35.9 years. The participant demographic information is depicted in Table 1.

Table 1

Participant Demographic Information

Participant	Sex/Gender	Ethnicity	Age
Boris	Male	African American	40
Abby	Female	White	37
Sterling	Female	White	37
Samantha	Female	White	33
Arturo	Male	White	38
Lucy	Female	White	29
Rebecca	Female	White	31
Patty	Female	White	36
Cassie	Female	Latina & White	41
Rachel	Female	Arab American	37

Note. Participants self reported demographic information.

Each participant was asked the following three questions, in order to capture more information about the participants' work environments: (a) "What type of setting are you currently working in as a counselor?" (b) "How many years have you been working as a licensed professional counselor (LPC)?", and (c) "During the past 12 months, how many

different clients did you counsel who were experiencing issues related to death and dying?”

40% of the participants reported currently working as a community mental health counselor. An additional 40% of the participants reported currently working as a private practice counselor. The remaining two participants, 20%, reported currently working in a hospital setting. The number of years working as an LPC ranged from less than one year to eight years. The mean number of years working as an LPC was 4.2 years. A majority of the participants, 50%, reported working with between four to six clients experiencing death related issues over the previous year. An additional 30% of the participants reported working with between one to three clients over the previous year. One participant reported working with between seven to ten clients, and one participant reported working with over 20 clients in the past year. This demographic data is depicted in Table 2.

Table 2

Professional demographic information

Participant	Work Setting	Years as LPC	Clients
Boris	CMHC	5	4-6
Abby	PPC	6	1-3
Sterling	CMHC	4.5	4-6
Samantha	HBC	8	1-3
Arturo	PPC	4	4-6
Lucy	CMHC	1 month	1-3
Rebecca	PPC	1	4-6
Patty	PPC	5	4-6
Cassie	HBC	2.5	Over 20
Rachel	CMHC	6	7-10

Note. Information is self reported by the participants. CMHC = Community mental health counselor. PPC = Private practice counselor. HBC = Hospital based counselor. “Years as LPC” refers to the length of time the participants have been a licensed professional counselor or LPC. “Clients” refers to the number of different clients the participant worked with in the past 12 months who were experiencing death related issues.

Common Themes

This research study explored one research question: What are the lived experiences of professional counselors when dealing with death and dying? Five themes emerged from this one research question. The five themes are lack of death pedagogy, need or desire for death education, universal experience of death, death as negative, and spirituality. Within these five major themes, there were additional sub-themes found that were related to the five major themes. Each of the themes and sub-themes are explained in detail, and defined by verbatim

participant quotations. A summary of the themes and sub-themes (Figure 3) follows the detailed explanation of them.

Lack of Death Pedagogy

Each of the ten participants reported a lack of death pedagogy as a common theme during their interview. Every participant mentioned in some way, a lack of education, training, knowledge, or a combination of these factors. The feeling of not being prepared to deal with issues of death was the predominant feeling overall. All ten participants mentioned the lack of death pedagogy and as a major factor in their personal experience with death and dying. For example, Rebecca stated, “I think it’s something I didn’t receive a ton of training on, so I think it’s more me applying other things that I use to that topic.” Samantha added, “Not a lot. That was a big hole in my training.” Summing up his overall feelings, Boris stated, “I don’t feel like I’ve received the proper education or training to deal with a lot of death or grief related problems.” Abby had a similar experience when she stated, “It’s not that I don’t know anything about it, but I don’t feel like I’ve had thorough training either through school or through past employers on how to address those issues”. Cassie, who works at a local hospital with pediatric oncology patients, added, “There was very little training. We did human span of development from zero to death. Grief and loss was covered in that. I didn’t take any courses on death and dying. It would have been helpful.” This theme was reported by all ten participants. There were multiple mentions by each participant regarding the lack of death pedagogy.

Several sub-themes related to lack of death pedagogy emerged from the data analysis. These sub-themes may not have been reported by all participants. However, the majority of the participants did mention the sub-themes mentioned here.

Education. The first sub-theme related to death pedagogy, that emerged was education. All ten participants mentioned a lack of education about death. The term education used here, refers to death pedagogy from an educational standpoint. A lack of coursework during graduate school was a specific sub-theme that was repeated by a majority of the participants. Patty explained, “The training we all get as far as grad school, there wasn’t a specific course or class that I took associated with it. Or even in college. It’s just more through my own interest in exploring it and working with it.” Arturo reported, “I took courses mostly in undergraduate, you know Elisabeth Kübler-Ross. There was a course just called death and dying. I haven’t had a lot. I think it’s been my own personal training. I’ve just done the research on my own, read books.”

Only three of the ten participants reported taking some sort of course, either as an undergraduate or graduate student. Boris mentioned, “I was a psychology major and I took a course in undergrad on death and dying. It was a night course and I just kind of remember being bummed out about having to take a course at that time about death. You know, I was 19 years old so...” Sterling also took a course on death and dying. She was the only participant out of ten to report taking a course on death and dying as a graduate student. Sterling reported, “I had a class in my master’s program relating to it, but only one class. It was focused on our own personal experiences. Almost like counseling ourselves. We had to open up and write a big paper. It was very general, working through your own issues, and

touched on how to help people, but pretty basic.” Every participant, including those who had taken a course on death, reported a lack of educational opportunities about death.

Training. A lack of training on the topic of death, either during or after the participants’ becoming a licensed professional counselor was mentioned by all ten participants. Most of the participants, 80%, reported very minimal or indirect training on death. Rachel reported, “We’ve had several trainings around suicide prevention, and so again kind of indirectly about death and dying. More or less how to prevent it.” Lucy, who just recently became a licensed professional counselor, stated, “There’s been a lot on how to bill insurance, because well bereavement, was a v code. But nothing really particular about how clients cope and adding the support system building that they might need.” Abby mentioned the lack of trainings available on death when she reported, “I have to get professional training to renew my license, continuing education credits and I’ve not seen anything like that offered on death and dying.” Arturo also mentioned this stating, “I don’t think I’ve seen a training on grief or death and dying. I’m sure they have them, but I don’t think I’ve ever seen one.” Samantha, who has been an LPC the longest of the participants, reported that, “Yeah, so that was a big hole. I had a training for TFCBT (trauma focused cognitive behavioral therapy), with the traumatic grief part. They didn’t talk about it a lot in the trainings, but it came up a few times. Nothing else besides that.” Six of the ten participants reported not having any training on death and dying after becoming a licensed professional counselor. Two other participants reported completing a training that indirectly had some material on death and dying. Only two of the ten participants reported attending training specifically on death after becoming a licensed counselor. Cassie shared her experience by stating, “At the hospital they

offer stuff. There are seminars regularly and I've attended a handful of them. They're helpful."

Competence. Competence was another sub-theme that was discussed by all ten participants. Competence here refers to the level of self-perceived skill the participants have in a certain area. For this study, that area is death and dying. Eight of the ten participants reported either not feeling competent at all in dealing with death, or they felt mildly comfortable with certain caveats. Arturo shared, "Probably not as competent as I should be. I don't feel incompetent, but I feel like I should know more about it. More techniques to deal with it." Boris reported a similar feeling of competence when he stated, "Well I feel like I know a little bit about it, but not as much as I would like. Not having enough training and not having enough education in that area makes me feel less competent as a counselor. Death is a common issue in counseling." Sterling summed up her feelings and stated, "Probably on paper, if somebody were to look, I would probably be a 5. But personally I would rate myself a 1. 1 being not good, 10 being that's your specialty. I would say a 1 or a 2." The only two participants who reported feeling competent were the same two participants that reported training specifically in death after becoming licensed.

Comfort. The primary researcher originally combined the sub-themes into one question for the pilot study mentioned earlier. After completing the data analysis and receiving participant feedback from the pilot study, the primary researcher separated these terms for this research study. The two terms are not synonymous with one another. Comfort in this study refers to the participants' perceived level of their own comfort regarding the topic of death. Overall, six participants felt more comfortable with death than they felt

competent. One participant reported feeling less comfortable than competent, and the other three participants felt about as comfortable as they did competent regarding death. Six of the participants reported they felt mildly comfortable with the topic of death, again with certain exceptions. Cassie illustrates this point stating, “I think my comfort level can be subject to their comfort level, which it shouldn’t be. I should always be the same with my comfort. It’s hard for me when the parents are having a really hard time accepting it.” Abby reported, “I feel pretty comfortable. I think I would be more comfortable if I had more training. And I guess it depends too, on the complexity of the grief. I don’t think I would feel comfortable if it was...for some reason an expected death, somehow that seems easier to work with.”

One participant reported a high level of comfort with death. The remaining three participants all stated their level of discomfort was directly influenced by personal experiences of death. Sterling stated, “If I were to use that scale again, I’d move myself up on the scale. Maybe closer to a 4 or 5, because I feel like I can be caring enough to listen enough to help them. So I feel a little more comfortable, but it would get to a point, like when my voice starts shaking and I bring my own issues up.” The sub-themes of education, training, competence, and comfort relate directly to the major theme reported. Participants reported an overall lack of death pedagogy.

Need or Desire for Death Education

The second major theme that emerged from the data is the need or desire for death education. All ten of the participants in this study mentioned a need for death education for professional counselors. In addition, all ten participants reported some degree of desiring to learn more about issues of death and dying. Cassie stated, “I think it would be very helpful to

have, because it doesn't matter if you think you're never going to deal with it, it's part of our life." Boris had a similar point of view and stated, "Professionally, I would say again I just don't think there is enough education and training for counselors in this area. It's something that needs to be there." Patty reported, "I think that is something that people should have or seek more training on. It's not just learning about grief and loss, it can be applied to so many different things." Sterling added, "This is probably a topic that's tough for a lot of counselors, and I think they should almost be made to jump in and do it. I think it's very important." There were sub-themes under this major theme that emerged from the data analysis process. The sub-themes were theories and techniques, importance of death education, and counselor education programs.

Theories and Techniques. This sub-theme emerged from the participant responses. A majority of the participants mentioned Elisabeth Kübler-Ross' stages of grief as the only death related theory they were aware of. Six of the ten participants mentioned the stages of grief. This was the only death related theory any of the participants mentioned. Abby reported, "The only theoretical things I remember were Kübler-Ross' stages of grief. Honestly, I can't think of any other models that were discussed in school or class." Sterling also mentioned, "I remember the stages. Like 7 stages or 5 stages. Ok, so there's 5. I do remember going over the stages, but don't remember all of them in order." Samantha recalled Kübler-Ross' stages of grief as well, but was not inclined to use them. She reported, "The stages of grief thing, that's been thrown at me before and I'm not a big fan of it. I feel like that's sort of a go-to and it's so cliché, and it doesn't encompass what people really go through. I think it's a good framework to normalize grief." Kübler-Ross' stages of grief was

the only theory of note reported by the participants. The majority of participants, 70%, reported using a variety of techniques when working with clients experiencing death related issues.

The responses of the ten participants varied greatly as to what techniques they used when working with clients experiencing death related issues. Of the techniques mentioned, only cognitive behavioral therapy (CBT) was mentioned by more than four participants. It was mentioned by five of the ten participants as a modality they used with their clients. Rebecca reported, "I usually start largely with person centered. Give them space to process it. Afterwards, we might move into some more cognitive kinds of things. Some CBT techniques." Patty reported she uses a number of different techniques, including CBT. Patty stated, "I use a variety of modalities. I do use a lot of CBT. I use a lot of, depending on the age of the client. I do a lot of art therapy activities, experiential activities. I find that works really well to help them process and identify their feelings."

The only other techniques that were mentioned several times were active listening (three participants mentioned), expressive or art therapy (three participants mentioned), and relationship building (four participants mentioned). Other techniques mentioned by the participants were, the Gestalt therapy technique of the empty chair, dialectical behavior therapy (DBT), and person centered therapy. The previous techniques were mentioned by one, one, and two participants respectively.

Importance of Death Education. A majority of the participants, 80%, stressed the importance of professional counselors receiving more death education. Half the participants made mention that death is one of the most important areas lacking for professional

counselors. In addition some of the participants, 30%, felt it was the most important area. Rachel captures this point of view stating, “I don’t know that I’m 100% competent, but I think that it’s one of the most important things for counselors to know about.” A majority of the participants, 80%, mentioned the importance of death education as it relates to client work. Sterling reported, “Because that’s something that everybody has dealt with. Even if your client doesn’t bring it up, there’s probably something somewhere. I think it’s very important because if the counselor doesn’t have a comfort level with it, the client can feel it. And how can you really help them?”

Five of the participants in this study mentioned the importance of death education as it relates to other client issues. The participants stressed the importance of death education as it relates to similar issues of grief and loss. Patty illustrates the overall feeling of those five participants stating, “Everyone you meet, every client you work with has some experience with some type of loss. Having some knowledge of how to touch on that with them, and be more competent with that is important.” The importance of death education was a reoccurring sub-theme throughout the participant interviews.

Counselor Education Programs. All ten participants mentioned the overall importance of death education to the counseling profession. A sub-theme that emerged from the data analysis was associated with counselor education programs. Half the participants mentioned counselor education programs as a solution to improved knowledge regarding death and dying. Boris shared, “You know I realize counselors in training only have a certain number of hours to take courses they need, but I think this is a very important topic. You know everyone is going to encounter it, and they’re going to come across clients that are

dealing with these same issues of death.” Boris’ statement seems to link the importance of death education and the role he feels counselor education programs should play.

Many of the participants, 90%, mentioned that their counselor education program did not include enough education in the area of death. The general feeling of the participants was that they were not prepared to deal with the topic of death professionally. Abby stated, “One thing that I feel I’m lacking, and I’m sure other counselors feel the same way, is how grief affects people at different ages or developmental stages. From childhood, to adolescence, to adults, to the elderly. It would be great to have some kind of theoretical knowledge about that and the interventions to go along with it.” Samantha reported she had a similar experience while in grad school. She said, “The only time that death and dying ever came up in my course study in grad school was when I was doing my second assessment ever. I was being videotaped and watched in a two-way mirror by my professor. The kid I was doing an assessment on said that his dog died. I never had a dog and was like, ‘Oh, ok’. My professor come around and opens the door and said, ‘You need to go back to that, His dog died!’. That was the only time it ever came up.”

Three of the ten participants mentioned exposure to death related issues as a large part of becoming more knowledgeable about death. Cassie stated, “It’s just exposure. There’s no way to prepare. There are just things you have to learn in the line of fire. Unless you’re in school, and you’re studying theology and death and dying. I think that can prepare you some, but you can’t plan for it.” The three sub-themes mentioned here directly relate to the major theme of a need or want for death education. Participants reported a lack of death pedagogy, and at the same time a desire to increase their death education and knowledge.

Universal Experience of Death

The third major theme reported by all ten participants is the universal experience of death. There is a common saying that mentions death as one of the two certainties in life. All of the participants in this study have had both personal and professional experiences with death. This may not seem too surprising, until the responses are looked at in more detail. Half of the participants reported experiencing a major loss. Recent personal deaths were reported by 40% of the participants in this study. Even though death is universally experienced, it is rarely discussed. Rachel stated, “I think the topic of death and dying, and/or grief and loss in the counseling field is something that we don’t talk about enough. Because it’s an inevitable thing, we are all meant to die. Clients and clinicians the same.” A similar experience was reported by Patty. She reported, “Being a counselor, when something hits close to home, it reminds you you’re just a normal person. Just because you’re a therapist, doesn’t mean you’re going to be able to handle it in a rational manner and know what to do.”

There were three emergent sub-themes present in the data related to the universal experience of death. The sub-themes are personal, professional, and self-reflection. These are explained in detail, based on participant responses.

Personal. During the interviews, every participant mentioned at least one example of a personal experience with death. Of the ten participants, half of them reported experiencing a major personal death. For the purpose of this study, a major personal death is described by participants as a life changing event. Four of those participants experienced a major personal death in the past three years. Two of the participants reported experiencing a major personal death in the past twenty months. Samantha shared, “My sister’s husband got killed in Iraq

when he was 24. And that experience taught me a lot about what to say and what not to say. I think it gave me insight. And seeing the family dynamics around all of that because they hadn't been married long." Many of the participants, 60%, had a similar response about how their personal experience with death increased their level of empathy for others dealing with death. Sterling articulated her experience as, "I've seen people go through really tough things. With that suicide and so it separates me from others who haven't been through tough things. I just feel like they aren't real because they haven't gone through that. I feel like I gravitate towards people that are genuine. Life is too short. I only really want to spend time with people I care about." All five of the participants who reported experiencing a major personal death, also reported that the experience made them a better counselor overall.

Of the other five participants not reporting a major personal death, all of them mentioned how they were fortunate. All the participants used either the word 'fortunate' or 'lucky' to describe their lack of major personal death. It appears that the participants who experienced the major personal death all considered themselves fortunate as well. The three participants who did not report a major personal death, "knocked on wood" when reporting this to the primary researcher. The action of "knocking on wood" is known as a common superstition. Individuals perform this action as a way to ward off possible bad luck. Cassie explained, "I have never lost someone to death really close to me [knocks on wood]. Not up until this point. It causes me to think a lot about how I would cope. I've been very fortunate. I've had a loss, but it's not the same as not ever being able to see that person again."

Interestingly, nine of the ten participants reported the death of a grandparent as a personal death. The other individuals lost to death were reported as friends (six participants

mentioned), peripheral family members (any family member who is not a sibling or parent; three participants mentioned), immediate family members (two participants mentioned), and pets (two participants mentioned). The personal experiences reported were different from the professional experiences reported.

Professional. All ten of the participants reported some type of professional experience related to death. Three of those participants reported a client related issue being very impactful to them personally. Rachel reports a professional experience, stating, “We never really talked about his addiction. We talked about his life and things that he loved to do, and things that he enjoyed even now. So talking about him leaving his family was really hard for him, especially his children. I was scheduled to meet with him the week he passed away, and when I called to confirm the appointment. His daughter called me back and told me that he had passed away. It was a tough thing.” Another participant was fortunate enough to have a positive professional experience early in her career. Patty stated, “I had a really good first experience with the two sisters that I worked with. I got to see an amazing turn around for them.”

Fewer participants reported an impactful professional experience than an impactful personal experience. Some of the participants, 30%, mentioned having a tough experience professionally. Cassie reported, “I think the hardest part, is the initial stage where they find out their child has cancer. That’s very hard. And when I feel like they need something that I absolutely can’t give them, that’s hard. I just offer what I can. Personally it’s very difficult. I think about the parents a lot. I wonder if it would be different if I weren’t a parent.” Perhaps, since most of the participants have not worked closely with death, there are fewer

professional impactful experiences mentioned. The combination of personal and professional experiences with death, lead many of the participants to mention their own mortality.

Self-reflection. After being exposed to death, it is a normal reaction to ponder mortality. Self-reflection can take many forms. This sub-theme refers to the participants reflecting and thinking about their own mortality. Many times death is brought to the forefront only after it happens. This was reported by nearly every participant in this research study. Eight of the ten participants mentioned thinking about their own mortality in relation to their experiences involving death. Samantha shared, “When you think about your own mortality, it’s like ‘Oh, well let me drive a little more carefully on my way home from this client’s house.’ I think it brought it to the forefront of my mind.” A similar experience was reported by Lucy after a professional experience involving death. She reported, “My child client who lost her mom, that was hard. I would go home and see my children and think how would they deal with this. That’s really difficult for me.”

Some participants, 40%, reported thinking of their own mortality, not in reaction to a client related experience, but just talking about the topic of death. Self-reflection about death can be very general. Or like the experience of Arturo, it can be more specific. He stated, “It’s been brought up recently with the girl in Oregon I think, with the brain tumor. I know I wouldn’t want to suffer, and if I knew I had a terminal illness, I wouldn’t want to be put through that pain and suffering. A few participants, 30%, reported having ambivalent feelings about death while self-reflecting. Abby reported, “I think personally I go back and forth between feeling...umm ok with dying. Either myself or family members, but then I go

to how terrifying it really is and I don't really spend a lot of time thinking about it. If it comes up I'm kind of conflicted about how I feel about it."

A few of the participants, 30%, spoke about self-reflection in terms of their own experiences involving mortality and death. As stated previously, many times the issue of self-reflection and mortality only emerges after being faced with the reality of it. Rachel describes in great detail how her professional and personal experience with death coincided with one another. The experience resulted in deep self-reflection. She shared, "It's impacted my personal life tremendously, especially that one client I mentioned earlier who passed away from alcoholism. It's really helped me to examine my loved ones, the people in my life and what they do and their habits. And even my own habits, because he was such a young person." Rachel added, "Then around the same time the client passed away, I experienced a loss myself. I was pregnant while I was working with him, and that very same week that he passed away, I miscarried my child. The timing was kind of incredible. That was another thing that impacted me greatly. Experiencing that loss in my professional life, but then experiencing a loss right around the same time in my personal life. It made me feel very lonely."

Perhaps the most serious self-reflection about death comes when we receive difficult news regarding our own health. This experience happened to one of the participants in this research study. Sterling shared, "Looking at death and dying, I think personally it makes me appreciate things. I live by the mantra of no wasted minutes. With my own cancer diagnosis, April 4th, 2013, that marks a time where I dealt with my own mortality. I didn't know for 48 hours. I didn't know what stage of cancer I had or what my prognosis was going to be. I

think that makes me see life is a gift. It's very precious. You have some good days and some bad days, but if you're not in the grave you're doing ok. Sterling continued stating, "To appreciate every minute. It's really made me turn the corner. Mundane things that people are going through, it's like whatever really. It gives me more of an appreciation for life and the gifts we've been given." Although death is a universal experience, there are many factors that influence the experiencing of it. Everyone's experience is partly similar, partly dissimilar, and partly unique.

Death as Negative

Death has been a topic that produces fear for many individuals. The participants of this research study are no exception. Death has been a taboo topic in western society for many years, and discussion about the topic is limited. Sometimes, even the mention of the topic is seen as negative. Death as negative is the fourth major theme that emerged from the data of this research study.

Death was reported as negative by all ten participants in this research study. All ten participants reported some example of death as a negative thing. Negative is a broad term, and in this context encompasses the participants' views of death, along with how they perceive death to be treated by others. It also includes the experiences of the participants when they work closely with death. All ten of the participants reported death as negative, or reported it being depicted as negative by others. Rachel illustrated the general feeling of most of the participants. She reported, "Through things like media, especially the news, it is portrayed as this horrible, inevitable thing that's coming to get you. This grim reaper, this very dark experience that is going to happen to you one day."

Rachel's explained a general feeling about death. Boris shared how working closely with death made him feel. He said, "I think working with clients dealing with these tough issues can be emotionally draining. It can be emotionally draining for the counselor as well. I think it would be difficult for me working with that type of issue or client all day, all the time."

Three sub-themes emerged from the participant responses. They are all directly related to the major theme of death as negative. Those sub-themes are fear of death, unknown, and experiencing death as positive.

Fear of Death. A predominant feeling of the participants, 80%, was that they felt death is scary or it is treated as a scary or fearful thing. Along with this portrayal of death, many participants mentioned that death is a taboo subject, and discussions are limited at best. Many of the participants also described death as being a tough thing. Eight of the ten participants mentioned death being a thing that is feared and not discussed. Rebecca stated, "It's hard. In society, we avoid a lot of hard subjects. We tend to stay more on the surface level. We talk about things that are easier. Or we talk about controversial things. Since it's such a difficult topic, and there's no easy way to avoid it, I think people don't really like to talk about it. Or they think if we don't talk about it, we won't remind people that it's so." A similar response was reported by Rachel. She shared, "I think that's one of the things that people fear the most, is dying."

Participant responses regarding the fear of death were varied, but had the same general message. The message was that death is a fearful thing. Arturo focused more on the professional feelings of his colleagues. He stated, "I don't think it's a topic, I've even talked

about with many other therapists. We will talk about different illnesses and techniques, but you don't hear about death coming up that often. At least I haven't." Abby focused on the reactive nature in dealing with death. She reported, "Well I know it's going to happen to everyone, and I don't think we talk about it enough. I've noticed in families, it's not a topic that ever comes up unless it happens. I think it's really important to have some kind of dialogue about it before it happens. I think for some reason we're just afraid to talk about death."

A majority of the participants, 70%, mentioned how difficult working closely with death was. Cassie was a bit of an outlier in this research study, due to the nature of her job. She currently works in a hospital setting, working in pediatric oncology. Although she finds the job rewarding, she also sees it as difficult. Cassie shared, "I think there's a lot of darkness. It's a sad world. I think being human, death is part of being human. I don't know if I want to forever work with people who are dying, but I don't want to not be able to do it. I think it's an important thing to do at some point in your life if you're doing this kind of work." Although the subject of death can be tough and emotional, some of the participants felt sharing their experience was a first step in opening up more about death. Sterling stated, "I think even doing this and talking, and taking that class I get a little bit better in dealing with it. I can tell I still keep it arm's length though." Another sub-theme that was closely related to fear of death is death as an unknown.

Unknown. Six of the ten participants made a reference to death as an unknown thing. Some of the participants, 40%, mentioned that death is a negative thing because it is out of our control. These two ideas are closely related. Since death is an unknown, there is also little

to no control over it. Arturo attempted to answer reasons why death is avoided. He stated, “Fear of the unknown. What happens after I die? That spiritual question of what happens next. I think because a lot of people don’t know, they don’t want to talk about that.” Sterling had very similar feelings, stating, “I think it’s unknown and people are afraid of the unknown. I think when I think about it, I don’t like to think there would be nothingness. I think society doesn’t talk about it because of the unknown, because of the fear, because it’s a sad thing. It’s scary. It can look all sorts of scary ways.” Not all of the responses about death were framed as negative. There were a few participants who reported a different experience.

Experiencing Death as Positive. The third sub-theme that emerged was experiencing death as positive. This sub-theme appears to be unrelated to the major theme of death as negative. However, some of the participants reported how a perceived negative experience with death, was actually a positive experience for them. Four of the ten participants mentioned this sub-theme in their interviews. Even though less than a majority mentioned a positive experience, these are important responses to include in the findings. Death and life are opposites, so are positive and negative. The participants of this research study reported experiencing a number of different emotions. Some of those feelings about death were positive. Sterling reported, “My grandmother passed away in my twenties. She was the matriarch of the family and I had to call my mom. My mom was on a cruise and I paid \$10 per minute to call my mom on her birthday to let her know her mother had passed away. It really affected me seeing my mom. My mom’s like me, she’s very optimistic, very fun, very happy and seeing her, that was personally very hard for me. But it was also a good example. You can’t let this paralyze you. Life goes on. Let’s grieve all we need to grieve, and let’s

celebrate her memory in a positive way. It was hard to see my mom that way, but she was a good example.”

Boris had a different experience, but it was also expressed as a positive. He stated, “I also think death is a very positive and motivating factor in my life. It propels me to do things, because I know that I only have a certain number of days left to live. Some people may think that’s morbid or bizarre, but I find it to be positive and it motivates me. It has me get the most out of life.”

The participants in this research all shared experiences that were difficult for them. Some of the participants, 30%, reported learning a lot, both personally and professionally about their self. Rachel shared, “What has helped me with the loss of my baby in 2012, it kind of helped me (pauses), it’s helped me to see that somebody is going to be there when I pass away. (Tearful) He’s going to be there and we’re going to hang out, even though we never had an opportunity to do it here. That’s not scary to me. I’m actually kind of looking forward to it, that I get to hang out with someone that I helped create. And he’s there, he’s a little boy. And he’s gonna be my angel that guides me to the next place. And that’s really kind of cool. It makes me less afraid.”

Spirituality

The final major theme that emerged from the participant responses was spirituality. In this research study, spirituality refers to the participants’ religious or spiritual beliefs. Some of the participants also mentioned the beliefs of others as it relates to death. Unlike any of the other major themes, this theme emerged without a prompting from any interview question. All the other major themes that emerged were, in some way, encouraged by the content of the

semi-structured interview questions. For example, there was a question in the semi-structured interview that asked participants specifically what trainings they received around death and dying (see Appendix C). This small amount of prompting could partly account for the emergence of the major theme: lack of death pedagogy. None of the eight semi-structured interview questions made mention of spirituality. Every participant was asked the same eight semi-structured interview questions, with different prompts based on their responses.

Six out of the ten participants mentioned spirituality during their interview. Out of those six participants, three reported that they did not have a strong sense of spirituality or religion. Two of the participants indicated they did have strong religious beliefs. One participant did not mention whether or not they were spiritual or religious. Surprisingly, the two participants who reported having strong religious beliefs, both shared that they questioned their beliefs or faith in some way after an experience with death. Samantha shared, “That’s a tough one for me, because of ‘J’s’ death I feel like that shook my understanding and beliefs about death and dying.” A similar experience was reported by Rachel who stated, “Maybe this is God’s way of telling me that I’m not a good mom, and I don’t need any more children. And I’ve resolved those issues over time, but losing someone or something very important to me really impacts my identity.”

Much of Samantha’s questioning came from other people within her faith. She reported, “I’m a Christian, so by default there are some beliefs there. I believe in heaven and hell. But I get really, really frustrated with the whole, it was meant to happen or it happened for a reason idea. I want ‘J’s’ death to have a purpose, but I don’t think God made him die for some other benefit. I have a very religious family. I heard a lot of, ‘Oh honey, it happened for

a reason', and blah blah blah. I want to punch them, honestly, because I just don't buy it."

The two participants who identified as religious questioned some of their beliefs. The three participants who reported having little or no religious beliefs, reported a different experience.

While the spiritual participants questioned their faith, the non-spiritual participants questioned their lack of faith. All three of the participants felt they would feel more comfortable around the subject of death if they had a stronger faith. Boris stated, "Well from a spiritual point of view...you know I was raised in a religious environment, but I'm no longer practicing. So, I don't know. I think sometimes religion makes people feel more comfortable around issues of death." Boris also made mention of how he feels spirituality can positively impact his clients. Boris said, "I've worked with the very religious and that belief gives them some sense of peace or hope that there's something else after this lifetime." This same feeling was reported by the other two participants.

Cassie reported, "I'm as comfortable as I could be, but sometimes I wonder if I had a really hard and fast faith. I think I might be even more comfortable. It's like, I don't know where they're going." Sterling also reported a similar experience. She stated, "You know mentioning spirituality, and it's sad. My parents separated for a little while and then they got back together. That was kind of our break with the church. We never went back. That also happened when I was 12. A lot of sad things happened then. I kind of wish that was a part, and my husband doesn't subscribe to that. I bet you that would be more helpful to me." This result was thought provoking and interesting. There were no sub-themes associated with this major theme, although spirituality emerged as a theme needed to be included in the

experiences of licensed professional counselors. The theme emerged directly from the information provided by the participants of this research study.

This chapter reported the results of this phenomenological qualitative research study. The results were based on a single research question: What are the lived experiences of professional counselors when dealing with death and dying? Five major themes, along with related sub-themes, emerged from the coding of interview transcripts and the coding process. The five themes are: Lack of death pedagogy, need or desire for death education, universal experience of death, death as a negative, and spirituality. Themes reflected the lived experiences of professional counselors through their detailed and rich descriptions. The themes and sub-themes are summarized in Figure 3.

The results of this research study were presented and explained in this chapter. These results will be compared in the next chapter with previous literature findings. Limitations of this study will be presented along with implications for clinical practice. Recommendations and suggestions for future research will also be discussed in the following chapter.

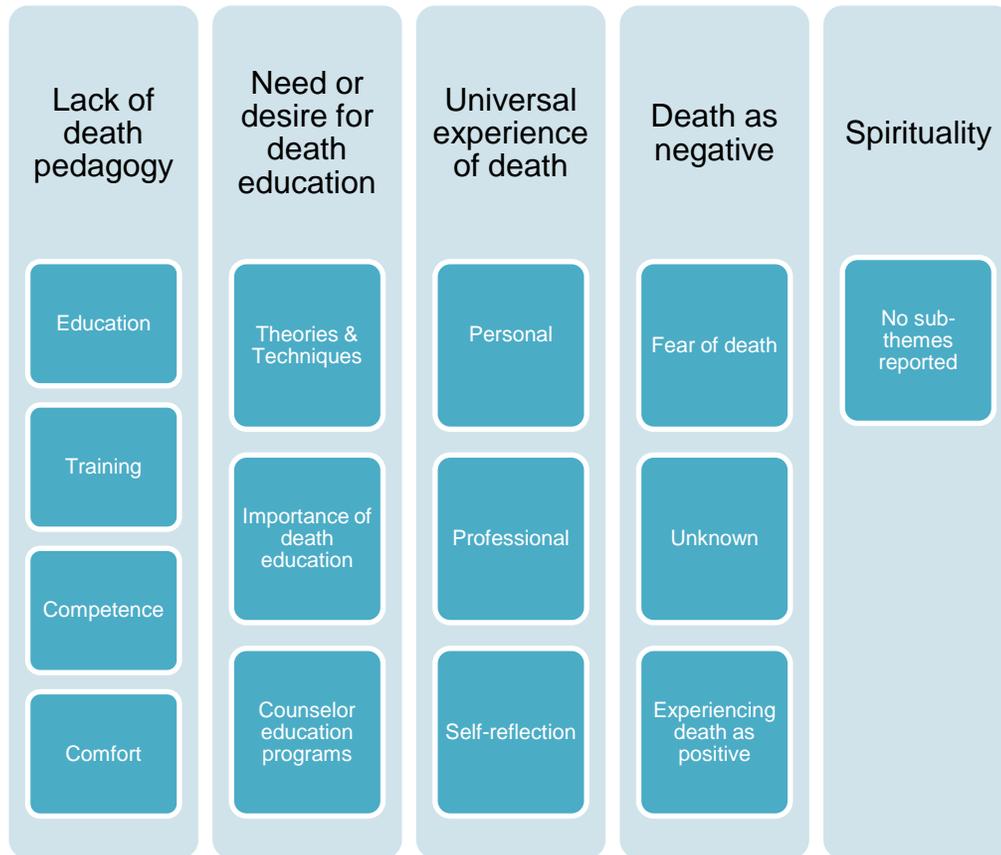


Figure 3: Emergent Themes and Sub-themes from Current Research Study

CHAPTER FIVE: DISCUSSION

The present study was unique due to the exploration of the lived experiences of professional counselors as it relates to death and dying. The primary researcher of this study was not able to locate any previous literature of the same method or subject matter. The purpose of this exploratory qualitative design is to learn from the direct accounts of professional counselors what it is like to work with issues related to death and dying. The study was qualitative in nature and attempted to outline qualitatively the shared experiences of counselors dealing with issues of death and dying. The present study attempted to answer one research question:

What are the lived experiences of professional counselors when dealing with death and dying?

The data were coded by a three person research team. The research team used phenomenological reduction to identify the emergent themes. Five major themes emerged from the data analysis process. The five themes are: Lack of death pedagogy, need or desire for death education, universal experience of death, death as a negative, and spirituality. This chapter provides a summary of the findings of this study. It compares the findings of this study with previous literature findings. Limitations of this study are discussed, along with implications for practice. The chapter concludes with recommendations for future research.

Discussion of Findings

The focus of this research study was unique. Professional counselors were the participants, and therefore due to a lack of similar research, there is little to directly compare the results to. However, when the major themes are compared, related literature will be

compared to the results of this research study. The five major themes that emerged from the in-person participant interviews guide the discussion of the findings of this research study. These themes also guide the discussion of implications for practice, and recommendations for future research.

Lack of Death Pedagogy

All ten participants in this study reported a lack of death pedagogy as a major factor in dealing with death related issues. Death pedagogy encompasses education, training, and knowledge. The participants mentioned this lack of death pedagogy more than once during their interviews. Overall, a lack of education at the graduate school level was mentioned. Lack of death pedagogy is a major theme that included four sub-themes. The sub-themes that emerged were: education, training, competence, and comfort. The main theme of lack of death pedagogy was found in previous studies. Wass (2004) mentions an overall lack of training and education in the area of death education. A previous researcher concluded that Chinese professors, when asked about death, reported being uncomfortable talking to university students about issues of life and death (Mak, 2012).

Further confirmation of lack of death pedagogy was found in another study. The researcher found that only 20% of University professors throughout the Midwestern United States offered a course on death, dying, and bereavement in the last five years. That particular study used included 161 participants (Eckerd, 2009). Another researcher compared 242 medical students and psychological counseling graduate students on levels of death anxiety. It was found that the psychological counseling students had a significantly higher level of death anxiety (Jordan, Ellis, & Grallo, 1986). In this research study, the sub-themes

of comfort and competence could both be considered directly related to a term such as death anxiety.

The major theme lack of death pedagogy, is important to the counseling profession. It has been mentioned earlier, and repeated by other researchers that death is an inevitable part of life. It also seems to logically follow that professional counselors will encounter death during their counseling career. Proper death pedagogy, utilizing thorough education and training can greatly increase counselors' feelings of competence and comfort around death. Proper education and training will better prepare counselors in training for this inevitable subject. The majority of participants in this research study reported receiving no education or only having death touched upon in another course. This is not adequate to be effective as a counselor. This was the conclusion that Daneker & Cashwell (2005a) came to. They reported that individuals must gain additional training beyond a basic degree to provide quality services.

The current research study most closely compares to another research study by Puterbaugh (2008). Puterbaugh used the same number of participants (ten), but studied bereavement counselors. Only five of the ten participants of that research study were counselors. The other participants were not. The major themes of that research study did not make mention of a lack of death pedagogy. In that regard the results of this research study do not match the results found by Puterbaugh.

Comprehensive education at the graduate school level would greatly help. The primary tool for a counselor is their self. It is necessary to be present within the counseling relationship. If a counselor has not received the proper death pedagogy, it seems to conclude

that counselor will be less effective. Even though the participants in this research study mentioned a lack of death pedagogy, they showed a desire to learn more about death.

Need or Desire for Death Education

The second major theme that emerged from the data was a need or desire for death education. All ten of the participants in this study mentioned a need for death education for professional counselors. In addition, all ten participants reported some degree of wanting to learn more about issues of death and dying. This is important because it shows that death is not necessarily a subject that professional counselors are afraid of. It appears from this research study, professional counselors are willing to learn more about death, and not shy away from it. Related to this major theme, there were also three sub-themes identified by the research team. Those sub-themes were theories and techniques, importance of death education, and counselor education programs.

The primary researcher identified counselors having a need or wanting to improve their death education. This is a finding that is supported by previous research. Another researcher found that taking a course on death and dying both improved the participants' level of knowledge and decreased their anxiety about death (Harrawood, Doughty, & Wilde, 2011).

Similar findings were reported, in other research studies. Watt (1977) found that exposing college undergraduates to a course on death and dying improved their overall attitude towards death was significantly improved. Another researcher used graduate level social work students. The researcher found that those students who took a course on death perceived higher self competence with death. The researcher also found that taking the

course increased the participants' level of preparation to deal with death related client issues (Kramer, 1998). Kirchberg, et al., (1998) found that professional counselors can still be effective with their clients, even if they are uncomfortable with issues of death and dying. They overcame that discomfort by showing the proper level of empathy.

In the current research study, it appeared the participants had rather limited knowledge about theories or techniques related to death education. The only theory or theorist mentioned by a majority of the participants was Elizabeth Kubler Ross' stage of grief. It was also a bit surprising that a majority of the participants mentioned CBT (cognitive behavioral therapy) as the modality of choice when working with death. The mention of both this theory and the modality used seems to be problematic. It appears since the participants are not knowledgeable in techniques they attempt to revise a modality they are familiar with. The usefulness of Kübler –Ross' stages of grief has been criticized. Many scholars have taken exception to the flawed methodology and the simplicity of Kübler –Ross' stages of grief (Corr, 1993; Attig, 2011).

Puterbaugh's (2008) qualitative study supported the findings of this research study. The participants in Puterbaugh's study mentioned techniques used. These were similar to the participant responses in the current research study. Both sets of participants mention their theoretical approaches in dealing with death. Both sets also mentioned support, validation, and being present as key elements in their grief work with clients. The participants from both studies also mentioned normalizing the loss for their clients.

The importance of improving death education for counselors has many benefits to the profession. First, it improves the counselor's self confidence and competency in the area of

death and dying. Secondly, it provides another environment for professional counselors to explore as a career possibility. It would also be beneficial as a topic for further research. Finally, it not only prepares professional counselors in their professional lives, but it would also give them tools to work through their own death related issues. A counselor who is uneasy around death will have a difficult time being helpful to their clients. The findings of this research are important to the profession and society as a whole. It is the responsibility of those who make such decisions, to make sure counselors improve their knowledge about death education. Counselors are not immune to death.

Universal Experience of Death

Even though death is universally experienced, it is rarely discussed. The third major theme reported by all ten participants is the universal experience of death. Three sub-themes emerged that are related to this major theme. The sub-themes were personal, professional, and self-reflection. All of the participants in this study have had both a personal and professional experience with death. The degree to which these deaths affected their lives varies greatly, however it is important to note that all ten participants made mention of both a professional and personal death. When looking at the responses in more detail, some interesting findings occur. Half of the participants in this research study reported experiencing a major loss. Recent personal deaths (within the past three years) were reported by 40% of the participants in this study. This finding is consistent with previous literature. Balk (2008) found that between 22 and 30% of college undergraduates had experienced the death of a family member or friend in the past 12 months. Balk also reported that 39% of college undergraduates had experienced a death within the last 24 months.

Many of the participants in this current research study made mention of death as a universal experience. Of those participants that reported experiencing a major personal death, all of them thought it helped them relate more with their clients who were experiencing the pain of a similar death. Other researchers have reported similar results. Another research study found, the personal experiences of grief counselors were found to be a valuable source of empathy and healing. The study also found parallels between the counselors' own personal resolution process and their intervention style with their clients (Dunphy & Schniering, 2009).

The Puterbaugh (2008) research study mentioned similar results as it relates to personal and professional experiences. The participants did not mention the universality of death, however they did mention how their personal and professional experiences with death influenced them. Participants of that research study, reported their personal losses affecting their professional work with clients, and vice versa. The participants of that research study also mentioned being self-reflective enough to refer clients if they needed to.

Other health professionals have reported similar results in regards to personal and professional experiences with death. A previous research literature review found that professional nurses are greatly impacted by patient deaths. Some of the main themes reported by the participants of that study were: emotional impact, previous life experiences, and the support of the professional staff (Wilson & Kirshbaum, 2011). These findings are in line with the findings of the current research study. Personal experiences with death and professional support are key factors reported by the participants.

The primary researcher in the current study was surprised by some of the findings. Specifically, he was surprised the participants who had not experienced a major personal death, considered themselves lucky. In contrast, those participants who did experience a major personal death, found it to be positive in relating to their clients, and made them feel less uneasy around death. It was interesting to see the difference in the participants' perceptions about that. Being aware of the universal experience of death may seem obvious. However, the real importance for counselors is that they should be self-reflective about their own experiences. Once again, the key tool for any counselor is the self. Therefore it stands to reason that being self aware about personal and professional issues related to death is of great importance. The primary researcher believes every professional counselor should be strongly encouraged to seek counseling of their own. Not only does it help to work through personal issues, but it can be comfortable speaking with someone in the same profession.

Death as Negative

The fourth major theme to emerge was death as a negative. Three sub-themes related to this major theme emerged. They were: fear of death, unknown, and experiencing death as positive. Death has been a taboo topic in western society for many years, and discussion about the topic is limited. Sometimes, even the mention of the topic is seen as scary or frightening. Many individuals avoid the topic all together. Death has been a topic that produces fear in many individuals. The participants in this research study are no exception.

The current research study found that participants reported death as a scary, unknown, and feared thing. Some of the participants mentioned how death is portrayed by the media. In particular, it was mentioned that death is portrayed as a 'scary thing coming to get you', and

the media creates more fear about death in the way they present death. This finding is supported from previous literature. A researcher found that professors felt uncomfortable about the topic of death. The participants of that study also reported the mass media was a major influence on the portrayal and education about death. Many of the participants reported their students getting information about death from television and the internet (Mak, 2012).

As mentioned earlier, there is a general stigma about death. It has been a taboo subject in society for many years. The participants of the current research study reported this during their interviews. They reported that the fear of death and death being seen as negative, had a direct effect on the lack of death education and death research. This finding is supported by previous research. There are several mentions about the difficulty of advancing death research due to death being an uncomfortable and taboo subject (Collins, et al., 1972; Crosbie & Garlie, 1976; Holland, 2008; Leviton, 1972; Maglio, 1991).

The primary researcher of the current study was a bit surprised to find that three of the participants reported a very positive experience. The positive experiences were directly related to a very difficult experience involving death. The previous literature does not contain any instances of a very positive experience of this nature. At least not examples that involve counselors and their personal experiences. It was also surprising that the related Puterbaugh (2008) research study did not make mention of death being perceived as a negative subject. It was not reported in the findings, so it is assumed it was mentioned sparingly, if at all.

This major theme is of great importance to professional counselors. Death has become an event that can be separated from the living. Today, long term care facilities, hospitals and funeral homes separate the living from the dying. This separation only adds to

the mystery and fear of an already taboo subject. The only way to become more comfortable about the topic of death is to have honest and genuine conversations, even if those conversations are uncomfortable. Counselors should lead by example, to the rest of society. Only by bringing the topic of death to light, can we start to become for comfortable and familiar with death. Becoming more familiar with death has a great benefit to the action of living a fulfilled life.

Spirituality

The fifth and final theme that emerged from the data analysis of the present study was spirituality. This was an interesting theme to emerge, since it was a topic not prompted by any of the interview questions. This means this theme was produced solely by the responses of the participants. In the present study, spirituality refers to the participant's religious or spiritual beliefs. Six of the ten participants mentioned spirituality during their interview. Out of those six participants, three reported that they did not have a strong sense of spirituality or religion. Two of the participants indicated they did have strong religious beliefs. One participant did not mention whether or not they were spiritual or religious.

The mention of spirituality in relation to death is mentioned in previous research literature. Mak (2002) interviewed 15 university professors and found the religious participants believed in an afterlife. They felt this belief helped them have a lower level of death anxiety, then if they were not religious. Some of the non-religious participants in this study reported looking at death from a more scientific point of view. Other researchers could not definitively conclude whether or not religion or spirituality helped individuals cope with death (Becker, Xander, Blum, Lutterbach, Momm, Gysels, & Higginson, 2007).

In the present study, the primary researcher found some interesting results. Surprisingly, the two participants who reported having strong religious beliefs, both shared a questioning of their beliefs after an experience with death. Even more surprising to the primary researcher was the three participants who reported having little or no religious beliefs, reported a different experience. While the spiritual participants questioned their faith, the non-spiritual participants questioned their lack of faith. All three of the participants felt they would feel more comfortable around the subject of death if they had a stronger faith. It appears that the non-religious participants felt they would be better off having strong spiritual beliefs, while the religious participants questioned their previously held spiritual beliefs about death. Some non-spiritual participants reported a belief that strong spiritual beliefs would help them more in coming to terms with death. Some of the spiritual participants wondered why God would let bad things happen. Others reported initial doubt, but working through those issues over time.

The related Puterbaugh (2008) research study had similar results in regards to spirituality. Puterbaugh found her participants worked with clients who questioned their beliefs as well. In addition the religious participants mentioned questioning their own theology, especially in regards to the deaths of young people. All the participants in the Puterbaugh study stressed the importance of spirituality in their work. They also mentioned that rituals, private or shared, helped with their self-care, and helped them memorialize a deceased patient or client. The Puterbaugh study used ten participants who all identified as religious. This may account for the major themes related to religion and spirituality in that particular study. In contrast, the current research study used professional counselors as the

participants. Although demographic questions were not asked regarding religious or spiritual beliefs, eight of the ten participants mentioned spirituality during their interview. The inclusion of some participants who identified as non-spiritual or non-religious, gave the current study another level of rich, detailed participant experiences.

Limitations

Every study has limitations, and this study was no different. No research design is without flaws. All research studies have limitations that can impact both the credibility and trustworthiness of the results (Heppner & Wampold, 2008). This study utilized a qualitative phenomenological approach, and phenomenological reduction to create a rich, detailed explanation of professional counselors' experiences involving death. The primary researcher had several potential participants emerge during the participant recruitment process. Some of the potential participants that initially agreed to participate, chose not to. The primary researcher can only speculate the reasons for this. Perhaps the potential participants had recently experienced a close personal death. Maybe they did not feel comfortable with the subject matter, or they may not have had time in their schedule. Whatever the reasons, this was an experience that slowed the initial data collection process.

Another limitation of this study was the participants that agreed to participate, were motivated to do so. Consideration needs to be given here, as the participants' willingness to participate may have influenced what they shared with the primary researcher. In addition, the participants were all asked to member check their transcripts. The primary researcher has no way of knowing if the participants actually did this. Although it is worth noting, that two of the ten participants did make revisions to their original transcripts.

Another possible limitation of the study has to do with the way data were collected. The primary researcher did in-person face to face interviews with the participants. Since the interviews were done as face to face interviews, the participants may not have been completely comfortable and could have withheld information. This is something to keep in mind. Finally, it is important not to generalize these results to all professional counselors and their experiences with death. Rather, the results should be used to present a rich, detailed description of professional counselors as it relates to death and dying. It is hoped that other professional counselors will compare their experience to the experiences reported in this research study.

Implications for Practice

This study has generated a number of implications that would be of interest to professional counselors, counselors in training, counselor educators, and other related helping fields. The list of implications discussed is by no means an exhaustive list. They are, however, intended to stimulate discussion among the field of counselor education, and in a broad way, society in general.

The first implication for practice is simply a call for more research in the areas of death and dying. The primary researcher of this study could find little previous literature that looked at a similar experience for counselors or helping professionals dealing with death and dying. The general lack of research is an implication for practice, because without research, this area of study will not evolve.

Another major implication of this study is the overall lack of death pedagogy for professional counselors and counselors in training. It is important that the area of training and

education expand, to give counselors an overall greater breadth of knowledge. Counselor education programs need to look at this issue closely and offer more education and training for counselors in training. Granted, many universities have a finite amount of course offerings and faculty is spread thin, but the amount of death education needs to increase. Increasing the number of courses offered in death and dying courses will only help counselors in training. A well rounded and knowledgeable counselor is a competent one. That type of student reflects positively on the university they attended and the counselor education program they represent.

Finally, there is an implication that benefits society in general. The primary researcher of this study has found, not only from this research study, but from conversations with a great number of people that we rarely discuss death. The primary researcher implores everyone to talk openly about death with those persons you care about. Death is a scary topic, but it is usually a topic we talk about only after something catastrophic happens. It is important to talk about what a person's wishes are for their death, what will happen to their loved ones after they die, funeral or rituals the person would want, just to name a few death related issues. It may seem morbid, but it is the primary researcher's feeling that these conversations should happen with individuals as early as age sixteen. Adolescents at that age, normally receive their license to operate a motor vehicle, thus increasing their chances greatly of accidental death. The main idea is to de-stigmatize the topic of death, and start having open, honest, and genuine conversations about death.

As previously stated, these are just a few of the implications for practice. It is by far not an exhaustive list. Implications can many times create a closer examination of the subject

and this generates a new round of questions about the subject. The primary researcher hopes this is the case with death. Since it is an under researched topic, there are many ways in which future researchers can conduct their research.

Recommendations for Future Research

The results of the current study suggest areas of future inquiry. The primary researcher of this study has also generated areas for future research. The following list is by no means exhaustive, but it may be of assistance in generating ideas for future researchers. It is hoped that future research continues to help death related research grow, mature, and evolve.

The first recommendation for future research would be to duplicate the current study using the same method and a similar number of participants. Duplicating the current study would be interesting, in that the two studies could be compared and contrasted. This would help to further explain what the lived experiences of professional counselors as it relates to death and dying. Future research could also use some of the interview questions from this study and combine them with other questions to add a more rich, detailed report of the participants' experiences. The current study did not include any professional counselors currently working as school counselors. Future research could focus on the lived experiences of school counselors as it relates to death.

Different methods could be used by future researchers. For example, future research could create an inventory or survey for professional counselors to access more information about counseling and death. It would also be interesting to learn more about the lived experiences of counselor educators as well. That study would be important and could also be

compared to the current study. The results of the current study included a major theme of spirituality. Future research could focus more closely on spirituality and the role it plays in coping with death. This research should look not only at the religious, but also those individuals who report being non-religious.

Based on the results of the current study, future research could also focus on exploring the reasons death is viewed as negative and scary. Again, this is far from an exhaustive list of possible future research. Since the area of death and dying is under represented in the research community, there are literally hundreds of directions that future research can go.

Conclusion

This qualitative phenomenological study explored the lived experiences of professional counselors when dealing with death and dying. Five major themes were identified and compared with existing literature. There was a scant amount of research on this topic, thus the findings of this study were regularly compared to previous literature that was similar in scope. Previous literature supported all five themes that emerged from this research study. Limitations of this research study were discussed. Implications for the field of counseling and counselor education programs were mentioned. Suggestions for future research were recommended.

Chapter five concludes this research study. The findings produced five themes that explained the lived experiences of professional counselors when dealing with death and dying; a) lack of death pedagogy, b) need or desire for death education, c) universal

experience of death, d) death as negative, and e) spirituality. Further sub-themes emerged, each of these were directly related to one of the five major themes.

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APPENDICES

Appendix A

Participant Recruitment E-mail

Email subject heading: Seeking Licensed Professional Counselors in North Carolina for Study on Death and Dying

Dear Colleague:

I am currently pursuing my doctoral degree in Counselor Education at North Carolina State University and completing research for my degree requirements. The purpose of this email is to extend to you an invitation to participate in an online survey which will serve as a pilot study to better inform my dissertation research titled *Death, Dying, and the Professional Counselor: A Phenomenological Study*, under the advisement of Dr. Edwin Gerler. My research interest is in the field of grief counseling. I am interested in learning more about the effect of issues of death and dying on professional counselors.

Participants for this in-person interview are required to be fully licensed professional counselors in the state of North Carolina, and currently working either part-time or full-time as a professional counselor. I plan on using between ten and twelve participants for this study. Participants will complete an in-person interview with the primary researcher. This interview will take approximately 45-60 minutes of your time. A date, time, and location of the interview will be arranged that is most convenient for you. During the interview, participants will be asked to sign an informed consent, complete a brief demographic questionnaire, and respond to a semi-structured set of interview questions about issues of death, dying, and counseling. The interview will be audio-recorded and transcribed. To protect your identity you will be asked to create a pseudonym that will be used to identify your questionnaire, and responses to the interview. As an incentive, a \$25 Starbucks Gift Card will be given to two of the participants at random as compensation for your time and participation.

Participation in this study is voluntary. Since the nature of this study has to do with emotionally sensitive and personal material involving death, there is a small risk of increased emotions and feelings after completing this interview. If you feel you need to speak with someone regarding this, please seek the necessary help you need. There are no other anticipated risks to participants, and participants are able to withdraw at any time from this study. Questions about the Institutional Review Board approval of this study can be directed to Deb Paxton, Regulatory Compliance Administrator, Institutional Review Board, NC State University at Box 7514, NCSU (919.515.4514).

If you would like to participate, please contact Billy Friedrich at wlfriedr@ncsu.edu or at BillyFriedrich@gmail.com or you may phone me at 252.258.4959. If you are not able to participate but know of a licensed professional counselor currently practicing in the state of

North Carolina please share this email with them so he or she may contact me about participating in the study. Thank you for your consideration of this request. It is my hope that you will be able to participate in this study.

Sincerely,

William L. Friedrich, MS, LPC, NCC

Appendix B

Informed Consent

North Carolina State University
Informed consent for Research

Title of Study

Death, Dying, and the Professional Counselor: A Phenomenological Study

Principal Investigator: William L. Friedrich

Faculty Sponsor: Dr. Edwin Gerler

What are some general things you should know about research studies?

You are being asked to take part in a research study. Your participation is voluntarily. It is your right to choose to participate and at any time you can stop participation. In this consent form you will find information about the research. If the information is not clear and you do not understand what is being asked of you as a participant it is your right to ask this researcher for more information before agreeing to participate or at any time during your participation.

The purpose of this study

The purpose of this current study is to examine professional counselors' competencies and experiences with issues related to death and dying. Participants for this study have been purposefully selected as being professional counselors in the state of North Carolina, who are currently working either full-time or part-time as a professional counselor and are fully licensed by their State board. Results of this study may help inform future training needs for professional counselors. Your participation in this study will help the primary investigator with the completion of his doctoral degree requirements by completing this step of the dissertation process. The research collected during this study will greatly help the primary investigator better inform his future professional research.

What will happen if you take part in the study?

Participants will be asked to participate in an in person interview with the researcher which will take approximately forty-five to sixty minutes in length. During the in-person interview you will be asked broad questions about death, dying, bereavement, and grief counseling. The in-person interview will be audio-recorded on a digital audio recorder. The primary investigator is attempting to use between ten and twelve participants. At the end of the interview you will be asked to complete a brief demographic questionnaire. This demographic information will not be used to identify you in any way. The information will only be used to provide group demographic information (demographic information will only be presented in aggregates). After the interview is completed the primary researcher will

transcribe the interview from the digital recorder. After the transcription is completed, the primary researcher will send you, the transcription electronically. When the transcription is sent to you, all identifying information will be stripped from the transcription in order to protect the confidentiality of this data. The only identifying information on the transcript will be the pseudonym you chose for yourself. You will receive your transcript as an e-mail attachment. Please verify that the subject of the email matches the pseudonym you chose for yourself. If it does not, do not open the attachment, simply reply to the researcher via email that you received the wrong transcript. You will then be asked to check the transcription for accuracy and will be allowed to add any additional comments at that time. You will be asked to sign this informed consent at the end of this document.

Risk

The researcher anticipates no foreseeable risk regarding questions asked to obtain information regarding professional counselors' knowledge and personal experience regarding death and dying. However, participants should be aware that thinking about issues related to death and dying may bring up personal issues related to death or existential anxiety related to death. The primary investigator strongly encourages participants to seek the proper level of care they need if this becomes necessary. Other than this slight possibility, the researcher anticipates no significant stress, anxiety, threat, due to the content of the in-person interview the participants will complete.

Benefits

Your participation will help expand counseling research in the area of death, dying, and professional counseling. In addition, your participation may help bring more attention to the area of added competencies for professional counselors. Indirectly, participants may benefit from contributing to advancing research for other professional counselors and, as a participant, increase their desire to learn more about areas such as grief counseling, which may impact positively their self-awareness, attitudes, and professional practice.

Confidentiality

Prior to the in-person interview beginning, participants will choose a pseudonym to be used in the transcribed interview. The in-person interview will be audio recorded and you will receive an electronic copy of it to be reviewed for accuracy and any additional information you would like to add. Use of the pseudonym will help insure that your responses are confidential. A data analysis team of two to three other coders will be reviewing the transcripts to develop themes. None of your demographic information or identifying information will be shared with members of the coding team to ensure confidentiality. Great care will be taken that any quotations included in the qualitative write-up will not be identifiable to a specific person.

Compensation

At the end of the in-person interview, participants will be entered into a random drawing to receive one of two \$25 Starbucks gift card as compensation for their participation in this

study. If a participant does not complete the entire interview, he/she will not be eligible to be entered into the drawing for the gift card.

For questions about this study

If you have questions about this research study, please contact Billy Friedrich at wlfriedr@ncsu.edu or BillyFriedrich@gmail.com or phone me at 252.258.4959. You may also contact the faculty sponsor, Dr. Edwin Gerler at edwin_gerler@ncsu.edu. If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact Deb Paxton, Regulatory Compliance Administrator, 2701 Sullivan Drive, Suite 240, Campus Box 7514, Raleigh, NC 27695-7514, or by email at debra_paxton@ncsu.edu or by phone at 919.515.4514.

Consent to participate

I have read and understand the above information. I have received a copy of this form. I agree to participate in this study with the understanding that I may choose not to participate or to stop participating at any time without penalty or loss of benefits to which I am otherwise entitled.

Participant signature: _____ Date: _____

Investigator signature: _____ Date: _____

Appendix C

In-Person Interview Questions

1. Describe for me your professional experiences involving death and dying?
(Possible) Prompt: Can you tell me more about that?
2. How competent do you feel working with clients who have reported issues related to death and dying?
Prompt: Tell me about the factors that contribute to your level of competence.
3. How comfortable do you feel working with clients who have reported issues related to death and dying?
Prompt: Tell me about the factors that contribute to your level of comfort.
4. Prior to becoming a professional counselor, what types of training or techniques do you remember learning about related to death and dying.
Prompt: Tell me about any other training or education related to death and dying after becoming a professional counselor?
5. What theories, techniques, and activities do you use as part of your work with clients experiencing issues of death and dying?
(Possible) Prompt: Can you tell me more about that? Do you find these to be effective?
6. Describe for me how your professional experience with death and dying has impacted your personal life?
(Possible) Prompt: Have you personally experienced issues related to death and dying in your own life?
7. Tell me about your thoughts and feelings about death and dying?
(Possible) Prompt: Can you tell me more about that? Personally? Professionally?
8. Thank you for your valuable information. Is there anything else you would like to add before we end?

Appendix D

Demographic and Background Questionnaire

Instructions: Please complete the following demographic questions by selecting the appropriate response (s) to each question.

1. What is your gender?
 - Male
 - Female

2. What is your age?

3. What is your ethnicity?
 - African American
 - Asian
 - Caucasian
 - Latino/Latina
 - Middle Eastern
 - Pacific Islander
 - Other (please specify): _____

4. What type of setting are you currently working in?
 - School Counselor
 - College/University Counselor (Higher Education)
 - Community Mental Health Counselor
 - Private Practice Counselor
 - Other (please specify): _____

5. How many years have you been working as a licensed professional counselor (LPC)?

6. During the past 12 months, how many different clients did you counsel who were experiencing issues related to death and dying?
 - 0 clients
 - 1-3 clients
 - 4-6 clients
 - 7-10 clients
 - 11-15 clients
 - 16-20 clients
 - More than 20 clients

7. Please leave your honest feedback and comments regarding this study, the overall topic, suggestions to improve my research, and anything else you would like me to know. Your feedback will help me improve my research on this topic.

Appendix E

Pilot Study In-person Interview Questions

1. What has your experience as a counselor been like working with clients who are experiencing issues of grief and loss?
(Possible) Prompt: Can you tell me more about that?
2. How comfortable and competent do you feel in working with clients who have reported grief or loss?
Prompt: Can you talk about the factors that contributed to your level of comfort and competence?
3. What kind of grief counseling training and techniques do you remember learning about as a counselor in training?
Prompt: Have you had any other training in grief counseling outside of your training experience?
4. What theories and techniques do you use as part of your grief work with clients?
(Possible) Prompt: Can you tell me more about that?
5. In what ways has your professional experience with grief counseling impacted your personal life?
(Possible) Prompt: Have you personally experienced grief and loss?
6. What are your overall feelings about the topics of grief, loss, and death?
(Possible) Prompt: Can you tell me more about that?
7. Is there anything else you would like to add?
8. Were there any questions I did not ask that you feel would have been helpful and important to ask?