

**Alchemy of the Wounded Healer &
Becoming “Good Company for the Journey”:
Integration of Counselors’ Grief Experiences with Professional Identity**

**A Dissertation Presented for the
Doctor of Philosophy
Degree
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DEDICATION

This work is dedicated:

To my sister, Becky, for whom my loss and love brought about the shifting, yet constant companion of grief and initiated my “apprenticeship with sorrow.” It is because of you that I learned what it means to “hold my darkness with my arms, as I approach the light.” I have learned so much from you in both the time we had you with us on this planet and since you’ve passed on. Thank you for just being who you were. I am so grateful for getting to know and love you. I have and will continue to miss you everyday.

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ABSTRACT

Counselor professional identity development (PID) involves integrating the counselor's personal attributes with the roles and standards of the counseling profession, a primary goal of counselor training and supervision. Despite extensive research on PID, understanding how grief impacts this process and how one integrates loss within their professional identities remains underexplored. To address this, I conducted a 20-year scoping review to map the literature on counselors' grief experiences and their effects on PID within mental health professionals. Using the PRISMA-ScR protocol, I reviewed twenty empirical studies, revealing themes on the impacts of loss and grief on personal and professional identity. In addition, I conducted a narrative inquiry that examined how counselors integrate personal losses into their professional identities, identifying themes such as the *inevitability of loss*, *grief as a catalyst for transformation and initiation*, *counselor way of seeing*, *counselor way of being*, and *oscillation of integration*. The combined findings highlight the profound impact of grief on identity development, suggesting the need for training programs to address grief and provide support for counselors. These insights address the transformative potential of grief in shaping professional maturation and call for further research on supporting counselors through such personal challenges.

Keywords: counselor professional identity development, loss and grief, wounded healer, scoping review, narrative inquiry

TABLE OF CONTENTS

CHAPTER I THE FIRST ARTICLE.....	1
Abstract.....	2
Counselors' Professional Identity Development & Personhood.....	3
Counselors' Grief Experiences.....	4
Integration of Loss & Grief within PID.....	6
Method.....	8
Findings.....	12
Discussion	28
Implications.....	31
Conclusion.....	35
References.....	36
Appendix.....	41
CHAPTER II THE SECOND ARTICLE.....	43
Abstract.....	45
Introduction.....	46
Literature Review.....	47
Method.....	52
Findings.....	65
Discussion.....	79
Implications.....	89
Conclusion.....	93
References.....	94
Appendix.....	98
VITA.....	132

LIST OF FIGURES

Figure 1. Summary of Findings.....	41
Figure 2. PRISMA-ScR Resources Flow Chart.....	42
Figure 3. Transformational Tasks of Practitioners.....	50
Figure 4. Loss & Professional Identity Storylines Timeline Template.....	56

CHAPTER I:

A SCOPING REVIEW OF COUNSELORS' GRIEF EXPERIENCES

& PROFESSIONAL IDENTITY DEVELOPMENT: IMPLICATIONS

& FUTURE DIRECTIONS

Abstract

Counselor professional identity development (PID) is the integration of the personhood of the counselor with the roles and standards of the counseling profession, representing the primary goal of counselor training and supervision. Despite extensive research on counselor PID, a critical gap exists in understanding how grief impact the integration process of counselors' personhood within professional identity formation. The purpose of this manuscript was to conduct a 20-year scoping review to explore and systematically map the current literature regarding counselors' grief experiences and their impact on professional identity development as situated within the broader population of mental health professionals (MHP). Using the PRISMA-ScR protocol, researchers reviewed twenty empirical studies consisting of twelve peer-reviewed articles and eight doctoral dissertations. Two distinct thematic categories were found: (1) impacts of loss/grief on personal identity, and (2) impacts of loss/grief on professional identity. Findings are discussed, implications are explored, and future research is suggested.

Keywords: counselor professional identity development, loss, grief, wounded healer, scoping review

A Scoping Review of Counselor's Grief Experiences & Their Integration into Professional Identity Development: Implications and Future Directions

Grief is a complex, inevitable facet of the human experience (Blueford et al., 2022) that often encompasses a transformative journey of identity change and the reconstruction of one's assumptive world (Gillies & Neimeyer, 2006). While mental health professionals (MHP), notably counselors, dedicate their careers to assisting others through adversity, such as loss and grief, they are not immune to it. How counselors navigate meaning making of their personal loss and grief experiences and the integration of them into their professional identities can profoundly influence their personal and professional efficacy and ultimately lead to empowerment or impairment (ACA, 2014; Moss et al., 2014; Rønnestad & Skovholt, 2013).

Counselor professional identity development (PID) is the integration of the personhood of the counselor with the roles and standards of the counseling profession, representing the primary goal of counselor training and supervision (Dollarhide et al., 2023; Rønnestad & Skovholt, 2013). The *therapeutic relationship* is a key predictor of successful outcomes within counseling and the *therapeutic self* is argued to be the most fundamental aspect within therapeutic work (Flückiger et al., 2018). It is essential to understand how loss and grief experiences impact the personal/professional identities and therapeutic practice of counselors (De Santis & Finlay, 2018).

Despite extensive research on counselor PID, a critical gap exists in understanding the ways in which loss and grief impact the integration process of personal and professional identities (Dollarhide et al., 2023; Kaplan & Gladding, 2011; Gibson et al., 2010; Moss et al., 2014). Therefore, the purpose of this manuscript was to conduct a

scoping review to explore and systematically map the current literature regarding counselors' grief experiences and their impact on professional identity development as situated within the broader literature of mental health professionals (MHP).

Counselor Professional Identity Development & Personhood

In the counseling literature, PID is defined as the integration of an individual's personal attributes, encompassing values, beliefs, worldviews, and life experiences, with the professional values, ethics, skills, and perspectives of the broader counseling community (Dollarhide et al., 2023; Gibson et al., 2010; Moss et al., 2014). As the ultimate goal of counseling trainees, counselor educators, and supervisors, counselor PID has been centralized as a focus of much research over the past three decades, both as a priority as a shared, collective identity among counseling professionals (Kaplan & Gladding, 2011; Kaplan et al., 2014; Kaplan & Kraus, 2018; Mascari & Webber, 2013) and as an attempt to provide guidance throughout the individual counselors' PID process (Dollarhide et al., 2023; Gibson et al., 2010; Moss et al., 2014; Rønnestad & Skovholt, 2013).

Specific models outline the transformational tasks and core components of PID across developmental stages, addressing counselors-in-training, counseling professionals, and counselor educators, spanning the entire professional lifespan (Gibson et al., 2010; Moss et al., 2014; Rønnestad & Skovholt, 2013). Rønnestad and Skovholt (2013) highlight that professional identity comprises separate and distinct personal and professional identities that become more integrated over time and experience. Themes of professional development involve the subjective experience of growth, the integration of personal traits with theoretical aspects of work and being energized by one's professional

role (Rønnestad & Skovholt, 2013). Forming a therapeutic self that distinguishes them from other professions, counselors are unique in that they emphasize client wellness, prevention, and empowerment, rather than aligning with the medical model (ACA, 2014; Rønnestad and Skovholt, 2013).

Moss et al. (2014) identified *interpersonal* and *intrapersonal* dimensions of professional identity. *Interpersonal* dimensions include one's relationship to society and the professional community, such as professional organizations, licensing boards and credentialing bodies, accrediting agencies, and the community of counselors. *Intrapersonal* dimensions include elements shaped from within the person of the counselor, making up their personhood. The personal selves of the counselors also include their values, theoretical stance, emotional awareness, and autonomy (Rønnestad and Skovholt, 2013).

Despite extensive research, Dollarhide et al. (2023) note a continued need to comprehend how professional identity *begins, evolves, and matures*. A crucial, yet unexplored aspect is understanding how counselors' personal experiences of loss and grief impact and are integrated into their PID. Given counselors' dedication to supporting clients through adversity, it is imperative to explore how counselors navigate personal challenges and how these experiences influence both their personal identities and professional development.

Counselors' Grief Experiences

Due to the universal and ubiquitous nature of grief, it can be expected at some point in their careers, counselors will counsel clients who are facing death and non-death related losses and ensuing grief (Blueford et al., 2022), as well as experiencing various

loss and grief themselves. Unattended grief can lead to burnout, compassion fatigue, vicarious trauma, and potentially impairment (Harris, 2019). While some may experience acute grief over an extended period, others may experience it less severely and for shorter durations. Therefore, grief may not automatically lead to impairment. Rather, it can be a form of personal adversity and otherwise considered a psychological, emotional, and/or spiritual *wound*.

Much work has occurred within the last century to destigmatize, depathologize, and expand the understanding of loss and grief beyond death-related loss (Harris, 2019). The COVID-19 pandemic has heightened the need for contemporary grief education to support counselors in acknowledging, identifying, and making meaning of loss experiences, for both them and their clients (Caycho-Rodríguez et al., 2022; Kumar, 2023; Weinstock et al., 2021). Despite the near certainty of counselors experiencing loss or counseling those who have, the lack of comprehensive grief education in CACREP-accredited counseling programs raises concerns (Wheat et al., 2022). Inadequate training hinders counselors' ability to understand and support clients in grief, emphasizing the urgency for a closer examination of counselors' own grief experiences within the context of professional identity development (Blueford et al., 2022; Wheat et al., 2022).

Integration of Loss and Grief within Counselor PID

Although it is not situated as such, counselors' grief experiences are clearly interwoven throughout the counselor PID literature. In their seminal works regarding therapist and counselor PID, Rønnestad and Skovholt (2013) emphasized the profound impact of how therapists navigate professional challenges on their development. A

poignant illustration from Rønnestad and Skovholt (2013) delves into a therapist's reaction to the loss of her husband and daughter, revealing the complex relationship between her upbringing, perception of her mother, and the resolution of intense grief emotions. This case exemplified how personal grief experiences shape the therapist's conceptualization of a professional role in therapy for grieving clients, emphasizing the potential for growth when facing profound grief. Additionally, a male senior professional shared that, *“the intense grief”* when his wife died *“initiated a life transformation that dramatically changed [his] professional identity.”* After his wife died, he acknowledged a shift in his theoretical orientation. Having previously been a behaviorist, he noted that after taking a sabbatical, he began to see things from a family systems lens:

“I became much more interested in family systems and so I tended to see client problems in a family context, which was quite different. Totally different.... She had just died, and I was having a profound reanalysis, reevaluation of my life” (p. 134).

Moss et al. (2014) interviewed counselors and contributed insights into the congruency achieved by expert counselors between their personal and professional selves, with one counselor directly stating:

“I think the thing that has shaped my life as a counselor is probably my son’s death . . . my own grieving journey just really brought everything out, and I went back, I went headlong into training for grief and loss” (Moss et al., 2014, p. 8).

Their findings highlight the transformative role of personal adversities, specifically grief, in professional identity development. The literature suggests a strong connection between counselors' personal experiences, especially those related to grief,

and their professional identity. Rønnestad & Skovholt (2013) highlighted the influence of personal life on professional functioning, emphasizing the value derived from distress and loss experiences such as divorce, death, disability, loss of property, and loss of meaning and purpose. Painful experiences are seen as more instructive than success and achievement, fostering reflection, insight, and empathic understanding of clients. In line with this, Moss et al. (2014) emphasized the congruency achieved by expert counselors between their personal and professional selves, particularly in relation to grief experiences. The study addresses the integration of personal life into professional functioning.

Although these examples have loss and grief embedded at their core, it is not the central focus of the works. The scarcity of information regarding the overt integration of counselors' loss and grief experiences into professional identity development, coupled with the evolution of both grief and professional identity literature over the past two decades, indicates the need for investigation. To address this, I conducted a scoping review to systematically explore existing literature, map counselors' grief experiences, and identify knowledge gaps in this critical area. The research questions guiding this study were (1) “How have mental health professionals' loss and grief experiences been explored in the literature?” and (2) more specifically, “What is known in the literature about counselors' loss and grief experiences and its relationship to professional identity development?”

Method

I used a scoping review to map the existing literature identifying key concepts, theories, sources of evidence, and gaps in research (Levac et al., 2010). My primary

purpose was to provide an overview of the available evidence and ask broader research questions, enabling us to search comprehensively that which is known across databases, including gray literature (Levac et al., 2010; Peters et al., 2020a; 2020b). I used the Preferred Reporting Items for Systematic Reviews and Meta-analysis Extension for Scoping Reviews as the protocol for this review (PRISMA-ScR; Tricco et al., 2018). Additionally, I consulted the Joanna-Briggs Institute (JBI) Manual for Evidence Synthesis (Peters et al., 2020a; Peters et al., 2020b) and additional literature regarding scoping review methodology (Levac et al., 2010).

Sources included in this review included empirically based peer reviewed journals and gray literature, such as doctoral dissertations and book chapters, written in English, and included empirical quantitative, qualitative, and mixed-methods studies. I delimited by selecting literature from a publication period of twenty years (2003-2023), as the literature around loss and grief have shifted greatly to include newer terms, such as non-death loss, nonfinite loss, ambiguous loss, and disenfranchised grief. Likewise, the literature within professional identity development has developed significantly within this timeframe.

As the introduction of this article reviewed counselor loss and grief as situated within recent PID literature, the conceptual focus of this scoping review explored themes of PID centered within the literature on counselors' grief experiences. Additional conceptual foci included type(s) of loss (i.e., death and non-death loss, such as divorce, disability, or ambiguous loss), as well as references to professional identity. After a preliminary search within counseling literature produced scant results, I refocused the population more broadly to that of MHP with the intention of identifying themes among

the shared professional work and overarching identities and experiences of helping professionals. From within the broader literature, I made note of how the counseling literature was situated within the scope of MHP loss and grief experiences. Contextually, this review was globally inclusive to identify countries and publications of origin. I excluded sources if they centered on medical healthcare professionals (i.e., physicians, surgeons, nurses, genetic counselors), counselors-in-training, counselor educators, doctoral students, or if they were not written in English.

To identify relevant sources, I searched the following bibliographic databases from 2003 to September 2023: PsychInfo, ERIC, PubMed, Web of Science, Academic Search Complete, EBSCO, Proquest, ResearchGate, and Google Scholar. I consulted two experienced librarians to support in drafting search strategies, identify search terms, refine eligibility criteria, and review protocol. In addition to database searchers, I hand-searched specific journals, such as *Journal of Counseling & Development*, and scanned reference lists of key articles. I then exported sources into Zotero and removed duplicates.

With guidance and consultation from an expert librarian and researcher, I identified a variety of search words and terms. The searches included interchanging various terms that encompassed the broader therapeutic terminology, such as therapist, counselor, counsellor (British spelling), and mental health professional. Additionally, terminology reflecting a broader and contemporary understanding of grief to include death and non-death loss was incorporated. Lastly, terms related to how this influenced the professional realm, identity, and practice were included. In my search, I specifically used the following terms for grief and mental health professionals: grief OR grieve OR

loss OR death OR bereavement OR non-death loss AND therap* OR counsel* OR mental health professional. I searched for terms related to professional identity, practice, and broader application within each article.

I extracted data based on *contextual factors*, such as the date of publication, country of origin, and publication/journal type; *population factors*, such as the type(s) of MHP; *conceptual factors*, such as type(s) of loss and grief and any specific references to professional identity. I noted information and language that shifted over time as I read the articles chronologically. As I read and explored their broader scope of MHP loss and grief, I noted specific counselor specialties (e.g., clinical mental health and school counselors).

With solicited assistance from a peer researcher to help select sources, we collected a total of 247 articles during the search, added these to Zotero, and then exported them into Covidence. We collected twenty articles through several methods: citation searching (n=7), and gray literature, such as dissertations, (n=13) and removed forty-three duplicate articles via Covidence. Two reviewers blindly screened the remaining 204 publications, evaluated titles, abstracts, and full text of all publications to identify relevant publications. We excluded one-hundred and six articles' titles and abstracts for not meeting foundational criteria, such as grief and loss of MHP. I screened forty-four full articles and excluded 24. Reasons for exclusion included being outside of date range (n=2), concept of loss or grief of MHP not included (n=9), concept or reference to PID not included (n=8), not empirical research (n=4), and focused primarily on counselors-in-training instead of licensed professionals (n=1). I included twenty

articles for final data extraction. I resolved conflictual results through discussion and consensus with a third reviewer.

Findings

In this section, I delineate the findings for the contextual factors, population, and conceptual factors, such as primary thematic concepts and additional findings that emerged across the results of the articles reviewed. In the initial synthesis, I listed them in chronological order, identifying the author, date, article name, location, publication type or journal name, types of loss/grief addressed, additional concepts, type of MHP, methodology, and relevant findings. See Appendix D for table of findings.

After synthesizing the findings, a few primary themes emerged into two distinct categories: (1) *impacts of loss/grief on personal identity* and (2) *impacts of loss/grief on professional identity*. Subthemes that emerged within *impacts of loss/grief on personal identity* include emotional impact; coping, self-care, and wellness, such as receiving support, meaning-making, continuing bonds, and impairment of self; shifts in personal identity, worldview, and life perspective; and self-awareness of own loss and grief experiences. Subthemes that emerged within *impacts of loss/grief on professional identity* include impact on therapeutic approach, such as empathy, mutual benefit, and impairment of practice; valuable skills and considerations, such as empathy, self-disclosure, countertransference, bracketing, and cultural awareness/sensitivity; and professional identity, such as supervision, on-going training, self-efficacy, and wounded healer. I explore these two primary categories and the sub-themes that emerged below.

Contextual Factors: Date Range, Location, & Publication Type

The conceptual factors reviewed in this study included date range, location of publication produced, and publication type, such as peer-reviewed or dissertation. The dates of publication spanned between 2005-2023 (2003 and 2004 yielded no results), with some years not yielding any publications and others producing up to three articles. In our initial findings, I discovered that thirteen of them originated in the USA, five were from the UK, one from Australia, and one from Greece. Of these publications, seven were dissertations that were not or have yet to be published in peer reviewed journals.

Population Factors: Types of Mental Health Professionals

The type of MHP and the language used throughout the literature varied drastically, often depending on the location as to what spelling was used. *Licensed counselors* were referred to five times, *therapists* were referred to six times, *counseling psychologists* were referred to twice, *counselors-in-training* (either master or doctoral level) were referred to twice, *bereavement counsellors* (British spelling) were referred to twice, and *bereavement counselors*, (American spelling), *counselors* (from Greece), *school counselors*, *licensed psychologists*, *clinical psychologists*, *psychologists*, *art therapists*, *humanistic therapists*, and *counselors and therapists* (specified both) were all referred to once.

Conceptual Factors: Types of Loss & Grief

Types of loss and grief mentioned included death and non-death related losses. Sixteen articles referenced death-related losses and bereavement, one article referenced non-death loss, (i.e., breakup of romantic relationships), and five articles referenced both death and non-death losses. Fifteen articles referenced personal losses of MHP, such as

death of a loved one or ending of significant relationships. Five articles referenced professional losses, such as the death of a client due to suicide, terminal illness, or non-suicidal causes, such as car accident, and two articles referenced both personal and professional losses.

Thematic Concepts

I identified seven primary thematic concepts across the literature reviewed. The primary thematic concepts explored were topics of MHP self-disclosure after a loss (Boyden, 2005), impact of MHP grief on empathy towards clients (Bozenkski, 2006), coping and self-care strategies of grieving MHP (Colao-Vitolo, 2006; Goodrum, 2020), countertransference of grieving MHP on grieving clients (Hayes et al., 2007), impact of grief on therapeutic approach (Arnold, 2020; Broadbent, 2013; De Santis, 2015; Dunphy & Schiering, 2009; Kouriatis & Brown, 2013; O’Phelan, 2012; Sahpazi & Balamoutsou, 2015; Spangler et al., 2021; Swinden, 2023), counselors’ preparedness to counsel grieving clients (Blueford et al., 2022), and experiences of MHP who experienced the death of clients by various means (Bryan, 2023; Hannon et al., 2019; Jorgenson et al., 2021; Palmeiri, 2018; Salpietro et al., 2023). Several additional thematic concepts emerged, which will be discussed below in the findings section.

Impact of Loss/Grief on MHP Personal Identity

There were distinct themes that emerged related to the personhood of the MHP. These themes include the emotional impact of the grief process, contributing factors and various coping, self-care, and wellness strategies, shifts in one's personal identity, worldview, and life perspective, and the importance of self-awareness of one's own loss and grief experiences.

Emotional Impact of Grief on MHP.

According to the studies conducted and reviewed, MHP experienced emotional, psychological, cognitive, relational effects of grief (Bryan et al., 2023; Kouriatis & Brown, 2013; Salpietro et al., 2023). Death and non-death losses were found to be complicated, continuous, changing (Broadbent, 2013), overwhelming, and disorienting (De Santis, 2015). Even when experiencing the death of a client, MHP experienced an array of strong emotional reactions, such as guilt, anger, helplessness and loss of purpose, fear (Bryan et al., 2022) and shock, grief, and self-blame (Salpietro et al., 2023).

MHP Coping, Self-Care, & Wellness.

Several themes emerged from the relevant findings regarding MHP coping, self-care, and wellness. These included receiving support, meaning-making, continuing bonds with deceased loved ones, acknowledgement of multiple and compound death and non-death losses, and impairment of self.

Receiving Support.

MHP navigating loss and grief need support on a personal level from family, friends, and peers (Boyden, 2005; Bozenski, 2006; Broadbent, 2013; Hannon et al., 2019; Spangler et al., 2021). Receiving support and socializing are essential coping strategies and contributed to MHP self-care. Those who did not receive support on a personal level and experienced isolation struggled more with professional identity reconstruction, meaning-making, resilience, burnout, (Jorgenson et al., 2021), and impairment (Salpietro et al., 2023).

Meaning-Making.

Meaning making and reconstruction were seen as an essential element within MHP loss and grief processes (Broadbent, 2013). Hindrances to meaning making included others attempts to console or make meaning for therapists by telling them what to think or feel (Colao-Vitolo, 2006) and a lack of support on a personal and professional level through supervision or with colleagues (Broadbent, 2013; Kouriatis & Brown, 2013; Swinden, 2023). Supportive attempts to make meaning included attending or contributing to memorial services (Colao-Vitolo, 2006), art-making and creative expression for symbolic meaning (Arnold, 2020), taking time to reflect on own beliefs and experiences of loss and death (Jorgenson et al., 2021), engaging in support groups, mindfulness, reflexivity, evaluation of therapeutic practice (Salpietro et al., 2023), spending time in nature (Spangler et al., 2021), and finding purpose and meaning through working with clients' post-loss (Swinden, 2023).

Continuing Bonds.

Continuing bonds with deceased loved ones emerged as an important coping element for MHP navigating bereavement (Bozenski, 2006; Broadbent, 2013; Colao-Vitolo, 2006; Spangler et al., 2021). Continuing bonds refers to the maintenance of relationship with a deceased loved one and has been recognized as an important contemporary grief concept, which departs from previous beliefs that one had to “get over” or “move on” from the death of a loved one (Harris, 2019). MHP who recognized their need and maintained a connection to a deceased loved one coped and processed their grief better than those who did not.

Acknowledgement of Multiple/Compound Death and Non-Death Losses.

The acknowledgement of multiple and compound death and non-death losses emerged as a significant theme across the literature (Blueford et al., 2022; Boyden, 2005; Bozenski, 2006; Colao-Vitolo, 2006; Hannon et al., 2019). Although participants of many studies initially identified one primary loss, through their interviews they were able to recognize other significant losses, such as the ending of important relationships and other non-death losses. The recognition of these losses helped participants contextualize and understand the nuances and complex nature of various types of loss and grief responses. Bozenski (2006) suggested that compound loss could be the focus of future studies.

Impairment of Self.

The differentiation of impairment of self and practice emerged as a significant finding in a recent study regarding MHP experiences of death of a client by suicide (Salpietro et al., 2023). This distinction indicates that MHP can feel personally impaired, but that it does not necessarily indicate that their therapeutic practice is impaired. There was a correlation between impairment of self with the level of support and self-care that MHP received.

Shifts in Personal Identity, Worldview, & Life Perspective

Another major finding across the literature related to the personhood of the MHP was how loss and grief caused significant shifts in their personal identities, worldview, and life perspectives (Bozenski, 2006; Broadbent 2013; Bryan et al., 2023; Colao-Vitolo, 2006; De Santis, 2015; Dunphy & Schniering, 2009; Goodrum, 2020; Jorgensen et al., 2021; Sahpazi & Balamoutsou, 2015). Initially, MHP experienced negative shifts and profound disruptions in their own beliefs and outlooks (Broadbent, 2013), disconnections

from their new realities, dismantling of their sense of self (De Santis, 2015), new awareness of fragility and the mortality of theirs and loved one's lives (Broadbent, 2013; Dunphy & Schniering, 2009). However, several studies also identified that participants acknowledged that their own loss and grief experiences were transformational and lead to profound personal and professional growth, an expansion and reconstruction of self, a deeper appreciation of life and relationships, awareness of beauty and new beginnings in the world, and a renewed sense of purpose (Broadbent, 2013; Bryan et al., 2023; De Santis, 2015; Dunphy & Schniering, 2009; Goodrum, 2020; Spangler et al., 2021).

Self-Awareness of Own Loss & Grief Experiences

Findings urge MHP to allow recognition of their own needs, emotions, and grief processes while being aware of how their own grief or loss may impact their clinical work (Boyden, 2005; Bozenski, 2006; Broadbent, 2013; Colao-Vitolo, 2006; O'Phelan, 2012). Suggestions for MHP include being aware of their own needs and emotions rather than suppressing them, especially if they plan to return to work post-loss (Bozenski, 2006). Intentionally drawing from personal suffering to benefit clients requires therapists to continually attend to their own wounds, as unresolved grief may resurface in unexpected ways if left unaddressed (Hayes et al., 2007). Active self-reflection and supervision are emphasized during the grieving process to deepen personal understanding and value of emotions (Kouriatis & Brown, 2013). It was suggested that MHP can prevent burnout by engaging in active grieving, when necessary, which allows for a deeper connection to one's feelings and enhances empathy for grieving clients (Jorgenson et al., 2021).

Impact of Loss/Grief on MHP Professional Identity

Because grief naturally impacted the personhood of the MHP, it was inevitable that it would impact their professional identity. A significant number of articles focused on how MHP grief impacted their clinical work and therapeutic approach. Several elements emerged thematically, such as how MHP grief impacted their therapeutic approach, various therapeutic skills and other considerations MHP grief needs to consider when working with clients post-loss, and how MHP grief influenced their professional identities. These are explored in depth below.

Impact of MHP Grief on Therapeutic Approach

A few themes that emerged related to how MHP grief impacted their therapeutic approach were empathy, mutual benefit, and impairment of practice. Uniquely, empathy emerged as a significant finding across the literature as both a primary focus of impact on therapeutic approach and a specific skill utilized within the counseling process.

Therefore, it is listed and explored in both sections below.

Empathy

MHP personal grief impacted their MHP both adversely and positively. Initially, during early and acute periods when MHP mental and emotional energy was preoccupied with their loss and grief, their clients perceived them to be less empathetic (Bozenski, 2006) and MHP felt as though they were more frustrated by and impatient with clients' "superficial" issues " (Bozenski, 2006; De Santis, 2015; Hayes et al., 2007). However, after MHP had time to process their own grief and begin to integrate it within identity, clients experienced them as more empathetic (Hayes et al., 2007).

Mutual Benefit

Researchers noted that mutual healing may occur as therapists are confronted with their own wounds while supporting clients (Bozenski, 2006). This was primarily situated within the context of MHP who had some time to process and make sense of their own grief experiences. As MHP continued to process their own losses and do their own therapeutic work, client work was seen as a form of coping and played a facilitative role in most MHP bereavement process as they witnessed and took part in their clients' meaning-making experiences (Kouriatis & Brown, 2013).

Impairment of Practice

Salpietro et al. (2023) identified an important distinction between *impairment of self* and *impairment of practice*. Furthermore, they found a correlation between the level of support one received and impairment. With decreased support, there was an increased likelihood of impairment. Although one may experience impairment on a personal level, it may not impact their therapeutic practice. Coalo-Vitolo, (2006) identified that many participants may not be forthcoming regarding impairment for fear of consequences and future studies may want to explore this more directly.

Valuable Skills/Considerations of MHP when Grieving

A few significant themes emerged related to MHP skills and considerations when grieving. These included empathy, self-disclosure, countertransference, bracketing, and cultural awareness/sensitivity.

Empathy

As mentioned above, grief impacts MHP level of empathy and has the potential to adversely blunt their ability to empathize with clients' initially. However, once they were

able to process their own grief further, MHP felt as though they were more sensitive, connected, attuned, understanding, and empathetic towards clients experiencing loss and grief (Boyden, 2005; Bozenski, 2006; Coalo-Vitolo, 2006; Hayes et al., 2007; Broadbent, 2013; De Santis, 2015; Spangler et al., 2021; Swinden, 2023). They also noticed a greater shift in their ability to "be with" and "hold their clients' in their pain" (Broadbent, 2013, p. 270).

Self-Disclosure

The findings suggest that disclosure of personal experiences, including losses, can be beneficial in therapy under certain circumstances (Boyden, 2005; Broadbent, 2013; Hayes et al., 2007; Swinden, 2023). However, the complexity arises when considering factors such as the nature of the client-counselor relationship and the therapist's judgment of when and how to disclose (Boyden, 2005). Recent studies indicate that countertransference disclosures can positively impact therapy, particularly when the therapeutic alliance is strong, enhancing perceptions of therapist expertise (Hayes et al., 2007). Self-disclosure is viewed as a valuable therapeutic intervention when done with therapeutic forethought and clear intent but requires careful consideration of ethical boundaries and individual client needs (Broadbent, 2013). The decision to disclose varies case by case, highlighting the importance of therapist discretion and sensitivity to client dynamics (Broadbent, 2013; Swinden, 2023).

Countertransference

Countertransference was explored as a concern within MHP grief, and the fine line posed of empathizing with and projecting one's own experiences with loss and grief onto clients. Researchers identified the essential nature of being mindful of one's own

grief to not overgeneralize or project their own grief experiences onto clients (Hayes et al., 2007; Dunphy & Schniering, 2009). Researchers noted that, although there needs to be caution and awareness around potential countertransference, their own real and direct experiences of loss and grief can also serve as a major resource within the therapeutic process (Dunphy & Schniering, 2009).

Bracketing

Bracketing and compartmentalization of MHP personal grief within the therapeutic space was found to be valuable in the beginning of their personal grief experience to protect both the MHP vulnerability, uphold important boundaries, and manage one's emotions (De Santis, 2015, Palmieri, 2018). However, MHP were also aware of the tension between bracketing and being perceived as disconnected, less empathetic, and less present (Swinden, 2023). It was suggested that thoughtful consideration on the part of the MHP is essential when considering how to go back to work and how they might intentionally manage themselves. Despite this concern, MHP found that they were able to "throw a professional switch" and be present to clients (Swinden, 2023).

Cultural Awareness/Sensitivity

As grieving MHP worked with grieving clients, they noted the differences within the loss and grief experiences and reactions of various clients, noting the role that various cultural and social identities played within the grief process (Blueford et al., 2022; Goodrum, 2020; Jorgenson et al., 2021). Researchers identified that it is important to understand that all loss and grief experiences are unique to the individual (Swinden, 2023) and that MHP need to understand the cultural and contextual differences and

influences on clients' perceptions of loss, grief expression, and grief experiences (Jorgenson et al., 2021; Blueford et al., 2022).

MHP Professional Identity

Integration of Personal Loss & Professional Work

The integration of personal loss with professional work emerged as a pivotal theme, emphasizing the interconnectedness of personal and professional realms in therapists' experiences (Arnold, 2020; Broadbent, 2013; Palmeiri, 2018). As grief permeates one's life, it inevitably influences one's professional presence, leading to an acceptance of the merging of personal and professional identities (De Santis, 2015). The dichotomy between personal experiences and professional balance is recognized, acknowledging the emotional challenges and rewards inherent in navigating this delicate equilibrium (Arnold, 2020). This theme demonstrates the importance of embracing the intertwined nature of personal and professional loss, ultimately fostering greater authenticity and effectiveness in therapeutic work.

Supervision

Supervision emerged as a crucial aspect in the integration of personal and professional experiences as a key element in supporting the meaning reconstruction process and providing a validating role to grieving MHP (Blueford et al., 2022; Broadbent, 2013; Bryan et al., 2022; Hannon et al., 2019; Jorgenson et al., 2021; Kouriatis & Brown, 2013; Sahpazi & Balamoutsou, 2015; Salpietro et al., 2023; Swinden, 2023). Active self-reflection and supervision were deemed paramount during the grieving process. Those who experienced isolation struggled more with professional identity reconstruction, meaning-making, hope, resilience and were more likely to

experience impairment (Salpietro et al., 2023). Participants reported that supervisors played a significant role in their development and clinical work with grieving clients by bringing up grief and loss, encouraging further exploration, and validating their struggles.

The amount of supervisor guidance and support, as well as their level of involvement, significantly impacted counselors' ability to navigate the grieving process successfully. Lack of support led to feelings of anger and frustration, highlighting the importance of supervisor empathy and support in the grieving process. Counselors often looked to supervisors as a secure place to discuss how grief impacted their therapeutic work, although supervisors were sometimes more focused on case management. Therefore, effective utilization of supervision is crucial in counselors' decisions about returning to work and in managing the impact of grief on therapeutic practice.

On-Going Education, Training, & Professional Development

The desire and need for on-going training and professional development emerged as a theme across the literature for how MHP integrated their personal loss experiences within their professional work (Blueford et al., 2022). Many MHP identified the lack of grief education and training they received in their masters-level programs, but after experiencing their own losses, pursued supplemental grief-informed education and training (Bryan et al., 2023). Additionally, much of the literature suggested that their academic training programs should include grief education regarding both personal and professional loss within courses, as a stand-alone course, and integrated across curriculum through in-class discussions and case studies (Blueford et al., 2022; Bryan et al., 2023; Coloa-Vitolo, 2006; Hannon et al., 2019; Jorgenson et al., 2021; O'Phelan, 2012; Salpietro et al. 2023). Additionally, it was suggested that the scant literature

regarding MHP grief contributed to feelings of apprehension (Swinden, 2023) and that further research, writing, and resources regarding grief education and MHP self-care and coping strategies should be made available to MHP through their respective professional organizations (Hannon et al., 2019; Salpietro et al., 2023).

Self-Efficacy

MHP experienced a pervasive sense of under-preparedness in navigating both personal and professional loss and grief (Hannon et al., 2019) triggering self-doubt across various identities, including as parents, friends, and partners (Jorgenson et al., 2021). Additionally, MHP often feel inadequately prepared to counsel grieving clients, sometimes resorting to outdated theories or models (Blueford et al., 2022; Hannon et al., 2019; Salpietro et al., 2023). Those least inclined to broach grief topics with clients admitted discomfort in reflecting on their own losses or mortality (Blueford et al., 2022). Consequently, MHP are urged to assess their comfort levels in addressing personal grief before evaluating their preparedness and competence. Despite these challenges, MHP acknowledged the ongoing process of developing comfort and expertise in handling grief, gaining confidence in their ability to form deeper connections, and understanding with clients throughout their journey (Swinden, 2023).

Wounded Healer

The topic or concept of the *wounded healer* emerged several times across the literature as researchers identify commonalities between their participants responses and the archetype (Broadbent, 2013; Hayes et al., 2007; Sahpazi & Balamoutsou, 2015; Spangler et al., 2021). The wounded healer archetype, the coining of which was credited to psychologist Carl Jung, appeared to closely capture the essence of MHP navigating the

personal wound of loss and grief, while supporting clients through their various adversities. Although the term was not used within all studies, the concept emerged across all the literature.

Chronological Shifts in Language & Understanding of Loss & Grief

Chronological considerations yielded significant findings related to shifts in language and conceptual understanding related to loss and grief. Initially, many articles explored issues related to death and bereavement (Boyden, 2005; Bozenski, 2006; Broadbent, 2013; Coloao-Vitolo, 2006; Dunphy & Schniering, 2009; Hayes et al., 2007). However, the understanding of loss and grief expanded beyond traditional notions centered solely on death to encompass a broader spectrum of experiences, including non-death losses such as relational challenges, disabilities, infertility, and shattered personal aspirations (O’Phelan, 2012; Sahpazi & Balamoutsou, 2015). Participants in studies have identified various types of losses, including ambiguous, disenfranchised, finite, and non-finite losses, with non-death losses being more prevalent than death-related losses (O’Phelan, 2012). Disenfranchised grief poses unique challenges as therapists often feel their grief is invalidated or marginalized, hindering their coping and reconstruction processes (Kouriatis & Brown, 2013).

Professional Counselors Grief Literature

Within the broader context of MHP loss and grief, seven studies focused on professional counselors (Blueford et al., 2022; Bryan, 2023; Goodrum, 2020; Hannon et al., 2019; Jorgenson et al., 2021; Salpietro et al., 2023; Spangler et al., 2021). Specifically, six focused on the population of clinical mental health counselors (Blueford et al., 2022; Bryan, 2023; Goodrum, 2020; Jorgenson et al., 2021; Salpietro et al., 2023;

Spangler et al., 2021) and one focused on the population of school counselors (Hannon et al., 2019). Of these articles, four of them were published in peer-reviewed journals (Blueford et al., 2022; Hannon et al., 2019; Jorgenson et al., 2021; Salpietro et al., 2023) and three were dissertations (Bryan, 2023; Goodrum, 2020; Spangler et al., 2021) that had not been published at the time of this scoping review.

Of the seven articles, four focused on the professional loss of a client or student by death to suicide, terminal illness, or “not by suicide” (Bryan, 2023; Hannon et al., 2019; Jorgenson et al., 2021; Salpietro et al., 2023), one focused on meaning-making of counselors navigating bereavement and professional identity (Spangler et al., 2021), and one focused on how prepared counselors felt to counsel grieving clients (Blueford et al., 2022). Of those published in peer-reviewed journals, three focused on professional loss (Hannon et al., 2019; Jorgenson et al., 2021; Salpietro et al., 2023), and one focused on counselors' experiences of counseling grieving clients (Blueford et al., 2022). Of the four peer-reviewed articles, three were published within professional counseling journals, such as *Journal of Counseling & Development* (Hannon et al., 2019; Salpietro et al., 2023) and *Journal of Counselor Leadership & Advocacy* (Jorgenson et al., 2021), all of which centered on professional loss of clients or students. One article was published within the professional thanatology and grief journal *Death Studies* (Blueford et al., 2022). Of all articles reviewed, two dissertations within counselor education addressed the COVID-19 pandemic and its impacts on counselors (Goodrum, 2020; Spangler et al., 2023).

Limitations

There were notable limitations within this study. Due to the limited scope of research regarding counselor grief experiences, a broader review of the MHP literature

was conducted. However, the nuances of specifically counseling professional identity development were not available to be predominantly explored. Additionally, all the studies reviewed were in English, limiting the broader understanding of the impacts of loss and grief from diverse cultural perspectives.

Discussion

This scoping review yielded insights into the existing literature about concepts explored regarding mental health professionals, and more specifically, licensed professional counselors' and school counselors', loss and grief experiences and how they impact their personal and professional selves and identities. These findings warrant discussion as to how mental health professions broadly, as well as more specifically the counseling profession, can support MHP/counselors' navigating loss and grief.

Specifically, within the counseling profession, there is a notable focus on grief experiences related to professional losses, such as the loss of clients or students. This emphasis signifies the importance of acknowledging and addressing the impact of professional loss and grief on counselors. However, while the literature provides valuable insights into how MHP navigates their grief within their professional roles, there remains a need for more direct exploration of the impacts of personal loss and grief on counselors' well-being and clinical practice.

Several of the thematic findings align with theories from within contemporary grief literature, such as the Meaning Reconstruction Theory (Gillies & Neimeyer, 2006) and the Dual Process Model of both bereavement (Stroebe & Schut, 2010) and non-death loss (Harris, 2019). The emergence of meaning-making aligns with the Meaning Reconstruction Theory (Gillies & Neimeyer, 2006), which acknowledges that grief

shatters our assumptive worlds, forces us to reconstruct new meaning, and deeply impacts our identities (Neimeyer, 2019). The acknowledgement of impact on and navigation of both the personal and professional selves through emotional impact, learning to cope with, and make-meaning of their loss experiences, while also returning to professional work with clients and finding renewed purpose and meaning in their work is in alignment with the Dual Process Model (DPM)(Harris, 2019; Stroebe & Schut, 2010). The DPM addresses the oscillation that occurs between loss-orientation, or the immersion in tending to one's grief, and restoration-orientation, or the daily coping, functioning, and adjustment due to bereavement (Stroebe & Shut, 2010) or non-death loss (Harris, 2019).

Several thematic concepts emerged from the scoping review are also in alignment with the Tasks of Transformation for Practitioners model (TTP) (Moss et al., 2014). The TTP provides a framework for professional counselors' identity development, addressing the process of integration of personal and professional selves. Specifically, the thematic concepts of receiving support through supervision (Blueford et al., 2022; Broadbent, 2013; Bryan et al., 2022; Hannon et al., 2019; Jorgenson et al., 2021; Kouriatis & Brown, 2013; Sahpazi & Balamoutsou, 2015; Salpietro et al., 2023; Swinden, 2023), on-going training, education and professional development (Blueford et al., 2022; Bryan et al., 2023; Hannon et al., 2019; Salpietro et al., 2023), and self-efficacy (Blueford et al., 2022; Salpietro et al., 2023; Swinden, 2023) align with the TTP's acknowledgement of the need for experienced guide, continuous learning, working with clients, rejuvenation and congruence of work life within the process of moving through compartmentalization to congruency on the path of becoming an integrated practitioner (Moss et al., 2014).

The emerging thematic reference to the *wounded healer* warrants discussion, as this concept raises important questions about the line between woundedness and impairment, particularly concerning the impact of personal grief on counselors' professional identities and practices. Due to the universal and ubiquitous nature of grief, counselors can expect to navigate a variety of death and non-death related losses personally and professionally (Blueford et al., 2022). Unaddressed grief may lead to burnout and impairment. While some may experience acute grief over an extended period, others may experience it less severely and for shorter durations. Therefore, grief may not automatically lead to impairment. Rather, it can be a form of personal adversity and otherwise considered a psychological, emotional, and/or spiritual wound. The exploration of counselors' personal adversities is not a novel concept, with roots traced back to Carl Jung's concept of the "wounded healer" in the mid-twentieth century. However, the term brings forth concerns regarding the ambiguous line between woundedness and impairment (Zerubavel & O'Daughterty Wright, 2012). Through their study of counselor navigation of the death of a client due to suicide, Salpietro et al. (2023) differentiated the *impairment of self* and *impairment of practice*. This distinction is helpful for MHP, educators, and supervisors to know because one who is personally impaired does not necessarily mean that their clinical work and practice is impaired. However, it is still considered essential for MHP to avoid personal impairment for one's own wellbeing.

Implications

Implications for Counseling Practice

Counselors should be aware of and anticipate various forms of death and non-death loss across their personal and professional lives and have a plan in place to address their personal grief, such as taking extended time away from work, incorporating personalized self-care and wellness practices, communication with and providing coverage for current clients while taking leave, and seeking out personal grief-informed counselor for support. Additionally, counselors should disclose significant losses to supervisors and identify the need for support for this when returning to work. Finally, counselors should supplement their education and training with contemporary grief theories, models, and supportive practices that address grief-related issues for personal and professional knowledge.

Counseling supervisors should be aware of the highly significant and impactful role they play for grieving counselors. Supervisors need to seek continued training in grief theories, models, and should be aware of the impacts of grief and the complex presentations that can emerge depending on the context of the loss and the personality, identities, and culture of their supervisees. If possible, supervisors should encourage counselors to take an extended time off and, if relevant, help provide coverage for existing clients of the counselor. Within the supervision space, supervisors should provide support to counselors through making meaning of their experiences and exploring how the counselors' grief may be impacting the therapeutic relationship, as well as how the clients' personal work is impacting the counselors' grief experience.

Supervisors should be aware that there is not a timeline for grief and should not assume that if a counselor does not speak of their own loss and grief that they are no longer impacted by their loss and grief experiences. Supervisors should remain aware of and attuned to their supervisees' well-being throughout the grieving process, as well as potential threat of countertransference and over-identification of supervisees with their clients' loss experiences.

Implications for Counselor Training

Counselor educators (CE) should seek further education on contemporary grief models and theories, integrate grief education into courses beyond minimal standards, and raise awareness of how grief may impact counselors personally and throughout their professional identity development. CE should prepare students for personal and professional loss experiences, expose them to relevant resources, expose them to relevant resources for continued learning and support, and integrate case studies of clients' death across their curricula. CE should encourage counselors to become aware of and attuned to their previous and existing loss and grief experiences through self-reflection and implementation of specific resources, such as the loss history timelines and death/non-death loss inventories, and encourage personal work related to the comfort level of various types of death and non-death loss and grief. CE should also expose students to loss and grief organizations and resources with which they can continue to receive guidance, training, and support, such as the Association for Death Education and Training, National Alliance for Children's Grief, etc. Additionally, CE can support doctoral supervisors by training them to be watchful of supervisees potential countertransference of personal loss on clients' experiences. Training doctoral

supervisors and supervisors-in-training to understand the essential role of supervision in supporting grieving counselors and CIT is paramount.

Leaders and advocates within the field should become educated on the impacts of grief and work to provide education to society and the mental health profession.

Counseling and mental health advocates should work to support legislation that provides extended leave for MHP to take extended leave when experiencing a loss in order that they may tend to their own self-care, wellness, and prevention of impairment to provide sustainability to the individual and collective MHP.

Implications for Future Research

The topic of MHP experiences with grief has been a topic of interest across various global geographic regions, with notable attention emerging from within the United States and United Kingdom. However, much of the literature, particularly peer-reviewed publications, originated from dissertations rather than published in peer-reviewed journals. This discrepancy may limit the broader readership of findings, indicating a potential area for improvement in knowledge dissemination within the field.

Qualitative research, specifically, Interpretative Phenomenological Analysis (IPA), emerged as the most employed method across the literature. While IPA provides rich insights into individuals' lived experiences, future studies may benefit from the application of diverse methodological approaches to further enhance our understanding of MHP grief experiences. Furthermore, while all the reviewed literature addressed aspects of the personal and professional identities of MHP, no studies centralized the exploration of how personal losses are integrated within or inform their professional identity or how this integration occurs. Given the alignment of the themes within this scoping review to

contemporary grief theories and counselor professional identity development, there is room in future research to explore counselors' personal grief experiences in connection with Meaning Reconstruction Theory (Gillies & Neimeyer, 2006), the Dual Process Model (Harris, 2019; Stroebe & Schut, 2010), and the Tasks of Transformation for Practitioners (Moss et al., 2014).

The language surrounding grief has evolved to encompass a broader spectrum beyond traditional notions centered primarily on death and bereavement. This inclusive perspective acknowledges the complexity and diversity of grief experiences, emphasizing the importance of validating and addressing all forms of loss. Given the shifts in language and understanding, future research should continue to explore the nuances of death, non-death, ambiguous, disenfranchised, compound, and ongoing loss and grief of counselors. The cultural and contextual influences on grief experiences and expression should be explored. Additionally, considering the significant personal and professional losses that counselors may have experienced during the pandemic era, a gap exists regarding its personal and professional impacts on counselors.

Quantitative studies that integrate validated assessments, such as the Grief and Meaning Reconstruction Inventory (Gillies et al., 2015) and the Professional Identity Scale in Counseling (PISC; Woo & Mansfield, 2015), could be conducted. Additionally, mixed-method studies that incorporate assessments as such, as well as a narrative qualitative element could contribute further to the generalizability of understanding regarding MHP/counselor grief experiences, meaning reconstruction, and professional identity development.

Conclusions

In conclusion, counselors are guaranteed to experience personal and possibly professional death and non-death loss and grief throughout their lives and careers. Integration of loss experiences into PID is essential for congruency, maturity, and sustainability of helping professionals. Counselors, educators, supervisors, researchers, leaders, and advocates alike have a shared responsibility to understand how loss and grief may impact their personal and professional selves, their therapeutic work, and prevent personal and professional impairment while encouraging growth and resilience. There is room to continue to explore and build on the current understanding.

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Appendices

Appendix A

Personal	Professional
1. Emotional Impact of Grief Process on MHP	1. Impact of MHP Grief on Therapeutic Approach
2. MHP Coping, Self-Care, & Wellness	a. Empathy b. Mutual Benefit c. Impairment of Practice
a. Receiving Support b. Meaning-Making c. Continuing Bonds d. Impairment of Self	2. Valuable Skills/Considerations of MHP when Grieving
3. Shifts in Personal Identity, Worldview, & Life Perspective	a. Empathy b. Self-Disclosure c. Countertransference d. Bracketing e. Cultural Awareness/Sensitivity
4. Self-Awareness of Own Loss & Grief Experiences	3. MHP Professional Identity
	a. Supervision b. On-going Training c. Self-Efficacy d. Wounded Healer

Figure 1

*Summary of Findings Related to Impact of Loss/Grief on Mental Health Professionals’
Personal and Professional Identity in Literature Review*

Appendix B

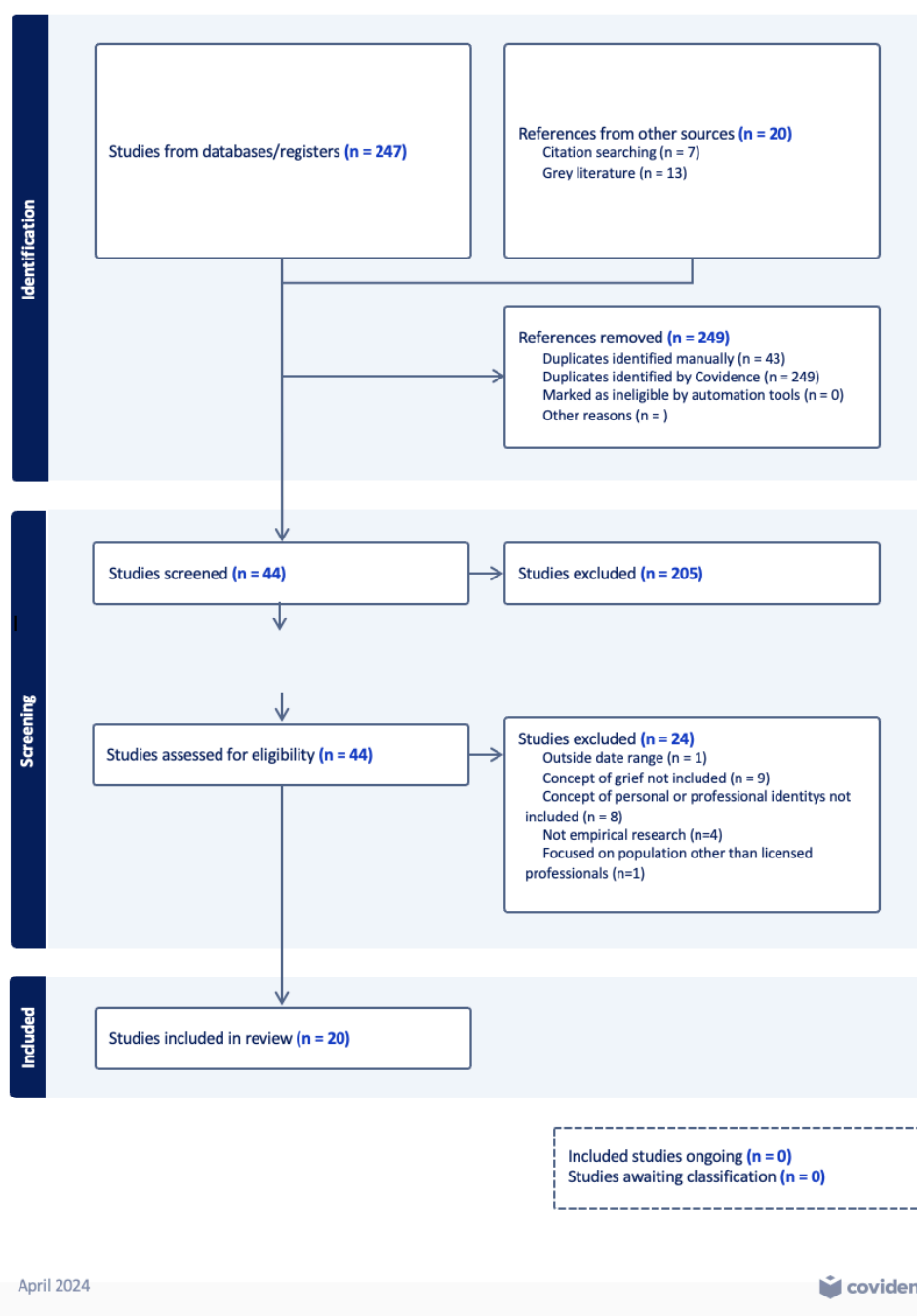


Figure 2

PRISMA-ScR Resources Flow Chart

CHAPTER II:

**ALCHEMY OF THE WOUNDED HEALER: INTEGRATION OF
COUNSELORS' GRIEF EXPERIENCES WITHIN PROFESSION
IDENTITY**

**Alchemy of the Wounded Healer & Becoming “Good Company for the Journey”:
Integration of Counselors’ Grief Experiences within Professional Identity**

Development

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Spring 2024

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Abstract

Counseling scholars consider a mature or expert counselor to be one who has fully integrated their personal and professional selves. However, when counselors experience life altering events that deeply impact their personal and professional identities, such as significant loss and grief, how do they navigate this integration process? Dollarhide et al. (2023) identified a need to continue to understand how counselors' professional identities begin, evolve, and mature.

A narrative inquiry was conducted to understand how counselors integrate their personal losses within their professional identities and how their meaning-making supports this process. Results yielded five primary themes: *inevitability of loss*, *grief as a catalyst for transformation and initiation*, *counselor way of seeing*, *counselor way of being*, and *oscillation of integration*. Findings are discussed, implications for counselor education and supervision practice are identified, and recommendations for additional research are provided.

Keywords: counselor professional identity development, counselors' grief, narrative inquiry, Life Story Interview, timeline

Alchemy of the Wounded Healer & Becoming “Good Company for the Journey”:

Integration of Counselors’ Grief Experiences within Professional Identity

Development

Counselors engage in a complex transformational process of identity formation ideally leading to the integration of their evolving sense of self with the demands of their profession (Gibson et al., 2010; Moss et al., 2014; Rønnestad & Skovholt, 2013).

Counseling scholars consider a mature or expert counselor to be one who has fully integrated their personal and professional selves (Moss et al., 2014; Rønnestad & Skovholt, 2013). However, when counselors experience life altering events , such as significant loss and grief, that deeply impact their personal and professional identities (Gillies & Neimeyer, 2006; Moss et al. 2012; Neimeyer, 2019), how do counselors navigate integration and reconcile the various facets of themselves?

Although counseling scholars have explored the area of professional identity development over the past three decades (Dollarhide et al., 2014; Gibson et al., 2010; Moss et al., 2014; Woo et al., 2016), Dollarhide et al. (2023) identified a need to continue to understand how counselors’ professional identities begin, evolve, and mature. A scoping review of the literature of counselors' loss and grief experiences and professional identity showed that current empirical research within the counseling field solely addresses professional loss of clients through death (Anderson Walker et al., 2024). However, the exploration of counselor’s personal experiences with loss and grief during their developmental journeys remains largely unexplored.

Literature Review

Considered the goal of counselor education and supervision, researchers have explored counselor professional identity development (PID; Dollarhide et al., 2023) from two distinct perspectives: the unified, collective identity to help ground the profession and distinguish it from that of others (Kaplan & Gladding, 2011) and the development of professional identities of individual counselors (Gibson et al., 2010; Moss et al., 2014). Counselor professional identity as it relates to the individual is understood to include self-concept in relationship to the counseling profession (Dollarhide & Oliver, 2014) and the process of integrating personal attributes and values into one's larger identity system (Moss et al., 2014). Identity is a multi-layered understanding of the self that often involves the search for meaning in one's existence through the existential question of "Who am I?" (Dollarhide & Oliver, 2014). While this professional journey is guided by educational and professional standards, it is one that is also deeply personal and subjective. Central to counselor PID is the integration of personal values, beliefs, experiences, attributes, and identities with their counselor identity (Dollarhide et al., 2023; Moss et al., 2014; Rønnestad & Skovholt, 2012).

Given the deeply personal nature of this journey, counselors are tasked with prioritizing self-care, self-awareness, and self-evaluation to ensure ethical and effective practice (CACREP, 2024). It is imperative for counselors to maintain and promote their personal emotional, physical, mental, and spiritual well-being to fulfill their professional responsibilities (ACA, 2014). Furthermore, counselors are expected to monitor themselves for signs of impairment, refrain from offering or providing professional services when impaired, and seek support when necessary to safeguard their clients'

welfare if impaired (ACA, 2014). Among the adversities that counselors will encounter across their lifetimes and careers is personal loss and grief. Grief is a universal phenomenon and a natural response to a significant death or non-death loss (Blueford et al., 2022; Harris, 2019). Counselors' personal experiences of grief are recognized as significant factors in the development of their professional identities (Moss et al., 2014; Rønnestad and Skovholt, 2013). Contemporary grief theories acknowledge that death and non-death losses and grief can shatter ones' assumptive world and alter one's personal identity, thereby potentially causing shifts in one's professional identity (Gillies & Neimeyer, 2006; Harris, 2019; Neimeyer, 2019).

Despite the recognition of the significance of personal experiences in shaping professional identities, little is known about the specific dynamics of how counselors integrate personal life experiences. Therefore, a narrative inquiry was conducted to understand the experiences of counselors as they have and are actively integrating their personal losses and grief into their professional identities and how their meaning-making supports this process. The research questions guiding this study were (a) what are the narratives of counselors' integration of personal loss and grief within their professional identities, (b) what meaning have counselors' made of their personal loss and grief that supports this integration, and (c) how does this help further understand how counselors' PID begins, evolves, and matures?

Conceptual Frameworks of Current Study

To ground the research in both empirical counseling and grief literature, I drew upon the the Transformational Task of Practitioners (Moss et al., 2014), Meaning Reconstruction Theory (Gillies & Neimeyer, 2006; Neimeyer, 2019), and Dual Process

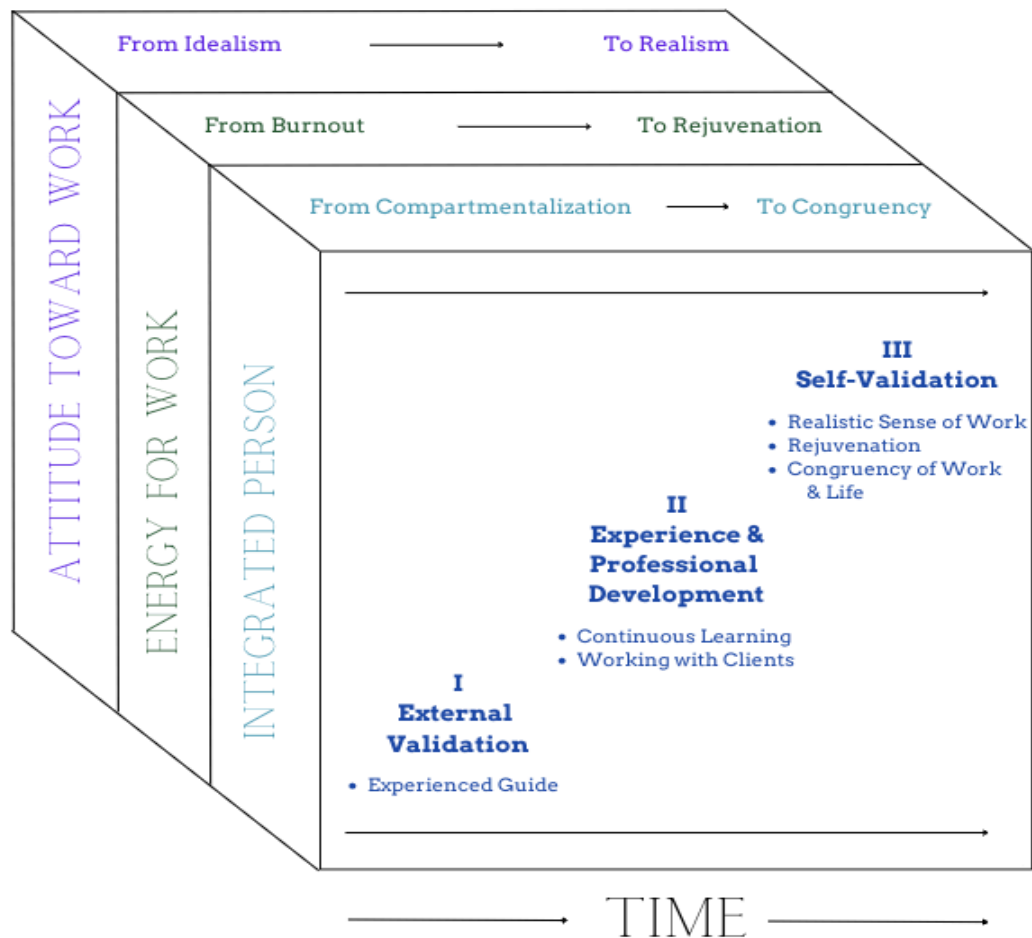
Model of Bereavement (Stroebe & Schut, 2010) and Non-Death Loss (Harris, 2019).

These frameworks inform our inquiry into counselors' experiences of integrating grief into their professional identities. They are explored further below.

Transformational Tasks of Practitioners

Moss et al. (2014) conducted a grounded theories study on PID in which they investigated practicing counselors' PID throughout nodal points in their careers. They found six influential themes: (a) adjustment to expectations, (b) confidence and freedom, (c) separation versus integration, (d) experienced guide, (e) continuous learning, and (f) work with clients. From these themes, they identified the following three tasks of transformation for practitioners that allowed them to grow and develop professionally: idealism towards realism, burnout toward rejuvenation, and compartmentalization towards congruency. The researchers emphasized the importance of continuous learning, seeking support from experienced guide(s), and engaging in work with clients as supportive factors in this process. The culmination of their findings resulted in the creation of the Transformational Tasks for Practitioners (Moss et al., 2014) (refer to Figure 3).

In exploring the theme of *separation versus integration*, Moss et al. (2014) observed that novice counselors initially tended to compartmentalize their personal and professional lives, but with experience, gradually integrated these elements into a cohesive identity over time. To facilitate integration, which involved aligning personal and professional identities, the researchers identified the task of transitioning from *compartmentalization* to *congruency*, which was supported by work with clients, experienced guides, and learning opportunities (Moss et al., 2014).



Transformational Tasks for Practitioners (Moss et al., 2014)

Figure 3

Transformational Tasks for Practitioners

One participant who was identified as an expert counselor shared how their personal loss profoundly influenced their professional identity: “I think the thing that has shaped my life as a counselor is probably my son’s death...my own grieving journey just really brought everything out and I went back, I went headlong into training for grief and loss” (Moss et al., 2014, p. 8). This accentuates the significant impact of grief on PID. The TTP model serves as a guiding framework for counselors’ developmental processes as they navigate the integration of their personal and professional selves.

Meaning Reconstruction Theory & Narrative Reconstruction

The Meaning Reconstruction Theory (MRT) explores how individuals derive meaning from traumatic or challenging life experiences (Rynearson, 2006). Gillies and Neimeyer (2006) extended this theory within the context of bereavement and grief, focusing on how individuals reconstruct meaning following the loss of a loved one. They identified three components of meaning reconstruction: *sense-making*, *benefit finding*, and *identity reconstruction*. These components enable individuals to adapt to loss by finding purpose or significance, establishing continuity with the deceased, and integrating the loss into their identity and life story. Through this process, individuals can make sense of their grief experience, find meaning in the midst of suffering, and achieve a sense of post-traumatic growth (Kerr et al., 2019; McAdams, 2013; Neimeyer, 2019; Yusefzade et al., 2023).

Additionally, Gillies & Neimeyer (2006) highlight the role of *narrative reconstruction* in meaning making, emphasizing the importance of storytelling and narrative coherence in facilitating the integration of the loss into individuals’ life narratives. Through storytelling, individuals can construct a new narrative that

incorporates the memory of the deceased, acknowledges the impact of the loss, and affirms their continued connection to the person they have lost. It includes revising or reinterpreting one's personal narrative, examining past events, experiences, and memories in order to reconstruct them into a cohort narrative that may better reflect one's understanding, perspective, and desired self-concept. It may include reframing negative experiences, integrating new insights or information, and developing a more empowered or adaptive narrative about oneself and one's life.

Dual Process Model of Bereavement & Non-Death Loss

The Dual Process Models of Bereavement (Stroebe & Schut, 2010; See *Figure 1.1*) was developed to help conceptualize the oscillation of integrating death loss within one's life. Harris (2019) adapted this model to acknowledge the same oscillation that occurs related to non-death losses. As the illustrations below demonstrate, the loss orientation on the left includes attendance to the grief that can come up and demand attention at various points of one's day, week, and life. The right side shows the orientation that might include activities of daily living, such as showering, going to work, taking care of bills, as well as spending time with loved ones, building new relationships, and finding new purpose. The oscillation between them can happen moment to moment, daily, weekly, or even every few years. Together, these models help understand how one attends to the ongoing grief one might experience as they move forward with life, not "getting over," but learning to live with death and non-death.

Method

Through in-depth examination of counselors' narratives, this study aimed to explore and illuminate the complexities of the integration and its implications for

counseling practice, education, supervision, and future research. With the aforementioned frameworks and literature in mind, I understand grief to be a deeply subjective, relational, and socially constructed phenomenon (Neimeyer et al., 2014; Wehrman, 2023) and identity to be personal, subjective, and ever-evolving (Thacker et al., 2021). Stories are deeply woven within the fabric of the human experience (McAdams, 2008). The meaning that we make and the ways that we tell stories can be profoundly telling of how we see events in our lives, ourselves and others, and how we situate ourselves within relationships, time, space, and culture (McAdams, 2008). As sociologist and researcher Brene Brown said, “maybe stories are just data with a soul” (Nadar, 2014). Additionally, in a scoping review of counselors’ grief experiences and professional identity development, Anderson Walker et al., (2024) found that researchers exploring these concepts typically utilized Interpretive Phenomenological Analysis and there is room for other methodologies to be implemented. Additionally, while all of the reviewed literature addressed aspects of the personal and professional identities of mental health professionals (MHP), no studies have focused specifically on how personal losses are integrated into or inform their professional identity and the mechanisms through which this integration occurs. Given the alignment of the themes within this scoping review with contemporary grief theories and the development of counselor professional identity, there is significant potential for future research to delve into counselors’ grief experiences. This exploration could be enriched by connecting with frameworks such as Meaning Reconstruction Theory (Gillies & Neimeyer, 2006), the Dual Process Model (Harris, 2019; Stroebe & Schut, 2010), and the Tasks of Transformation for Practitioners (Moss et al., 2014). In light of this, narrative inquiry, a qualitative approach that allows

for in-depth collection of rich data of individuals' experiences through the telling of stories, is most paradigmatically aligned with the intention of this study (Clandinin & Connelly, 2012).

Life Story Interview

Life Story Interview (LSI) is a qualitative research method aimed at understanding an individual's life experiences, beliefs, values, and identity (McAdams, 2008). It posits that individuals construct their identities through the stories they tell about their lives enabling them to and can understand personal narratives and their role in shaping one's identity (McAdams, 2008). LSI involves asking open-ended questions that encourage participants to reflect on significant events, relationships, and transitions in their lives.

Counselors' narratives about their experiences of loss and grief play a pivotal role in the formation of their professional identities (Anderson Walker et al., 2024). By examining the relationship between grief and counselors' professional identities through the lens of LSI, we can gain insights into the personal and professional factors that influence meaning-making, identity change, and the integration of personal loss and grief experiences within counselor identity development. This framework provides a natural and intentional approach in exploring the stories of counselors' navigation of narrative and identity reconstruction.

Timelines

Visual history techniques, such as timelines, have increased in use within research and can provide a visual tool for the narrative data of participants, assist in capturing changes across one's life, and support the analysis of “transitions, transformations, and

trajectories” (Topper & Bauermeister, 2021). Utilizing timelines within qualitative interviews allows for participant engagement and opportunities to identify and discuss significant and nodal life events.

In grief counseling, loss lines are “therapeutic tools that allow for immeasurable insight raising, meaning making, and personal growth” (Dunton, 2012). The value of the exercise lies in bringing awareness to the various types of losses one may have encountered throughout their lifetime, to recognize how grief and loss have shaped ones’ life and choices, as well as how one now sees themselves and their world (Harris, 2019). Additionally, because the individual concepts of PID and loss/grief can be cognitively complex, it felt necessary to support participants' differentiation of their various experiences and identities before reflecting on their integration. *Differentiation* is the identifying and aggregating of relevant information and experiences, while *integration* refers to recognizing relationships and connections among the differentiated information (Wilkinson & Dewell, 2019).

For this reason, I created a dual-timeline (See *Figure 4*) that can be used by participants as a guide to identify their loss and grief experiences on one side and the significant nodal moments within their counselor professional identity development on the other side. This timeline is in conjunction with a set of reflective prompts and questions (See *Appendix 3a*) to guide them through the differentiation process.

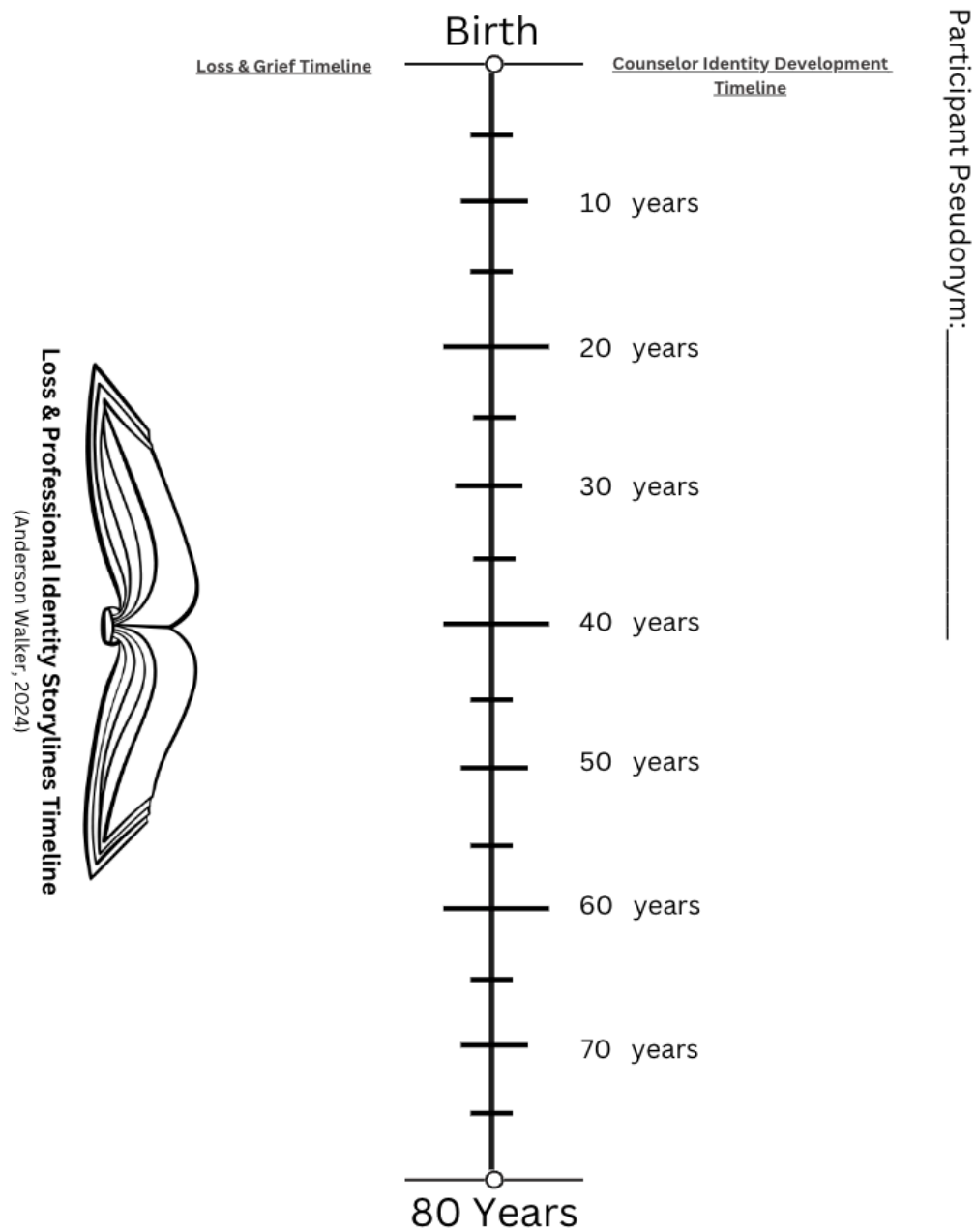


Figure 4.

Loss & Professional Identity Storylines Timeline Template

Researcher Positionality Statement

In alignment with qualitative research and the constructivist paradigm, it is essential to acknowledge my own inherent subjectivities and identities. I acknowledge that the researcher cannot be truly objective in their interests or participation within the research topic selection or process (Clarke & Braun, 2019). Therefore, it was of utmost importance that I engaged in deep reflexivity to become aware of my own experiences, biases, and assumptions and how it might impact how I approached the data collection and analysis.

I identify as a cis-gendered female of ancestral European descent and more recently of southeastern United States and rural Appalachian culture. At the time I write this, I have been practicing as a licensed professional counselor in the southwest and southeast regions of the United States with a primary focus in grief and trauma support. I am also currently a counselor education doctoral candidate whose primary focus has been on grief education and support. Additionally, I have personally experienced a number of death and non-death related losses across my lifespan that have deeply impacted and informed my counselor professional identity. I believe that my counselor PID began in my early twenties, prior to any significant losses, but the death of my younger sister when I was twenty-three deeply impacted the professional trajectory I hoped to take. Yet, I held the desire to be a counselor in the back of my mind as I engaged in my own healing journey for nearly a decade before choosing to attend a CACREP-accredited master's-level clinical mental health counseling program that included an expressive arts therapy certificate. I chose this program specifically because I knew that I wanted to incorporate non-verbal processing modalities within my therapeutic work as I saw how

powerful a tool it could be due its role in my own healing journey. I knew going into my counseling program that I wanted to focus on grief and trauma support because I had a challenging time with my own grief and few people understood how to support me. Part of my motivation to become a counselor was because I wanted to support others through their grief and trauma journeys. This was in part because I personally did not have mental health resources available to me at the time and the Christian church culture of my upbringing was deeply dismissive and invalidating towards the grief that I experienced. My own grief experiences influenced my theoretical orientation towards existential-humanism that integrates bottom-up neuro-informed, mindfulness, somatic, nature-based, and expressive arts modalities.

My own process of integrating my personal loss and grief experiences within my personal and professional identities have influenced the interest in the topic of this dissertation study. Although many significant losses occurred prior to my counseling training, they became lenses I saw through during my developmental journey. Additionally, I have witnessed fellow counselors navigate various losses through the different stages of their counselor development. I have observed counselors choosing to step away from the profession or taking time away while finding ways to both hold and integrate the experience of loss and grief into their role. Because of this, I am deeply curious how other counselors have or have not integrated their personal loss and grief experiences within the professional identities and how we can best support current and future counselors in doing so for their own wellbeing and the sustainability of the counseling profession.

To address this, I conducted a personal autoethnographic study to explore how my own grief experiences with death, divorce, and forms of non-death loss influenced my counselor professional identity development (Anderson Walker, 2023). Additionally, I have had several reflexive conversations with my research partner, kept a reflexive journal, and engaged in expressive arts activities to help explore and process thoughts and insights regarding my grief and professional identity integration throughout the entirety of this experience.

Recruitment & Participants

Upon approval from the institutional review board (IRB), I recruited participants through purposive, snowball sampling by utilizing national, regional, and state counseling organization listservs, social media outlets, and personal connections and colleagues across the United States (For a full list of the recruitment outreach list, see *Appendix 2a*). Eligibility criteria for participants included those who (a) are provisionally or fully licensed professional counselors (LPC equivalent) and school counselors, and counselors who have had their license inactive for two years or less, (b) graduated from a CACREP-accredited counseling program, and (c) have experienced a significant death or non-death loss at some point in their lives that they identify as having significantly impacted or informed their professional identities as counselors. Exclusion criteria included counselors-in-training (CIT), counselor educators (CE), and CE doctoral students.

My intention to include provisionally, fully, and inactive licensed clinical mental health and school counselors was to capture the professional identity process at various points of development. Additionally, inactive licensed counselors could include those

who have temporarily put their licenses in order to provide recovery time from personal loss experiences, but may plan to return to the profession or who may have left the profession due to the severity loss experiences. My intention to include only those who have graduated from a CACREP-accredited university was to ensure that the participants have received similar foundational training experiences. My intent to include death and non-death losses without a limitation on time of occurrence is to honor the grief literature that acknowledges the significance of non-death losses (i.e., ending of relationships, loss of employment or financial stability, disabilities, etc.) and grief not having a strict timeline (Harris, 2019). My intent to exclude CIT, CE, and CE doctoral students was to ensure focus is on the experiences of counseling practitioners who have separate transformational tasks than those listed here (Gibson et al., 2010; Dollarhide et al., 2013; Woo et al., 2016).

After the call for recruitment, I asked interested parties to complete an online eligibility survey through Qualtrics to ensure they met basic criteria (See *Appendix 2c*). Once identified as eligible, potential participants received an invitation to complete a demographic questionnaire that included an adaptation of the Loss History Checklist to help understand the losses experienced by the participant and as preliminary data collection (See *Appendix 2d*; Harris, 2019). After completion of the initial survey and identified as eligible, I contacted participants via email to notify them of eligibility and to schedule an interview (See *Appendix 2e* for email invitation. See *Appendix 1* for a full list of recruitment steps).

Qualitative research studies in counselor education range from five to twenty participants (Thacker et al., 2021). Due to the in-depth nature of the interviews, narrative

inquiries often have fewer participants (Reissman, 2008). For this study, I received seventeen inquiries from potential participants who completed the initial screening form. Of those, eight participants qualified and completed the study. Of those that did not qualify, three held an additional professional identity as a counselor educator or doctoral student, three were personally or professionally close to the first author, and three were located outside of the United States and identified as false inquiries.

I collected demographic information related to participants' race and ethnicity, age, gender, sexual orientation, geographic region, relationship and familial status, religious affiliation, professional identity, length of time in the profession, and attendance of the type of CACREP-accredited program. I share identities collectively here due to their relevance to participants' loss and grief experiences, while preserving confidentiality. Of the eight participants, six identified as Caucasian/White, one identified as African American, and one identified as multiracial of Mexican and Puerto Rican descent. Six participants identified as female, one participant identified as male, and one identified as transgender male. Ages ranged from 27 years to 47 years of age, with the majority of participants within their mid-thirties. Four participants identified as heterosexual, two identified as bisexual, one identified as queer, and one preferred not to say. Four participants identified as being from the Southeast, one from the Northeast, two from the Midwest, and one from the Pacific Coast region of the United States. Of those from the Pacific and Midwest regions, two spent the majority of their upbringing in the Southeast. Four participants identified as married with children, one as divorcing with children, one as partnered with children, and one as divorced, single, without children. Three participants identified as Christian personally, but not professionally, three did not

indicate current religious affiliation, and two identified as formerly Christian. One participant identified as a school counselor and seven identified as licensed professional counselors. One participant identified as being provisionally licensed for six months, five identified as having been fully licensed between four and eight years, and two identified as having been fully-licensed between ten and twelve years. All participants attended CACREP-accredited universities, with one attending a fully online program and three participants attending Christian universities.

Data Collection

To gather rich and nuanced data, I employed multiple methods of data collection, as suggested within narrative research (Riessman, 2008). Data collection consisted of two in-depth, semi-structured interviews of 60-90 minutes via a HIPAA-compliant Zoom account. In *Interview One*, I facilitated the creation of a timeline differentiating nodal points of their PID and loss and grief experiences. In *Interview Two*, using the timeline as a visual support, I used the timeline to guide participants through semi-structured, open-ended questions as they reflected on the integration of their experiences.

Interview One included the co-creation of a timeline differentiating nodal points of their PID and then their loss and grief experiences. I facilitated this experience and provided technical assistance in order to allow the participants to fully engage in reflection and story-telling. After creating the timeline, I asked participants to reflect on their initial impressions and anything they noticed from their timeline as to how and when their loss and grief experiences overlapped their counselor identity development timeline and how they impacted one another. Additionally, I asked participants about their experience of creating the timeline (See *Appendix C* for timeline example). In

closing, I asked participants to consider an artifact, such as an object, metaphor, poem, song, piece of art, etc., that they felt best captured the essence of how they had integrated their loss and grief within their professional identities. This interview took between 60-90 minutes.

In *Interview Two*, using the timeline as a visual support (Topper & Bauermeister, 2021), I then guided the participants through semi-structured, open-ended questions using an interview guide based on the structure of the Life Story Interview protocol (McAdams, 2008; See *Appendix 3* for complete interview protocol). I concluded the interviews by asking participants to share or describe an artifact that they feel best captures how they have integrated their loss and grief within their counselor identities (Riessman, 2008; Witzum, 2012). This interview took between 60-90 minutes.

Data Analysis

To analyze the narrative data, I utilized Braun & Clarke's (2006; 2020) six-phase reflexive thematic analysis (RTA; See *Appendix 4a*). Braun et al. (2019) clarified their seminal work (2006) by indicating that reflexive thematic analysis refers to the constructivist approach of the researchers' active role in thoughtful engagement with and knowledge production from analyzed data that requires the researcher to embrace subjectivity, reflexivity, and creativity (Bryne, 2022). For Phase 1, after each interview, I reviewed the embedded transcription of each recorded Zoom meeting, listening to ensure that the transcription was accurate, as well as make notes throughout about notable moments, expressions, or tonal changes. In Phase 2, I generated a codebook based on the Tasks of Transformation Model (Moss et al., 2014) and contemporary grief language, models, and theories that appeared in the data that addressed the research question(s).

Multiple rounds of coding included deductively, or top-down, coding with the codebook to identify existing terms within the framework and inductively, or bottom-up, and conceptual coding (Saldana, ##). With the support of an additional researcher to ensure integrity, we reviewed the data, generated codes, and collated all coded data and relevant extracts for later phases of analysis.

In Phase 3, we examined the initial codes and identified broader patterns of meaning to identify broader themes. In Phase 4, we checked themes against the entire codeset and refined them until they told a cohesive story that tells the narrative that addressed the research questions. In Phase 5, we developed a detailed analysis of each theme, determined their story, and identified names for each. In Phase 6, I wrote up the findings and analytic narrative to tell the cohesive story from the data and contextualized it within existing literature. Participants were provided a copy of their vignettes with one week to approve, mask, or edit information. Two participants responded with approval and one participant requested to change their original pseudonym..

Trustworthiness & Rigor

Throughout this experience, my research partner and I engaged in ongoing reflexive journaling and conversations. In designing the timeline, I led myself through the process, completed the timeline, and reflected on personal and professional insights that emerged. Prior to data collection with participants, I practiced the interview protocol with my research partner to ensure I was familiar with it, identified any preconceived notions or biases I had in response to the questions, and deciphered if there were unconscious expectations I have for participants' responses. Additionally, my research partner interviewed me so that I might understand what the experience may be like for

participants. Based on these practice interviews and reflexive exercises, we identified suggestions to improve the timeline and interview protocol, such as adjusting the page orientation from landscape to portrait for easier readability, building in opportunities to reflect on the creation of the timeline, and asking the participants to tell the “story” of their timeline as a way to re-connect them with the process and summarize it in the second interview.

To ensure the study was integrous and trustworthy during data analysis, I followed Clarke & Braun’s (2022) 15-point checklist (See *Appendix 4b*). My research partner and I actively consulted, engaged in creative reflexive exercises, and triangulated with the data. Additionally, member checking was conducted by providing selected vignettes to participants with the opportunity to edit or mask their words or meaning within one week, or they were informed that a lack of response would be taken as approval. Two participants responded with approval. The others did not respond which was assumed as approval.

Findings

I generated five primary themes from the data to address counselors’ narratives of their loss and grief experiences, how they are integrated within their professional identities, and how this helped to further understand how counselors’ PID begins, evolves, and matures. These themes included: *inevitability of loss*, *grief as catalyst for transformation and initiation*, *counselor way of seeing*, *counselor way of being*, and *oscillation of integration*. I assigned participants pseudonyms to protect their identities.

Inevitability of Loss

Broadly speaking, the findings from this study reflect the complex, ubiquitous nature of death and non-death losses. All participants identified at least one significant loss of a loved one by death due to health related issues, such as cancer, aneurysm, Lou Gerhig's disease, birth complications, motor accidents, suicide, or natural disasters. Additionally, they shared a plethora of non-death losses that were too numerous to fully capture, such as sexual molestation, rejection due to sexual orientation or gender identity, abandonment by family, friends, or faith-based communities, relocation, infidelity of partners, divorce of parents or self, shifts in relational dynamics of marriage, emotional or physical abuse, loss of employment, financial strain, breaking of trust or loss of perception of safety within relationship. Additionally, many participants were surprised by the number of compounding losses that came up for them when creating their timelines. When creating the timeline, Elle exclaimed, "Gosh, there's so much in there... like, we talk about one event, but there's like a *cascade of impacts*." When creating his, Eion stated, "yeah, I think the first significant event I feel like would be my parents divorce which would have been at 6 and there's a lot of *micro-losses* I feel are sort of tied up in that." When describing the ending of her marriage, Elyse shared, "So I guess with him, the loss of my marriage...there's so many sub-losses with that, like what the rest of my life should look like." It was a significant finding that loss in various forms is inevitable and that it is not a matter of *if*, but *when* one might experience loss and grief. Additionally, a significant realization that emerged through this study was that loss and grief are not just *forms* of adversity, but more often the *result* of various types of adversities.

Grief as Catalyst for Transformation & Initiation

Each participant described how significant losses personally and professionally impacted them. Although grief was a major disruption to their lives and identities, it also served as a catalyst for personal and professional *transformation* and the *initiation* of many participants into or deeper within their careers as counselors. Participants shared their own healing journeys, metaphors they identified with that helped them make meaning of their experiences, and support they received while becoming that which they needed during their most vulnerable moments: *a supportive guide*.

Bri, a licensed professional counselor currently offering therapy remotely, knew she wanted to be a counselor as a teenager, but as a young adult, life experiences disrupted her plans. She described feeling shame due to the judgment and lack of support she received from her faith-based community after leaving an abusive marriage. However, through her own healing journey after the loss and rejection of her community, she was able to work through her shame and come into deeper alignment with her own values, which set her back on the path of pursuing a career in counseling. She likened her transformational experience to that of *alchemy*, the metaphorical process of turning a base metal into something precious such as gold. Bri shared:

When I decided to leave the marriage I lost so much support and there were rumors about me in church, and lots and lots of shame, and that was really awful... And I was just like, I can't even go to church. I can't even go where I feel safe. It was just traumatic honestly... And those circumstances were, in part, what led me to leaving religion and Christianity... I was going through therapy and that process was so transformative... like the alchemy symbol for gold is like "I turn

all this shit into pure gold like through my life. And I just really want to help people experience the freedom that I felt and to get out of shame. So that was what sped that process up which was what originally slowed it down, but put me back on track to pursue this for myself.

Grayson, a school counselor for eight years whose mother died when he was 8-years-old, wished he had a guide when he was younger. After his brother's death by suicide, he received counseling for the first time. Feeling altered by his own grief and receiving support for the first time led to his initiation of becoming a counselor. He shared a quote by Brad Montague that stated "Be who you needed when you were younger.":

Initially, looking at the timeline, I get a sense of a longing to be led or guided but not having this luxury due to circumstances out of my hands. The starting example is that my mother was 100% that person to me and was taken away unexpectedly. From that day on, no one had given me the direct line of support emotionally which she gave me. It was a loss of my mother but as I grew older, I realized it was a loss of so much more. A safe place to cry, to discuss conflicts, relationship advice, and a parent who was up to date on current trends/events/ability to keep up with the things that middle and high school asked of parents. The first time I was able to work through this loss of my mother was when my brother died by suicide, I was 21. It is wild to me that for 12 years I carried on, white-knuckling my way through the highs and lows of adolescence without not only this person in my life but without addressing how this loss affected me. This was when I began counseling with Kevin. What Kevin was for

me, I felt like I could be for other people. Again, after reflecting on this timeline, I see that he provided me with something I'd longed for since my mother's death: a trusted adult who would listen to me and guide me without judgment... When [my brother] died, it really shifted every single part of me. Like how I thought, how I felt around people, how I saw the world, and the career that I wanted to pursue. Just so many things about me were absolutely altered when that happened, including me wanting to become a counselor. When kids ask me why I wanted to be a school counselor, I say "that's what I could have used when I was a kid."

Elyse, a licensed professional counselor in private practice, stated that her path to becoming a counselor hinged on the death of her son and the support she did and did not receive afterward. She views counseling not as a job but as a calling influenced by her personal experiences:

Someone asked me 'would you have become a counselor had you not lost your son?' And I said, 'No, I would not have,' so I think one hinges on the other. I would have either gone back to sales or I don't know, maybe to be a librarian... but I know one would not have happened without the other. And I think that it's not a job. It's more of a calling at that point. I think it kind of ties back into my own experiences, and not that I'm not only gonna only use my experiences to sit with people, but it certainly is going to influence that.

Eion, a recent counseling graduate earning his hours for licensure, described how relational losses and his father's death shifted his worldview and led him to discover a new purpose and direction in counseling:

I think I have had an awareness that grief and loss have been huge motivators to going into my profession and my identity as a therapist... I feel like before the relational losses are just loss of safety and relationships. But this felt like a loss of safety within the world. It just felt like the world is not a safe place in a very paradigm-shifting kind of way... And I was fumbling around trying to figure out what's my purpose, what's my niche, what am I doing with my life? And then I think that it was the loss of my dad that really put it into perspective for me and gave me that sense of purpose. And when my dad had died, by the beginning of the year I had pretty much already put things into motion [to go to graduate school for counseling]... So it was like a pretty immediate shift.

Luna described using the metaphor of a journey and Robert Frost's poem "The Road Not Taken" to frame her counseling philosophy. She emphasized the importance of allowing ourselves to be changed through integration, self-awareness, and community in navigating ones' loss and grief experiences:

It's a really powerful metaphor for me that we're all on a journey, and one of my favorite quotes is the Robert Frost poem out to roads diverging in the woods. I think the less troubled road is the road of integration. It's the journey of allowing ourselves to be changed by our experiences... being changed by the storms, not being afraid of them.

Counselor Way of Seeing: Clients & Self

Participants acknowledged how loss and grief have influenced their way of seeing within their counseling work. This is presented in two distinct ways: the way of seeing

their clients and the therapeutic work with them, and how they see themselves and their role within the therapeutic relationship.

Way of Seeing Clients

Participants reflected on how their loss and grief experiences impacted their theoretical orientation and client conceptualization, allowing them to see presenting issues with further depth and insight. Eion described how his own losses informed his lens when considering clients' experiences, seeing many issues as losses, even when not immediately apparent. This perspective influences his therapeutic style:

I think I tend to view a lot of things through the lens of loss. Like things that I don't think a lot of people would extrapolate to be like a loss. And so I think that it influences my style in that way. I think because at this point in my life, and having gone through what I've gone through, I tend to associate loss with things that feel out of control. And for whatever reason, with clients, will naturally frame when things are going on, that it feels really outside of their control, like framing it in the sense of loss, even if it's just "Oh, this is a loss of control." I think it has definitely impacted the way that I view client work in that way.

Luna, who lost her mother at seventeen, shared that her losses significantly inform her therapeutic approach:

My life experiences and how they've been integrated into my life has probably been more substantial in changing me in making me the therapist that I am than the techniques that I learned in grad school. The techniques are there, the theories

are there. I have my theoretical orientations, but they are informed by what I've experienced.

Shiloh, an artist and licensed counselor who specializes in medical trauma and grief therapist with training in expressive arts therapy, described how the approaches she has used to support her own grief show up in the work she does with clients:

I have a narrative and strengths-based approach. And because I'm already an artist and arts have been a form of how I have been able to non-verbally process my losses like that, that is woven into everything I do.

Diana, a licensed counselor working in the justice system, experienced various death and non-death losses. Most recently she is navigating the death of her grandmother after a battle with Lou Gerig's disease. She acknowledged that the various death and non-death losses she's experienced have changed how she sees clients' presenting issues, as well as more holistic understanding of her clients' needs:

For a long time, [I] associated grief and loss with death. And now, after losing friends or losing relationships and things well, like moving from a job that I really love, I think I look at it and I'm able to identify when people are going through grief and loss.

Way of Seeing Self

In addition to the influence on how they see client experiences, participants described that their own loss and grief experiences inform how they see themselves as counselors and their role within the counseling relationship. Bri described being a counselor and showing up in the counseling relationship for her as "being a guide in the

healing process. I just facilitate and hold that space, and also bring my expertise and intuition to help people guide people to healing.” Eion shared that he felt it was a privilege and honor to have clients’ trust to be authentic and vulnerable and “to be a witness and to support someone through a lot of times like really dark moments, or moments that are just difficult for them to get through on their own.”

Diana views her role as “helping people figure out things that are probably obvious, but still difficult to change and move forward with...it is like helping people just to get a start in the right direction.” Elyse aims to be a non-judgmental, real presence for clients, allowing them to express themselves freely and acknowledging their bravery in seeking help:

I think my job is to come alongside and be the person that is going to be the most real with that person, and to allow them to say what they're thinking without fear of judgment. I mean the unconditional positive regard, lack of judgment, or whatever realization that they come to, or whatever loss or whatever experience that they've had... This job is not as much about tools. It's more about that relationship, of course, as we know from counseling one on one.

Grayson emphasizes being a consistent and present support for students, drawing from his own experiences with loss and grief:

I'm trying to be present for kids...and to see the things that I struggled with and how I can give that to other kids and a lot of that is through loss. It's through my experiences with loss and grief, whether it was the family members that I lost, or my first break ups, not being able to play sports my senior year, or not making the basketball team, and what a big deal that was in in the seventh grade when that

happened to me and how upset I was when all those things happened, or how confusing that was, or insert whatever emotion, and and trying to be that whatever that student needs in that moment.

Luna sees herself as a companion on clients' journeys, offering guidance based on her own integrated life experiences without claiming expertise over clients' lives:

I see it as I'm walking life out with you on your journey and there are some mountains that I have climbed that make me good company for the journey...And I think that's what I bring to the table is the hard things that I've been through have made me a better counselor because I've integrated them into my life personally. The therapeutic office is not where I process my stuff, but I bring what I've integrated into my life into the therapy office.

Shiloh views counseling as showing up without judgment, listening, validating, challenging clients as needed, and acting as a companion rather than a fixer:

Being a counselor is showing up, knowing that you don't know anything. You don't have any wisdom that's going to make something better for a person. But what you do have is the ability to show up and actually give a shit and listen and validate. It's not about curing anything. The expectation to cure someone's anxiety or cure someone's grief or cure someone's anger. I think, being willing to go where they go... I think the word companioning comes up for me. Not just a presence, but a companion.

Counselor Way of Being

Participants shared how their own loss and grief experiences have informed their way of being with clients. Knowing the complexity and nuances of various kinds of

losses influences counselors ability to be present to the pain, “sitting in the suck” or with the discomfort, and not attempting to “fix” the situation. Eion highlighted how his own loss and grief shaped his understanding of the importance of helping clients make sense of their experiences rather than finding solutions:

You can't fix it. You can't bring the person back. You have to sit in it and like make sense of it. And so I feel like I have a real innate ability to be able to do that with other things that I have no clear solution to. I don't think I would have gotten there if it weren't for all of my loss. I've been told by a couple of clients like, “you're the only person who doesn't just like to jump in and try to fix,” because, sometimes, it's just not about trying to fix it. And I feel like that's like a lifelong learning kind of process for me. And a lot of people that I went to grad school with were like, “How do you fight against that very human reflex to want to fix and sit in that discomfort?” because I think that that's ultimately what it is we're avoiding, the discomfort. And how do we just sit in that and be okay with it.

Elle shared how her own losses have informed her ability to be present with clients' pain, emphasizing the value of allowing clients to express their true selves in a supportive environment and being able to “sit in the suck”:

I think that's probably my favorite part of being a counselor is just sitting with people and saying. Yeah, this sucks, doesn't it? But at least we can talk about it...What do you feel in your body when something sucks? What's the adjective or multiple adjectives that you feel? Have you felt this before? Let's plant ourselves in it a little bit more... My spouse always says this thing that I really like: “People always want to know how to be happy, but you can't have joy without suffering.”

I wanted to know how to not demonize the suffering because it was so painful when it was happening and I wanted to figure out if there was a better way to live in it. That's a really big thing that stands out to me is there's 18 or 19 years where I didn't have anybody who was willing to be with me with my pain because they couldn't be with theirs...like "Oh, these people could not be with themselves, so they couldn't be with me."

Oscillation of Integration

Participants' descriptions of integrating grief within their professional identities reflect the dynamic, non-linear, and ongoing nature of the process. Within the oscillation of holding space for their own pain while supporting clients, there is a dynamic tension continually shaping and refining their personhood and counselor identities. Many acknowledged navigating current grief or the anticipation of future losses. Although these losses have been shattering, they acknowledged the ability to tend to their own care, the continued learning regarding each new loss, and the reassurance that they will integrate this new meaning into their future work with clients.

Bri described adjustments she made within her practice to make room for her grief and care for herself after the death of her brother during the COVID-19 pandemic:

I signed an office lease right before Covid...but then my brother passed and I just was like "Nope," and I shut down my office and sold all my furniture. I've been remote since. Something about being in person was just more draining energetically for me and I just felt like I didn't have it in me. It was a way to cocoon myself a bit and add a protective layer.

Elyse discussed navigating present grief, such as the anniversary of her son's death and her divorce and living in the ellipses or “the dot dot dot,” while recognizing how these experiences enhance her ability to support clients through similar struggles:

It's interesting, because as we're talking about “the dot dot dot,” today is actually my son's birthday. And tomorrow I meet with the attorney to try to come to some sort of settlement to stop this madness [from the divorce] from happening. I feel like I've done my work around the loss of my son now, but it will forever affect me. At the same time, I still have a lot of work to do as far as my relationship with my parents, and just grieving the loss of [my marriage]. I know the good thing is, I will be able to use that to be able to speak to other grief experiences. I don't think it's probably any coincidence that about the time that I filed for divorce, I just so happened to have like five other clients going through a divorce. I'm not going to be working anything out with my clients, but at the same time my experience will help me to be in that even more than what I was able to.

Shiloh described how intimate losses, like those of a child, mother, and sibling, continue to teach her and deepen her understanding of grief, influencing her nuanced approach to grief work. Additionally, she shared her internal, or intrapersonal, experiences of holding her loss and grief, while attending to the external, or interpersonal, experiences with her clients in session:

I went into grief work because I had already experienced [the death of my] brother-in-law, siblings in a car accident, and grandmother. I'd experienced powerful losses. But during the time that I have been a clinician I have experienced, I would say, more, or the most intimate losses I think you can

experience: A child that grows in your body, a mother whose body you grew in, and a sibling. And so I think the nuanced work with grief work is that death continues to have something to teach me, with each new intimate death I experience. It reminds me that I don't know anything. I thought I had a handle on intimate loss, having lost a sibling and having lost several children, and buried one myself. But the loss of my mother has been so unmooring in an untethered way...I will carry this grief for the rest of my life. It doesn't mean that it will be in a complex, problematic place, but it will never go away. I think my way of coping is allowing it to bubble up, not resisting it, not trying to bury it. It's sort of like when I come into work. I have these experiences which give me knowledge. But I'm also subconsciously very mindful of that role shift. I embody a different part of my mind when I'm in that space. And so I still have access to all of my life's stories, but I'm not having to shove them down...like the threat of them bubbling up in session doesn't really occur.

These narrative vignettes provide insight into the main findings from this study. The participants, who experienced both death and non-death losses, found that their grief not only impacted their personal lives but also deeply influenced their therapeutic approach and professional development. Through their narratives, it became evident that loss and grief are inevitable, multifaceted, and serve as powerful forces for personal and professional transformation. Counselors' ways of seeing and being were profoundly shaped by their experiences, allowing them to bring a deeper empathy and understanding to their client work. The integration of these experiences is an ongoing, dynamic process

that continually refines their identity and approach as counselors. These findings are discussed further below.

Discussion

The findings from this narrative inquiry illustrate how counselors' loss and grief experiences can be intricately interwoven into their PID. This integration offers insights into the formation, evolution, and maturation of counselors' PID. The five primary themes of *inevitability of loss*, *grief as a catalyst for transformation and initiation*, *counselor way of seeing*, *counselor way of being*, and *oscillation of integration* address the dynamic, non-linear, and ongoing process of integrating personal experiences within professional roles.

Inevitability of Loss

Inevitability of Loss emerged as a fundamental theme, bringing attention to the universal nature and importance of acknowledging both death and non-death losses. Participants' narratives illustrated the broad spectrum of losses they encountered, ranging from the death of loved ones and clients to various causes (e.g., illness, accidents, natural disaster, suicide, addiction and overdose) to non-death losses of numerous kinds. From each of these losses were a “cascade of losses,” “sub-losses,” and “microlosses.” The realization that loss is an inevitable experience for all human beings and not just a *form*, but a *result* of various adversities elevates loss and grief from a possibility that individuals might face to that of an expectation (Blueford et al., 2022). In turn, it becomes less of a rare issue or specialization within treatment to that of a core and foundational issue to be aware of within all client experiences. This theme reinforces the necessity for counselors to be attuned to the multifaceted nature of loss within their

clients' lives, as well as their own. Blueford et al. (2022) found that the majority of counselors who counsel grieving clients primarily use their own experiences with loss to guide their approach. However, they suggest that counselors should seek intentional education to learn contemporary grief models and theories in order to provide the best support to clients.

Grief as a Catalyst for Transformation & Initiation

While profoundly disruptive, grief can serve as a powerful catalyst for transformation and initiation into the counseling profession or deepen one's existing counselor identity and work. Participants' narratives reveal that grief, though transformative in nature, allows for meaning reconstruction within personal healing journeys. This experience uniquely positions counselors to be present and supportive in their clients' journeys. Grief can initiate an individual's decision to enter the counseling profession or deepen their commitment to their work. As each new loss is experienced, counselors can transform their grief into new ways of knowing, seeing, and being with their clients. This theme highlights the potential of grief to inspire growth, resilience, and a renewed sense of purpose in the lives of counselors.

This is supported by the literature related to Meaning Reconstruction Theory (MRT; Neimeyer, 2019), which emphasizes sense-making, benefit-finding, and identity reconstruction as key components of grieving. According to MRT, individuals reconstruct their identities through narratives that make sense of their losses and integrate these experiences into their self-concept. This reconstruction process not only helps counselors cope with their grief but also enhances their professional development, allowing them to bring deeper empathy and understanding to their practice. Meaning reconstruction

facilitates personal growth and resilience by transforming loss into opportunities for new insights and ways of relating to others. Counselors who engage in meaning reconstruction can better support their clients by modeling how to navigate grief and find purpose amidst loss. This integration of personal and professional growth underscores the transformative power of grief within the counseling profession.

In tandem with the MRT, narrative identity reconstruction focuses on the aspect of identity within the narrative framework (Kerr et al., 2019; McAdams & McLean, 2013; Yusefzade et al., 2023). It involves the construction, deconstruction, and reconstruction of one's sense of self, identity, and life story. This delves into how individuals perceive themselves, their roles, values, beliefs, and goals within the narrative of their lives. Narrative identity reconstruction can further enrich the understanding of how grief can transform counselors' identities, enhancing their professional and personal growth through the continuous evolution of their life stories.

Counselor Way of Seeing: Clients & Self

Participants' stories demonstrated how loss and grief profoundly shape counselors' perspectives, both in how they see their clients and themselves. Their loss experiences informed their theoretical orientations and client conceptualizations, allowing for a deeper understanding of clients' struggles. It influences the lenses they see through and aids in client conceptualization of deeper issues that might be going on beneath the surface and recognizes when clients might be experiencing various loss and grieving, even if it's not something of which clients are fully aware. An informal rapid review of the existing literature produced scant results related to how theoretical orientation is developed. However, Bitar et al. (2007) explored the influences within the

development of theoretical orientation with marriage and family therapists. They identified personal context, such as personality, personal philosophy, family of origin, own therapy, and own marriage as contributing factors. However, references to specific adverse life events or the influence of loss on theoretical orientation was not found within the current literature.

Additionally, participants' reflections on their roles within the therapeutic relationship highlight how their own grief experiences shape their professional identities. Participants reported that they see themselves as witnesses, guides, facilitators, companions, and good company for the journey. This is in alignment with Alan Wolfelt's (2006) companioning model, which emphasizes the counselor's role in being present and empathetic, rather than attempting to lead or direct the grieving process. By embodying these qualities, Elle demonstrates how her personal experiences with loss have enhanced her ability to support her clients authentically and compassionately. This informs how they show up with their clients and their *way of being*, as discussed below.

Counselor Way of Being

Participants' stories demonstrated how their own loss and grief experiences shaped and informed their *way of being* with their clients. This theme highlights the counselors' capacity to create a safe and supportive space for clients to explore their pain and suffering, informed by their own journeys through loss. Eion's understanding of the importance of making sense of experiences rather than fixing them and Elle's commitment to being a non-judgmental presence and willingness to “sit in the suck” demonstrate this. By embodying these qualities, Elle demonstrates how her personal experiences with loss have enhanced her ability to support her clients authentically and

compassionately. This theme aligns with recent counseling literature, which acknowledges the importance of counselors' personal experiences in shaping their professional practice. The concept of "therapeutic use of self" suggests that counselors' personal experiences, when intentionally and appropriately integrated, can facilitate deeper connections and promote healing (Knight, 2012).

Oscillation of Integration

The dynamic and ongoing process of integrating grief into professional identity is captured in the theme of *oscillation of integration*. Participants described the continual oscillation between holding space for their own pain and supporting clients, as well as the continual shaping and refining of the counselor identities as they navigate current and anticipated future losses. The term *oscillation* is used in reference to the Dual Process Models (DPM) of Bereavement (Stroebe & Schut, 2010) and Non-Death Loss (Harris, 2019), which posits that individuals oscillate between loss-oriented, or grief-related, work and restoration-oriented, forward-moving, coping. The theme of *oscillation of integration* reflects the non-linear, dynamic nature of the integration that occurs of one's loss and grief within counselor identity development. Participants' narratives illustrated this oscillation, as they navigated the profound impact of their personal losses while simultaneously engaging in their professional roles as counselors. For instance, Bri's experience of leaving an abusive marriage and losing her religious community triggered a transformative process, paralleling the loss-orientation of her grief and the restoration-oriented actions of pursuing a career in counseling. More recently within her counseling career, she adjusted her practice to accommodate her grief after her brother's death during the COVID-19 pandemic, opting for remote work to conserve her energy.

Shiloh shared how intimate losses, like those of a child, mother, and sibling, deepened her understanding of grief, influencing her nuanced approach to grief work. She highlighted the importance of allowing grief to surface and not resisting it, which enriches her therapeutic practice while maintaining professional boundaries. Likewise, Elyse, while dealing with the anniversary of her son's death and her divorce, found that her grief experiences enhanced her ability to support clients through similar struggles. She acknowledged that, as she makes meaning of her present losses, she is reassured that they will become new knowledge and tools with which to support her clients. This oscillation allowed participants to gradually integrate their grief into their professional identities, demonstrating the importance of balancing confrontation of loss and engaging in restorative activities. This theme brings attention to the importance of personal work, self-care, continual learning, and the acknowledgment that grief is an enduring and compounding part of both personal and professional life.

Tasks of Transformation for Counselor Practitioners

As mentioned in the literature review, the Tasks of Transformation Model (TTM; Moss et al., 2014) is a framework often referenced within counselor education. Frameworks are often developed to help simplify complex ideas. Although narrative examples are not provided here, many participants acknowledged the supportive elements within their integration that aligned with the TTM, such as *experienced guides*, various supportive instructors, supervisors, colleagues, as well as their own counselors, *continual learning* through seminars, webinars, and self-study, and the meaning, sense of purpose, and vicarious healing they experienced through *client work*. However, other than moving into and through their graduate programs and then into the licensure process, they all

shared different timelines and spoke to the ongoing oscillation they experienced as they tended to their existing and emerging personal wounds of loss and grief while supporting clients. As they addressed present and open wounds, they tended to bracket them from their client work until they could tend to this wound more directly. This intentional *separation* largely contributed to the oscillation.

This brought awareness to a missing element within the TTM: *personal work*. In addition to seeking out experiencing guides, continual learning, and client work, counselors must prioritize personal work. Bri mentioned that she had been doing personal work, such as Internal Family Systems/Parts Work and “shadow work” to help address the shame she experienced from her wounding experiences. Shiloh spoke of taking time to isolate and walk the beaches looking for shark teeth after her mother died while tending to her wounds or grief. Elyse spoke of taking a break from her personal counseling in order to tend to financial matters throughout her divorce, but still taking care of herself in other ways in the meantime. As these stories demonstrate, counselors must conduct ongoing personal work as a part of integration.

Integration as an Alchemical Process & Counselors as Wounded Healers

Together, the Dual Process Model (DPM) and the Tasks for Transformational Model (TTM) provide a realistic depiction of counselors' oscillation between personal vulnerability and professional competence. The integration of grief into professional identity can be likened to *an alchemical process*. This nonlinear transformation involves oscillating between personal healing and professional growth, continuously reshaping their identities. Through their own experiences of loss, counselors become *wounded healers*, using their vulnerability and healing journeys to support others (Coaston &

Lawrence, 2024). This nonlinearity involves continuous integration of new experiences, reshaping their professional and personal lives. Participants in this study exemplify the wounded healer phenomenon, where their own suffering enhances their capacity to support others. Their personal grief experiences foster deep empathy and understanding, enriching their therapeutic relationships. As Eion, Elle, Elyse, illustrate how their wounds inform their therapeutic presence. By embracing the wounded healer within, counselors can continually refine and elevate their professional selves, creating a profound and empathetic therapeutic presence (Coaston & Lawrence, 2024).

Timeline Creation as Tool for Meaning Reconstruction

Although not a primary theme, the notable experiences related to participants' timeline creation deserves mention. The act of creating timelines prompted participants to reflect on the cascading nature of their losses, revealing interconnected layers of grief that may not have been fully recognized before. Reflection and articulation brought attention to the value of narrative techniques in exploring and understanding the complex landscape of loss and grief within an individuals' life. Additionally, this exercise facilitated a deeper understanding of the interconnectedness between their experiences of loss and their development as counselors (Dunton, 2012; Harris, 2019; Topper & Bauermeister, 2021). Although two participants shared that they had completed a loss history timeline prior to this study, no participants had simultaneously differentiated their professional development and loss histories and the reflected on them. As facilitator of the experience, I was able to witness the deconstruction, co-construction, and reconstruction process of many participants meaning-making in real-time (Yusefzade et al., 2024).

After creating the timeline in the first interview, one participant took her timeline to her own counselor, serving to take them deeper within their therapeutic work together. Grayson acknowledged that he was proud of himself and was more resilient than he realized. Elyse shared that she had hoped to write a book to support other grievers through their experiences and thought this would serve as a springboard for doing so. Bri was able to identify remaining present grief around some of her losses, while also having a chance to honor her life's journey and career through reflection. Eion acknowledged that it was nice to be able to look at the future "white space" on his timeline and realize that he has more life ahead. All participants acknowledged that their future white space would likely hold more losses, as well as joy and growth within their professional identities.

Although ultimately supportive of their experience, participants acknowledge that it brought forward many types of losses simultaneously in the first interview. Although there was time within the interviews to briefly reflect on participants' initial insights and what it was like to create the timeline, it was challenging as a counselor to not further process what was coming up for them. After the first interview, I encouraged participants to take care of themselves as they needed.

Limitations

Although this study was intentionally designed and thoughtfully executed, it has inherent limitations. First, while the participants in this study were willing to share their experiences, there may be others who may not be comfortable sharing their losses or who have yet to integrate them within their identities. Therefore, it is difficult to say other experiences of integration are supported by these findings. Secondly, although the

population was fairly diverse, the majority of participants were white, female counselors averaging in age between their mid-thirties and early forties. A third limitation is the homogeneity of work environments that participants worked in at the time of the study, as six of the eight participants in this study reportedly work within private practice settings, the majority of which are the owners. This introduces a level of privilege that may not be representative of all counselors, especially those working in community agencies, schools, or other public sectors. Additionally, a limitation of this study emerged related to the eligibility criteria of attending a CACREP-accredited program. Although the Council for Accreditation of Counseling and Related Educational Program originated in 1981, many counseling programs were still acquiring accreditation within the past decade. Therefore, many counselors who attended programs prior to accreditation were not qualified to participate in this study. A limitation exists regarding the age and experience level of participants. Future studies would potentially benefit from not including this criteria in order to explore how age and experience levels contribute to this knowledge. Although there are strengths to qualitative approaches, there are limitations in that participants self-reported their narratives that may have been skewed by memory or through their own meaning-making. Additionally, as researcher and facilitator of the timelines, my presence and participants' comfort levels with me may have been influential in what stories and losses they shared. Although my research partner and I have experienced multiple death and non-death losses and I have been educated in contemporary grief literature, my personal biases and natural lenses are inherently a part of how I interpreted the data.

Implications for Clinical Practice

Knowing that professional identity development is a nonlinear process, it can be assumed that by the time that counselors and counselors-in-training decide to become counselors, they have likely experienced a number of life experiences, including death and non-death losses, prior careers, families, etc. that may have influenced who they are and impacted them to varying degrees. Additionally, although it can be a deeply unsettling thought, counselors and counselors-in-training (CIT) should be aware that it is not a matter of *if*, but *when* they and their clients will experience death and non-death loss.

Therefore, it is important that those who take the path of supporting others through life's challenges also take personal care and responsibility for their own adversities throughout their professional journeys. Counselors and CIT do themselves and their clients a disservice by not being aware, understanding, or knowing how to support loss and grief. Failing to understand or address these experiences can hinder their ability to support their clients effectively. Considering that many counseling programs do not offer stand alone courses on grief (Wheat et al., 2022), counselors and CIT should educate themselves on the various types of losses, including death, non-death, ambiguous, non-finite, and intangible losses (Hanley, 2023; Harris, 2019; Servaty-Seib & Chapple, 2021). They need to understand the diverse grief responses individuals may exhibit and familiarize themselves with contemporary grief models beyond the traditional stages of grief, as their clients' experiences and expressions may differ from their own (Harris, 2019). If their counseling programs do not provide adequate education on loss and grief, CIT and counselors should proactively seek further knowledge through personal

study and professional resources, such as the Association of Death Education & Counseling (ADEC), American Academy of Grief Counseling, Dougy Center, or National Alliance for Children's Grief.

Additionally, counselors and CIT need to actively engage in personal work with their losses and grief experiences. Understanding how personal loss can inform their empathy and therapeutic presence can enhance their effectiveness with clients. Compassion-based approaches to loss and grief can support their own, as well as aid in knowing how to support their clients' loss and grief (Harris & Ho, 2022). Creative and expressive arts approaches can be supportive to counselors and CIT in learning to self-soothe, process, or make-meaning of their grief (Brooke & Miraglia, 2015; Thompson & Neimeyer, 2014). Additionally, if they have experienced non-death losses that have felt ambiguous, disenfranchised, it may be helpful to create personal grief rituals to help honor their experiences and support their personal processes (Sas & Coman, 2016).

Implications for Counselor Supervisors & Educators

Counseling supervisors should be aware of the impacts of loss and be aware of various grief expressions that their supervisees may possess. Likewise, they should offer a caring space where supervisees can explore and integrate their personal grief experiences through reflective practices and open discussions. By modeling vulnerability and sharing their own experiences of loss and its impact on their professional practice, supervisors can normalize incorporating personal grief into professional identity development. Furthermore, supervisors should assist in cultivating resilience by

promoting self-care practices and offering tools to manage the emotional demands of counseling work.

Although the Council for Accreditation of Counseling and Related Educational Programs (CACREP) recently added grief into the updated 2024 standards, it only mentions grief once as situated within a lifespan course (2024), counseling programs should offer grief education and support courses or integrate across curriculum, such as a counseling skills, theories, crisis and trauma, and diagnosis and assessment courses. A counseling skills course could include role playing a client who is navigating death or non-death loss to foster counseling students conceptualize their clients through the “lens of loss” and learn to be present to and not “fix” their client’s pain. Additionally, CIT can be asked to reflect on their intrapersonal experiences and what it was like to be present to the pain, “sit in the suck,” and not attempt to “fix” with their mock-clients in order to assist in becoming comfortable with their own discomfort. Introductory and orientation courses could ask CIT to create a timeline of their own significant life events, including loss, along the path to becoming a counselor. To further develop counseling skills and facilitation of this process, CIT could co-construct these with a fellow student to have an opportunity to learn how to facilitate the process as an intervention, while also having assistance in reflecting on and making meaning of their own loss and identity development. A diagnosis and assessment course could discuss the complexities of considering grief as a disorder, such as Prolonged Grief Disorder, and normalizing the nonlinear nature of grief, as well as various grief responses.

Additionally, counselor educators should create appropriate opportunities to address what might be coming up for students within classroom spaces. They should

design experiential learning opportunities, such as role-plays, journaling, and group discussions, to help students reflect on and process their grief. Additionally, fostering reflexivity is essential, encouraging students to engage in practices that examine how their personal experiences influence their therapeutic approach and professional identity. To further cultivate self-reflection and awareness of their own loss and grief, CIT could be asked to create a Loss Line (Dunton, 2012) or completing the Loss History Checklist (Harris, 2019).

Implications for Future Research

While this study yielded valuable insights into the integration of counselor identity development, future research is warranted. Future research could be conducted using mixed-methods approaches including the use of validated inventories, such as Grief and Meaning Reconstruction Inventory (Gillies et al., 2015) and the Professional Identity Scale for Counselors (PISC; Woo & Henfield, 2015) or the School Counselor Professional Identity Scale (Jurkovic, 2019). Future research could include conducting longitudinal studies to explore how counselors' integration of personal grief evolves over time and impacts their professional practice. Additionally, the impact of integration on client outcomes by investigating how counselors' personal experiences of grief affect client outcomes in terms of therapeutic alliance and client progress, could be explored. Comparative studies could be conducted to compare the experiences of counselors who have integrated their personal grief with those who have not, to understand the differences in empathy, therapeutic presence, and professional resilience. Ethnographic studies could be conducted to explore the deeply personal and nuanced experiences of individual counselors' experiences as they integrate their loss and grief experiences

within specific social, cultural, and professional settings. Future research could also explore the use of interventions and training programs designed to assist counselors' integration of grief experiences, assessing their effectiveness, and impact on professional development. Finally, further studies exploring the differences between individuals who experience loss and grief and choose to become counselors versus those who do not choose counseling as a career could be explored to assist in understanding what contributes to the development of the wounded healer phenomenon.

Conclusion

This narrative inquiry explored how counselors navigate the integration of loss and grief within their professional identities. By examining these narratives, we uncovered a transformational process characterized by five primary themes of inevitability of loss, grief as a catalyst for transformation and initiation, counselor way of seeing, counselor way of being, and oscillation of integration. These findings not only enhance our understanding of the dynamic process of professional identity development, but also emphasize the importance of meaning-making in supporting counselors through personal and professional transitions. The implications for counselor education and supervision suggest the need to acknowledge and address the impact of personal experiences within professional growth. Future research should continue to explore this vital intersection to foster more holistic and resilient counselor development.

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Appendix

Appendix 1. Outline of Study Processes

Step		Description		Appendix	Page
1.	IRB Approval		Apply to, correspond with, and receive approval from IRB (all following documents in Appendices to be submitted with application)	All	
2.	Recruitment:	a.	Outreach to professional organizations, social media outlets, and direct professional contacts	2a	26-27
		b.	Recruitment flyers	2b	27-29
		c.	Interested parties will receive an email (2c) with an invitation to complete initial screening survey (2d) and demographic survey with adapted Loss History Checklist embedded (2e) via Qualtrics.	2c, 2d, 2e	30-36
		e.	Eligible participants selected will be sent an invitation to schedule (2f) an interview and review and provide e-signature for consent via Qualtrics link (2g).	2f, 2g	36-42
		f.	Interested parties who do not meet criteria or if study has reached saturation will receive an email notifying them of such.	2h	42-43
		g.	An email will be sent to enrolled participants with the scheduled appointment time.	2i	43-44
		h.	After the interview, participants will receive a copy of their de-identified, verbatim transcription to review, add, and edit as needed. They will have 1 week to return with edits or approval will be assumed.	2j	45-45
		i.	After analysis participants will receive a copy of their de-identified, themed codes to review, add, and edit as needed. They will have 1 week to return with edits or approval will be assumed.	2k	45-46
3.	Data Collection:	a.	Meet with participants via Zoom to conduct video recorded 60-90 minute interview using interview guide, timeline, and metaphor	3a	46-51
		b.	Transcribe interview verbatim, removing researcher comments and questions.		
		c.	Return transcript to interviewee for approval or clarifying edits/masking for 1 week. No response indicates approval		

4.	Data Analysis:	a .	Follow Braun & Clarke's 6 Phases of Data Analysis	4a	51
		b .	Research team members will use 15-Point Checklist for Reflexive TA	4b	52
		c .	Research team members will analyze metaphors using Metaphor Analysis		

Appendix 2. Recruitment Plan & Materials

Appendix 2a. Recruitment Outreach Sources

Professional Listservs		
Counselor Education & Supervision Network Listserv (CESNET-L; CESNET-D)	https://www.cesnet-l.net/	
Social Media Outlets		
Personal Professional Facebook Page	https://www.facebook.com/sarahbeth.anderson.3	
Personal LinkedIn Profile	https://www.linkedin.com/in/sarahbethanderson/	
Cookeville Counselor Connection Group	https://www.facebook.com/groups/1504136797080155	
UTK Counseling Programs Page	https://www.facebook.com/utkcoun	
ASU CMHC & Community Counseling Alumni Network Group	https://www.facebook.com/groups/450899721654807	
ASU EXA Alumni Group	https://www.facebook.com/groups/440411629856519	
Professional Connections & Colleagues		
Melissa Spaulding, LPC-MHSP-S	Co-Owner of Grove: Healing Collective, Cookeville, TN	melissa@grovehealingcollective.org
Susan Frietag, LPC-MHSP-S	Co-Grove: Healing Collective, Cookeville, TN	susan@@grovehealingcollective.org
Lillian Ramey, LCSW	Owner of RiverSage Family Counseling, Durango, CO	lillian@riversagefamilycounseling.org
EJ Horrocks, LPC	Owner of Shivelight Counseling, Bayfield, CO	ej@shivelightcounseling.com
Mary Burchard, LMHCA	Counselor at Unity Care, Bellingham, WA	linkedin.com/in/mary-burchard-8b520616
Bethany Russell, LPC	Counselor at Bethany Russell, Denver, CO	https://www.bethanyrussell.com/

Dr. Melia Snyder, LPC, REAT	Therapist at Center for Psychology, Rogers, AR	drmeliasnyder@gmail.com

Appendix 2b. Recruitment Flyers

Recruitment Text

Research participants invited to be a part of an arts-based narrative inquiry on:

Counselors' Grief Experiences

Grief is a natural response to a death or non-death loss

If you are a licensed professional counselor and have experienced significant death or non-death loss(es) and grief, you are invited to join as a participant for my dissertation study on how counselors' integrate their grief experiences within their professional identities.

Participants will be asked to complete a 60-90 minute interview as part of an Narrative Inquiry qualitative study during which I will ask you to share your experience with your loss(es) and how they have influenced you as a counselor. Identities of participants will remain anonymous in writing.

To be eligible, you must:

- Be 18+ years of age
- Be a provisionally or fully licensed professional counselor
- Have graduated from a CACREP-accredited counseling program
- Have experienced significant death or non-death loss(es) and grief

Those who complete the full study will be entered into a drawing for a \$25 gift card to Amazon.

For more information, please contact Beth Anderson Walker at (931) 267-0451 or sander96@vols.UTK.edu.

RESEARCH PARTICIPANTS INVITED TO BE A PART OF
AN ARTS-BASED NARRATIVE INQUIRY ON:

COUNSELORS' GRIEF EXPERIENCES

If you are a licensed professional counselor and have experienced significant death or non-death loss(es) and grief, you are invited to join as a participant for my dissertation research on how counselors' integrate their grief experiences within their professional identities.

Participants will be asked to complete a 60-90 minute interview as part of an Narrative Inquiry qualitative study during which I will ask you to share your experience with your loss(es) and how they have influenced you as a counselor. Identities of participants will remain anonymous in writing.

To be eligible, you must:

- Be 18+ years of age
- Be a provisionally/fully licensed professional counselor, school counselor, or have had your license in retirement for less than 2 years
- Have graduated from a CACREP-accredited counseling program
- Have experienced significant death or non-death loss(es) and grief that you feel may have influenced your professional identity.

Those who complete the full study will be entered into a drawing for a \$25 gift card to Amazon.

For more information, please contact Beth Anderson Walker
at (931) 267-0451 or sander96@vols.UTK.edu.

RESEARCH PARTICIPANTS INVITED TO BE A PART OF
AN ARTS-BASED NARRATIVE INQUIRY ON:

COUNSELORS' GRIEF EXPERIENCES

GRIEF IS A NATURAL RESPONSE TO
A DEATH OR NON-DEATH LOSS

If you are a licensed professional counselor and have experienced significant death or non-death loss(es) and grief, you are invited to join as a participant for my dissertation research on how counselors' integrate their grief experiences within their professional identities.

Participants will be asked to complete a 60-90 minute interview as part of an Narrative Inquiry qualitative study during which I will ask you to share your experience with your loss(es) and how they have influenced you as a counselor. Identities of participants will remain anonymous in writing.

To be eligible, you must:

- Be 18+ years of age
- Be a provisionally/fully licensed professional counselor, school counselor, or have had your license in retirement for less than 2 years
- Have graduated from a CACREP-accredited counseling program
- Have experienced significant death or non-death loss(es) and grief that you feel may have influenced your professional identity.

Those who complete the full study will be entered into a drawing for a \$25 gift card to Amazon.



For more information, please contact Beth Anderson Walker
at (931) 267-0451 or sander96@vols.UTK.edu.

Appendix 2c. Research Participant Recruitment Email

Subject: Invitation to Participate in Research Study: Exploring Counselor Identity and Grief Integration

Dear [Recipient's Name],

I hope this email finds you well. My name is Beth Anderson Walker, and I am a counselor education doctoral candidate at The University of Tennessee - Knoxville. I am reaching out to invite you and those within your counseling setting to participate in my qualitative dissertation research study, a narrative inquiry exploring the integration of grief experiences into the professional identity of counselors.

As a licensed counselor, your unique insights and experiences are invaluable to our research. We are interested in understanding how personal losses shape your professional roles, relationships, and counseling practices. Your participation will contribute to a deeper understanding of counselor identity development and enhance our knowledge in the field of counseling.

Here are some key details about the study:

- Eligibility:
 - 18 years or older
 - Graduate of a CACREP-accredited counseling program
 - Provisionally, fully licensed as professional counselors, (clinical mental health and school counselors), or inactive for less than two years
 - Have experienced at least one significant loss and grief experience
- Study Procedures:
 - Participation involves a Life Story Interview, where you will share your personal experiences of grief and integration into your counseling practice.
 - You will also be asked to engage in arts-based reflection activities. This activity will be guided by the facilitator. You do not have to have any prior art experience. The focus is more on the meaning of what is made and the process of making it, rather than the end product of what is made.
- Confidentiality:
 - Your participation will be confidential and your identity will be anonymous in all research outputs.

Your involvement in this study will help us shed light on the complexities of counselor identity and contribute to improving education, supervision, practices, and support systems for counselors.

If you are interested in participating or would like more information about the study, please click the link below to access the Qualtrics form:

[Link to Qualtrics form]

If you do not meet the above criteria, but are in need of mental health support, please know that you are not alone. While we will not be able to support you through this study, we hope you'll seek support with local/regional/national mental health providers and services. We have included a list of local resources below. (Note: We are NOT connected with, supported by, in partnership with, or endorse any of the following organizations or the quality of their services):

- Psychology Today - www.psychologytoday.com
- National Suicide Prevention Lifeline (1-800-273-8255)
- Tennessee Crisis Phone Line (855-274-7471)
- The Refuge Center for Counseling - Franklin, TN -
 - www.refugecenter.org - (615) 591-5262
- Grief Share - www.griefshare.org
- Caring Bridge - www.caringbridge.org
- Good Grief - www.good-grief.org/resources

Thank you for considering participation in our research. Your willingness to share your story is greatly appreciated and will make a meaningful impact in advancing our understanding of the integration of loss and grief experiences within counselor professional identity.

Should you have any questions or concerns, please feel free to reach out to me at sander96@vols.utk.edu or call (931) 267-0451.

Warm regards,

Beth Anderson Walker, MA, NCC, LPC-MHSP
Researcher & Counselor Education Doctoral Candidate
University of Tennessee - Knoxville

Appendix 2d. Qualtrics Participant Screening Form

Participant Screening Form

Thank you for your interest in participating in our research study. Please take a moment to complete this screening form to determine your eligibility to participate.

Identity Verification:

- ☐ Please type the word "HUMAN" in the box below to confirm that you are a human participant providing genuine responses to this survey.
- ☐ [Text Box]

☐ Age:

- ☐ Are you 18 years of age or older?
 - ☐ Yes
 - ☐ What age? _____
 - ☐ No (If "No," you are ineligible to participate.)

☐ Education:

- ☐ Did you graduate from a CACREP-Accredited University?
 - ☐ Yes
 - ☐ If so, what university and program? _____
(for verification purposes)
 - ☐ No (If "No," you are ineligible to participate.)

☐ Occupation:

- ☐ Are you currently employed as a licensed or temporarily licensed counselor, equivalent to Licensed Professional Counselor (LPC) status?
 - ☐ Yes
 - ☐ Provisional/Temporary Licensed
 - ☐ Fully Licensed
 - ☐ How long have you been licensed? _____
 - ☐ No (If "No," you are ineligible to participate.)

☐ Loss Experience:

- ☐ Have you experienced at least one significant loss that you have grieved or are currently grieving?
 - ☐ Yes
 - ☐ No (If "No," you are ineligible to participate.)
- ☐ If yes, please review the following checklist based on the Loss History Checklist Revised (Harris, 2020) and indicate all that apply to you:

- ☐ A. Losses through death of:
- ☐ Biological mother
 - ☐ Adopted mother
 - ☐ Foster mother(s)
 - ☐ Biological father
 - ☐ Adopted father
 - ☐ Foster father(s)
 - ☐ Brother(s)
 - ☐ Sister(s)
 - ☐ Spouse(s)
 - ☐ Child(ren)
 - ☐ Grandmother(s)
 - ☐ Grandfather(s)
 - ☐ Companion/lover
 - ☐ Other relative(s)
 - ☐ Please indicate relationship: _____
 - ☐ Friend(s)
 - ☐ Counselor/Therapist
 - ☐ Teacher/Mentor
 - ☐ Support person(s)
 - ☐ Pet(s)
 - ☐ Other(s)
 - ☐ Please describe: _____
- ☐ B. Relationship losses that did not involve death:
- ☐ My own divorce
 - ☐ My own separation
 - ☐ Loss of romantic/life partner
 - ☐ Divorce of parents
 - ☐ Separation of parents
 - ☐ Loss of neighbor(s)
 - ☐ Loss of friendship(s)
 - ☐ Loss of co-worker(s)
 - ☐ Loss of doctor(s)
 - ☐ Loss of teacher(s)/mentor(s)
 - ☐ Loss of support person(s)
 - ☐ Loss of counselor/therapist
 - ☐ Loss of contact with parent(s) (biological/adopted/foster)
 - ☐ Loss of contact with child(ren)
 - ☐ Inability to have children (infertility or otherwise)
 - ☐ Loss of contact with sibling(s)
 - ☐ Loss of contact with friend(s)

- ☐ Temporary separation due to employment, military deployment, or other reasons
- ☐ C. Other losses (non-death/abstract losses) such as:
 - ☐ Loss of home/residence
 - ☐ Loss of community
 - ☐ Loss of support services
 - ☐ Loss of possessions
 - ☐ Being homeless
 - ☐ Loss of identity
 - ☐ Abuse (all forms)
 - ☐ Loss of job
 - ☐ Loss of a career
 - ☐ Loss of ability to work
 - ☐ Loss of independence
 - ☐ Loss of potential
 - ☐ Loss of freedom
 - ☐ Loss of control
 - ☐ Loss of time/years
 - ☐ Loss of dreams
 - ☐ Loss of physical health
 - ☐ Loss of mental health
 - ☐ Loss of spiritual connection*
 - ☐ Loss of spirituality/faith
 - ☐ Loss of vision
 - ☐ Loss of hearing
 - ☐ Loss of physical functioning
 - ☐ Loss of a limb
 - ☐ Loss of life as it was
 - ☐ Loss of hope
 - ☐ Loss of sexuality
 - ☐ Loss of personhood
 - ☐ Loss of trust
 - ☐ Loss of neighborhood
 - ☐ Frequent moves
 - ☐ Loss of childhood/innocence
 - ☐ Loss of country/homeland (refugee/resettlement)
 - ☐ Loss of confidence
 - ☐ Loss of self-esteem
 - ☐ Bad accident or fire
 - ☐ Loss of respect
 - ☐ Loss of privacy

- ☐ Loss of future as desired or imagined
- ☐ Other:
 - ☐ Please describe: _____
- ☐ Significant impact of historical events and acts of violence, oppression, terrorism, or hate against a group of people or community (impact on self, significant others, or community)*:
 - ☐ Holocaust
 - ☐ September 11, 2001
 - ☐ Act(s) of terrorism
 - ☐ COVID-19 pandemic*
 - ☐ Relocation of Native American from native lands to reservations*
 - ☐ Native American Boarding Schools*
 - ☐ Enslavement of Black/African Americans*
 - ☐ War in Ukraine*
 - ☐ War/Genocide in Palestine
- ☐ Civil Unrest
 - ☐ Please specify: _____
- ☐ Political Conflicts
 - ☐ Please specify: _____

*indicates an addition to Loss History Checklist - Revised (Harris, 2020)

☐ **Consent:**

- ☐ By continuing with this survey, you confirm that you have read the information provided above and consent to participate in the research study.

Please Note: Your participation in this study is voluntary, and you may withdraw at any time without penalty. Your responses will remain confidential and will only be used for research purposes. If you have any questions or concerns about the study, please contact the principal investigator at [contact information].

Thank you for your time and cooperation.

[Continue Button]

Appendix 2e. Qualtrics Participant Demographic Form

Participant Demographic Form

We are committed to inclusivity and respect for all individuals' identities. Please complete the following demographic information to help us understand the diversity of our participants. The intention in gathering this information is to best capture the diversity among our participants and reflect the most accurate representation as possible. You are not required to answer anything that would potentially expose or be used to discriminate against you during the screening process, during your interview, or after potential publication of the research. Your responses will remain confidential and will be used for research purposes only. Your own discretion is encouraged.

- ☐ Personal Information:
 - ☐ Name: [Optional]
 - ☐ Age: [Optional]
 - ☐ Email: [Optional]
- ☐ Gender Identity:
 - ☐ Female
 - ☐ Male
 - ☐ Non-binary
 - ☐ Genderqueer
 - ☐ Genderfluid
 - ☐ Agender
 - ☐ Two-spirit
 - ☐ Prefer not to say
 - ☐ Other (Please specify): _____
- ☐ Sexual Orientation:
 - ☐ Heterosexual
 - ☐ Homosexual
 - ☐ Bisexual
 - ☐ Pansexual
 - ☐ Asexual
 - ☐ Queer
 - ☐ Questioning
 - ☐ Prefer not to say
 - ☐ Other (Please specify): _____
- ☐ Race/Ethnicity:
 - ☐ Asian/Pacific Islander

- ☐ Black/African American/Afro-Caribbean
- ☐ Hispanic/Latinx
- ☐ Native American/Indigenous
- ☐ European/White/Caucasian
- ☐ Multiracial/Multiethnic
- ☐ Other (Please specify): _____
- ☐ Education Level:
 - ☐ High School/GED
 - ☐ Some College/Associate's Degree
 - ☐ Bachelor's Degree
 - ☐ Master's Degree
 - ☐ Doctoral Degree
 - ☐ Professional Degree (e.g., MD, JD)
 - ☐ Other (Please specify): _____
- ☐ Professional Background:
 - ☐ Licensed Counselor/Psychotherapist
 - ☐ Counselor in Training/Intern
 - ☐ Social Worker
 - ☐ Psychologist
 - ☐ Psychiatrist
 - ☐ Other Mental Health Professional (Please specify): _____
 - ☐ Other (Please specify): _____
- ☐ Years of Experience in Counseling or Mental Health Field:
 - ☐ Less than 1 year
 - ☐ 1-3 years
 - ☐ 4-7 years
 - ☐ 8-10 years
 - ☐ More than 10 years
- ☐ Additional Comments or Information:

[Text Box]

Thank you for taking the time to complete this demographic form. Your participation is essential in ensuring that our research is inclusive and representative of diverse perspectives. If you have any questions or concerns, please feel free to reach out to us.

[Submit Button]

Appendix 2f. Invitation to Participate in Research Study

Subject: Follow-Up: Invitation to Participate in Research Study

Dear [Recipient's Name],

I hope this email finds you well. I am writing to follow up on my previous invitation to participate in our research study exploring the integration of grief experiences into the professional identity of counselors.

Based on your responses, *you meet the eligibility criteria for the study, and we would be delighted to have you join us as a participant.* Your insights and experiences as a licensed counselor will provide valuable contributions to our research.

Here are some additional details about the study:

- **Study Procedures:** Participation involves a Life Story Interview, where you will share your personal experiences of grief and integration into your counseling practice. You will also engage in arts-based reflection activities. You do not have to have prior arts experience and will be guided through the activity by the facilitator. You are encouraged to have your own arts materials, such as paper, markers, pens, etc. for this activity.
- **Confidentiality:** Your participation will be confidential, and your identity will be anonymous in all research outputs.
- **Scheduling:** We will work with you to schedule a convenient time for the interview, which typically lasts between 60 to 90 minutes.

If you would like to continue moving forward, we would like to schedule a meeting time for the interview. Below you'll see times that we can offer you some available time options to choose from. Although we anticipate that the interview will take 60-90 minutes, please plan 90-120 minutes for the interview, in case we experience potential technological and other unforeseen circumstances. Interviews will be conducted via a HIPAA compliant Zoom platform. You will need stable internet access and the Zoom application downloaded on your computer or mobile device.

Please review the following time slots and let us know which one works best for you:

Monday, [Date], between 9:00 AM - 12:00 PM

Tuesday, [Date], between 1:00 PM - 4:00 PM

Wednesday, [Date], between 10:00 AM - 1:00 PM

If none of the above options are suitable for you, please let us know your availability, and we will do our best to accommodate your schedule.

To confirm your preferred time slot or suggest an alternative time, please reply to this email with your selection. Once we receive your response, we will send you a calendar invitation with the details of your scheduled interview and a private Zoom link to your specific interview.

Lastly, please review and e-sign the Research Participant Consent form by clicking on the link below.

If you have any questions or need further assistance, please don't hesitate to reach out to us. We are here to support you throughout the process and ensure that your participation is as smooth and comfortable as possible.

Thank you again for your participation and contribution to our research study. We look forward to hearing from you soon and scheduling your interview.

Warm regards,

Beth Anderson Walker, MA, NCC, LPC-MHSP
Researcher & Counselor Education Doctoral Candidate
University of Tennessee - Knoxville

[Link to Qualtrics form]

Once we receive your confirmation and identify potential meeting times, we will email you with those options to schedule your interview.

Thank you once again for considering participation in our research. We look forward to hearing from you and having you as a valued participant in our study.

Warm regards,

Beth Anderson Walker, MA, NCC, LPC-MHSP
Researcher & Counselor Education Doctoral Candidate
University of Tennessee - Knoxville

Appendix 2g. Consent for Research Participation Form

Consent for Research Participation

Research Study Title: Counselors' Integration of Grief within Professional Identity:
A Narrative Inquiry

Researcher(s):

Beth Anderson Walker, Doctoral Candidate, UTK
Dr. Joel Diambra, Faculty, UTK
Betsy Johnson, Doctoral Candidate, UTK

Introduction

You are invited to participate in a research study that aims to explore the integration of grief experiences into the professional identity of counselors. Before you decide whether or not to participate, it is important for you to understand the purpose of the study, what your participation will involve, and the potential risks and benefits of participating.

Purpose of the Study

The purpose of this study is to gain a deeper understanding of how counselors integrate grief experiences into their professional identities. By exploring counselors' lived experiences and meaning-making processes, we seek to enhance our understanding of counselor identity development and the impact of personal experiences on professional roles and relationships.

Why am I being asked to be in this research study?

We are asking you to be in this research study because:

- You are 18+ years of age.
- You have graduated from a CACREP-Accredited counseling program.
- You are provisionally or fully licensed as a professional counselor.
- You have experienced significant death and/or non-death related loss(es) and grief that you feel have impacted your professional identity as a counselor

How long will I be in the research study?

The full length of your participation in this study will be no more than twelve weeks (approximately 3 months), including the pre-screening, one-time (approx.) 90 minute interview, and the review and approval/suggested revisions of your de-identified interview transcript and researchers initial coding/themes during data analysis.

What will happen if I say “Yes, I want to be in this research study”?

If you agree to participate in this study, you will be asked to:

- Participate in a Life Story Interview, where you will share your personal experiences of grief and integration into your counseling practice.
- Engage in digital and verbal reflection activities, where you will create a meaning-making artifact inspired by your personal and professional experiences.
- Review and approve the transcript of your interview for accuracy and completeness.

What happens if I say “No, I do not want to be in this research study”?

Being in this study is up to you. You can say no now or leave the study later. You will not be penalized in any way. Either way, your decision won't affect your relationship with the researchers or the University of Tennessee. You can agree to take part and later change your mind. Your decision will not be held against you. You can ask all the questions you want before you decide. You do not have to answer any question you do not want to answer.

Instead of participating in the study, you may choose to contact your health care provider to discuss other alternatives to manage your wellness.

What happens if I say “Yes” but change my mind later?

If you decide to be in the study now, you can change your mind and stop at any time.

If you decide to stop before the study is completed, please inform us and we will remove your information from the data collection before the end of the last session. Data, after the last session will be encrypted and unidentifiable. We will not be able to retrieve your individual data after that point.

Potential Risks

Participation in this study may involve emotional discomfort as you reflect on your grief experiences.

Are there any benefits to being in this research study?

There is a possibility that you may benefit from being in the study, but there is no guarantee that will happen. Sharing your story may also provide a sense of catharsis and contribute to a deeper understanding of counselor identity development.

Who can see or use the information collected for this research study?

We will protect the confidentiality of your information by the use of secure data storage systems, Qualtrics a HIPAA compliant online survey software will collect the pre-screening information. All paper or hard copy information will be locked in a file cabinet in the research office. Assessment data will be coded and will not be traceable back to you. Your data will only be intended to be seen by the research team.

The data collected from this study may be used to develop publications and presentations that identify the effectiveness of horticulture and nature-based expressive arts impacts on holistic wellness. If information from this study is published or presented at scientific meetings, your name and other personal information will not be used.

We will make every effort to prevent anyone who is not on the research team from knowing that you gave us information or what information came from you. Although it is unlikely, there are times when others may need to see the information we collect about you. These include:

- Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research.
- If a law or court requires us to share the information, we would have to follow that law or final court ruling.

What will happen to my information after this study is over?

We will not keep your information to use for any additional research purposes other than those intended for the study described in this form. Your name and other information that can directly identify you will be deleted from your research data

collected as part of the study. Any forms and assessments will be destroyed at the end of data analysis.

We will not share your research data with other researchers.

Will I be paid for being in this research study?

You will be paid/compensated via a \$50 gift card for being in this study.

Will it cost me anything to be in this research study?

If you agree to be in this study, you will need to provide your own means of transportation to and from the UT Gardens on University of Tennessee-Knoxville campus.

You will not be charged additional fees to participate in this study.

What else do I need to know?

About 10 people will take part in this study.

We may need to stop your participation in the study without your consent if you do not maintain the confidentiality agreement of others participating in the study, you do not follow the basic rules of the study consistently (missing multiple weeks, arriving late, or leaving early; attending, but consistently not participating in group activities) or in the event that the study cannot be completed due to unforeseen circumstances.

We use procedures to lower the possibility of these risks happening. Even so, you may still experience problems or injury, even when we are careful to avoid them. Please tell the researcher in charge, Sarah Beth Anderson Walker (865) 888-7172) or Dr. Derrick Stowell (865-974-7151) about any scrapes, cuts, bee stings, sunburns, or other problems that you have during this study. If physical injury occurs during the study, first aid will be provided.

The University of Tennessee does not automatically pay for medical claims or give other compensation for injuries or other problems.

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers, Beth Anderson Walker (sander96@vols.utk.edu, (865) 888-7172).

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board
The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697
Email: utkirb@utk.edu

STATEMENT OF CONSENT

I have read this form and the research study has been explained to me. I have been given the chance to ask questions and my questions have been answered. If I have more questions, I have been told who to contact. By signing this document, I am agreeing to be in this study. I will receive a copy of this document after I sign it.

Name of Adult Participant
Date

Signature of Adult Participant

Researcher Signature (to be completed at time of informed consent)

I have explained the study to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to be in the study.

Name of Research Team Member
Date

Signature of Research Team Member

Appendix 2h. Participant Non-Acceptance Email

Subject: Update: Research Study Participation

Dear [Participant's Name],

I hope this email finds you well. I am writing to provide you with an update regarding your participation in our research study on the integration of grief experiences into the professional identity of counselors.

After carefully reviewing your responses, we regret to inform you that you do not meet the eligibility criteria for participation in the study or that we have met saturation of our research at this time. We sincerely appreciate your interest and willingness to contribute, and we want to thank you for taking the time to consider our invitation.

If you have any questions about the eligibility criteria or would like further clarification, please do not hesitate to reach out to us. While you may not be able to participate in this particular study, we hope there will be opportunities for future collaboration or involvement in research endeavors.

If you are not able to join us for this, but are in need of mental health support, please know that you are not alone. We hope you'll seek support with local/regional/national mental health providers and services. We have included a list of local resources below. (Note: We are NOT connected with, supported by, in partnership with, or endorse any of the following organizations or the quality of their services):

- Psychology Today - www.psychologytoday.com
- National Suicide Prevention Lifeline (1-800-273-8255)
- Tennessee Crisis Phone Line (855-274-7471)
- The Refuge Center for Counseling - Franklin, TN -
 ○ www.refugecenter.org - (615) 591-5262
- Grief Share - www.griefshare.org
- Caring Bridge - www.caringbridge.org
- Good Grief - www.good-grief.org/resources

Thank you again for your interest and support. We wish you all the best in your endeavors and appreciate your understanding.

Warm regards,

Beth Anderson Walker, MA, NCC, LPC-MHSP
Researcher & Counselor Education Doctoral Candidate
University of Tennessee - Knoxville

Appendix 2i. Participant Appointment Email

Subject: Confirmation: Scheduled Interview for Research Study Participation

Dear [Participant's Name],

I hope this email finds you well. We are excited to confirm your scheduled interview for our research study on the integration of grief experiences into the professional identity of counselors.

Interview Details:

- Date: [Date of Interview]
- Time: [Time of Interview]
- Duration: Approximately [Duration of Interview] minutes

HIPAA-compliant Zoom Link:

[Insert Zoom Meeting Link Here]

Interview Protocol:

During the interview, we will conduct a Life Story Interview where you will have the opportunity to share your personal experiences of grief and integration into your counseling practice. Additionally, we will engage in arts-based reflection activities, so please have arts materials such as paper, pens, markers, crayons, etc., readily available.

Please note that the interview will be audio-recorded and transcribed verbatim for research purposes. Rest assured that your participation will remain confidential and your identity will be anonymous in all research outputs. Only I will know your identity at the time of the interview. Prior to your interview, I may send you any additional instructions or information you may need to prepare. If you have any questions or concerns in the meantime, please feel free to reach out to me.

Post-Interview:

After the interview, your information will be de-identified. Upon transcription and de-identification of your interview, my research team will return a copy for your review and approval. You will have an opportunity to make corrections or request to mask or withdraw any statements. If we do not hear from you after a designated time, we will assume that you have reviewed this and give your approval.

After your transcript has been reviewed and approved by you, my research team and I will begin the analysis phase. After our initial analysis, we will send you a copy of our initial findings, codes, and themes for your review and approval. If we do not hear from

you after a designated time, we will assume that you have reviewed this and give your approval.

Thank you again for your participation and willingness to share your insights with us. Your contribution is invaluable to our research, and we look forward to hearing your story.

Warm regards,

Beth Anderson Walker, MA, NCC, LPC-MHSP
Researcher & Counselor Education Doctoral Candidate
University of Tennessee - Knoxville

Appendix 2j. Transcript Review & Approval/Edit Request Email

Subject: Thank You for Your Participation: Interview Transcript Review

Dear [Participant's Name],

I hope this email finds you well. I wanted to extend my sincerest gratitude for your participation in our research study on the integration of grief experiences into the professional identity of counselors.

Your insights and experiences shared during the interview were incredibly valuable and I want to thank you for your openness and willingness to contribute to our study.

I am writing to inform you that the transcript of your interview has been prepared and I would like to invite you to review it for accuracy. Your input is essential in ensuring that your narrative is faithfully represented in our research findings.

Please find the transcript attached to this email. I kindly ask you to take some time to review it and make any edits or corrections as needed. Please reply with your approval or edits by [DATE]. If you have any concerns or questions about the transcript, please don't hesitate to reach out to me. Your feedback is highly appreciated, and we want to ensure that the transcript accurately reflects your experiences and perspectives.

Once you have reviewed the transcript and made any necessary edits, please send it back to me along with your approval for its use in our research. If you approve the transcript as is, simply let me know, and we will proceed accordingly. If I do not hear from by [DATE], it will be assumed that you approve the transcript as it stands.

Thank you once again for your valuable contribution to our study. Your participation has been instrumental in advancing our understanding of counselor identity and grief integration.

Warm regards,
Beth Anderson Walker, MA, NCC, LPC-MHSP
Researcher & Counselor Education Doctoral Candidate
University of Tennessee - Knoxville

[Attach Transcript]

**Appendix 2k. Review and Approval of Interview Transcript:
Data Analysis Phase Email**

Subject: Review and Approval of Interview Transcript: Data Analysis Phase

Dear [Participant's Name],

I hope this email finds you well. I am writing to follow up on our previous correspondence regarding the transcript of your interview for our research study on the integration of grief experiences into the professional identity of counselors.

As we move into the data analysis phase of our study, we are reaching out to invite you to review the finalized transcript, initial themes, and codes of your interview. Your input is crucial in ensuring the accuracy and integrity of our research findings.

Attached to this email, you will find the finalized transcript and the researcher teams initial themes and codes created from your interview. We kindly ask you to review it carefully and provide your approval or any suggestions for edits or masking. Your feedback will help us ensure that your narrative is accurately represented and that any sensitive information is appropriately protected.

If you are satisfied with the transcript and approve it for use in our research, please respond to this email with your approval. If you have any suggestions for edits or masking to protect your confidentiality or the confidentiality of others mentioned in the interview, please provide specific details or instructions. Please respond with your approval or suggestions for edits by [DATE] or it will be assumed that you approve of the transcript, themes, and codes as they stand.

Your participation in this review process is greatly appreciated and we value your contributions to our study. If you have any questions or need further clarification, please do not hesitate to reach out to me.

Thank you once again for your collaboration and support throughout this research endeavor. We look forward to hearing from you soon.

Warm regards,

Beth Anderson Walker, MA, NCC, LPC-MHSP
Researcher & Counselor Education Doctoral Candidate
University of Tennessee - Knoxville

[Attach Transcript]

Appendix 3. Data Collection Guidelines

Appendix 3a. Life Story Interview Script

Counselors' Integration of Grief Experiences Within Professional Identity

Life Story Interview Protocol

Introduction:

Welcome to our interview on how counselors' grief experiences are integrated within their professional identities. Thank you for participating in this life story interview. I appreciate your willingness to share your experiences as a counselor, as well as moments of significant loss and grief.

The purpose of this interview is to explore how your personal experiences with grief and loss have influenced your professional identity as a counselor. We will explore various aspects of your journey, including your meaning-making of losses, their impact on your counseling relationships, your role, education, theoretical orientation, and the support you received.

Your insights will contribute to a deeper understanding of the complex dynamics between personal experiences and professional identity. Your stories will be treated with confidentiality. Please feel free to share as much or as little as you are comfortable with.

Before we get started, do you have any questions?

[If yes, take time to answer...]

[If no, proceed...]

Ok, let's begin!

Please select a pseudonym that you would like to use for your interview, or if you would like, I can choose one for you. This will help ensure confidentiality of your information and personal identity.

Part 1: Timeline Introduction

We will begin by creating a timeline of your professional identity development and your significant loss and grief experiences. Using the timeline I'm sharing with you [drop link with *Figure 1* into the chat with a private Canva link that allows us both to see and interact with the same timeline] as a guide. If you need technical assistance, I can help you create the text boxes, font colors, and placement of significant moments.

Part 2: Timeline of Professional Identity Development

The timeline is broken down into a few different sections: 1) the entire lifespan from birth until age 80 with 10 year increments indicated by the larger lines and 5 year increments in between designated by smaller lines in between. On one side, as indicated on the lower left side, you will write or type your significant moments of your professional identity development. On the other side, as indicated on the upper left hand side, you will write or type a few significant loss and grief experiences. You will have approximately 10 minutes per side before we transition to the remainder of the interview and reflecting on this.

For PID side:

Please indicate key milestones in your journey, such as:

- 1) when you first became interested in becoming a counselor,
- 2) starting the graduate school process,
- 3) graduating,
- 4) undergoing the licensure process, and
- 5) any additional training, education, and specializations you sought along the way.

We're interested in understanding the progression of your career and the factors that have influenced it.

Part 3: Personal Loss and Grief Timeline

Next, we'll explore your personal loss and grief experiences. Using the same timeline, please share significant life moments and losses you've encountered throughout your life. Reflect on how these experiences have shaped your personal and professional growth. We're particularly interested in understanding how your experiences with grief have impacted your journey as a counselor.

Steps:

- Create a timeline of your personal loss and grief experiences, including significant life moments and death and non-death losses.

Part 4: Reflection on Integration Process

Taking a few moments to review and reflect on your timeline, walk me through the stories of your timelines and how their different points overlap or may have been influenced by one another. Tell me the story of how your

Probing Questions:

- When did your loss/grief experiences occur/overlap
- How, if at all, do you feel your personal loss and grief experiences influenced your counselor professional identity development?
- How, if at all, did it influence how you saw the counseling relationship and your role within it?
- How, if at all, did it influence your education and the training you sought out?
- How did it influence your theoretical orientation and the techniques/interventions you use with clients?
- What internal and external supports did you have throughout this process?
 - Internally: What coping strategies, whether considered positive or negative, did you gravitate towards?

- Externally: What people and relationships did you have to support you during this process, such as family, friends, peers, fellow students, instructors, supervisors, or professional counselors?

Part 5: Meaning-Making & Metaphor Identification

Now, after reflecting on your integration process, I'd like you to identify a metaphor that describes your understanding of your counselor identity and how, if so, you've integrated grief into your identity as a counselor. A metaphor is a powerful tool for expressing complex experiences and emotions. Take some time to think about a metaphor that resonates with you and discuss its significance. How does this metaphor represent your experiences and journey?

Steps:

- Identify a metaphor that describes your professional identity development and how you have integrated grief into your identity as a counselor.
- Describe the metaphor.
- Discuss the significance of this metaphor and how it represents your experiences.

Part 6: Reflection on New Insights

As we conclude, I'd like you to reflect on any new information or insights that emerged for you during or after the interview. Take some time to consider how these insights may influence your future practice as a counselor. What aspects of your identity and experiences do you feel more connected to or have a deeper understanding of now?

Steps:

1. Reflect on any new information or insights that emerged for you during or after the interview.
2. Discuss how these insights may influence your future practice as a counselor.

Conclusion:

Thank you for sharing your story with me. Your participation in this interview is greatly appreciated and will contribute to the understanding of counselor identity and grief integration. If you have any further thoughts or reflections, please feel free to share them with me. From here, I will transcribe our conversation and email you a copy for you to review and an opportunity to add or clarify anything we discussed.

Thank you again and I will be in touch soon!

[End of Interview Protocol]

Appendix 4. Data Analysis

Appendix 4a. Six Phases of Reflexive Thematic Analysis (Braun & Clarke, 2019)

<i>Phase</i>	<i>Description of the process</i>	
1.	Familiarizing yourself with the dataset:	Transcribing data, reading and re-reading the data, making notes on initial analytic observations and insights, both in relation to each individual data item and the entire dataset.
2.	Coding:	Generating succinct labels (codes) that capture and evoke important features of the data relevant to addressing the research question(s). Involves coding the entire dataset, with two or more rounds of coding, and collating all codes and relevant data extracts together for later stages of analysis.
3.	Generating initial themes:	Examining codes and collated data to begin to develop significant broader patterns of meaning (potential themes). Involves collating data relevant to each candidate theme, while working with data and reviewing viability of each candidate theme.
4.	Developing and reviewing themes:	Checking candidate themes against coded data and the entire dataset to determine that they tell a story of the data that addresses the research question. Themes are further developed, split, combined, or discarded.
5.	Refining, defining and naming themes:	Developing a detailed analysis of each theme, working out the scope of each theme, and determining the 'story' of each. Involves deciding on an informative name for each theme.
6.	Writing up:	Weaving together the analytic narrative and data extracts and contextualizing the analysis in relation to existing literature.

Appendix 4b. Fifteen-Point Checklist for Reflexive TA (Clarke & Braun, 2022)

No.	Process	Criteria
1	Transcription	The data have been transcribed to an appropriate level of detail; all transcripts have been checked against the original recordings for 'accuracy'.
2	Coding and theme development	Each data item has been given thorough and repeated attention to the coding process.
3		The coding process has been thorough, inclusive and comprehensive; themes have not been developed from a few vivid examples (anecdotal approach).
4		All relevant extracts for each theme have been collated.
5		Candidate themes have been checked against coded data and back to the original dataset.
6		Themes are internally coherent, consistent, and distinctive; each theme contains a well-defined central organizing concept; any subthemes share the central organizing concept of the theme.
7	Analysis and interpretation -in the written report	Data have been <i>analyzed</i> -interpreted, made sense of- rather than just summarized, described or paraphrased.
8		Analysis and data match each other - the extracts evidence the analytic claims
9		Analysis tells a convincing and well-organized story about the data and topic; analysis addresses the research question.
10		An appropriate balance between analytic narrative and data extracts is provided.
11	Overall	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase, or giving it a once-over lightly (including returning to earlier phrases or redoing the analysis if need be).
12	Written report	The specific approach to thematic analysis, and the particulars of the approach, included theoretical position and assumptions, are clearly explicated.
13		There is a good fit between what was claimed and what was done (i.e., the described methods and reported analysis are consistent).
14		The language and concepts used in the report are consistent with the ontological and epistemological positions of the analysis.
15		The researcher is positioned as active in the research process; themes do not just 'emerge.'

VITA

Beth Anderson Walker, NCC, LPC-MHSP, is a licensed professional counselor specializing in grief and trauma support and owns her own practice in Tennessee. Beth earned her Master of Arts in Clinical Mental Health Counseling, as well as a certificate in Expressive Arts Therapy and a concentration in Body-Centered Therapy, from Appalachian State University in 2017. She has practiced as a counselor in Tennessee, Colorado, and Utah. While working as a graduate assistant at AppState alongside earning her degree, Beth became interested in counselor education and supporting future counselors. After earning her license, she learned of the certificate of Grief, Loss, and Trauma at the University of Tennessee - Knoxville and knew that it was the program for her. During her time at UTK, she served as the doctoral coordinator of the Grief Outreach Initiative and taught the grief support course to undergraduate and graduate students for three years. She considers it the highlight of her doctoral experience and a rich training ground to help solidify her love of teaching and grief education. Beth's clinical and research interests include grief and trauma-informed therapy, creativity and expressive arts, complementary and alternative therapeutic modalities, post-traumatic growth, counselor identity development, and the wounded healer phenomenon.