EFFECTIVENESS OF COUNSELLING IN NON-DEATH GRIEF AFRICAN, ASIAN AND EUROPEAN IMMIGRANTS

This Research study is submitted to Dublin Business School of Arts in part fulfilment of the requirements for the award of B.A (Hons) in Counselling and Psychotherapy.

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ABSTRACT

EFFECTIVENESS OF NON-DEATH GRIEF COUNSELING FOR AFRICAN, ASIAN, AND EUROPEAN IMMIGRANTS

Immigrant women adjusting or acculturating in a new culture present with distress, somatic concerns, acculturation and social support issues, depression, and grief that require appropriate counselling to deal with. This research examines immigrants' and refugees' experience of non-death grief issues related to the loss of home and identity and determines the effectiveness of a brief non-death grief counselling program on immigrant women’s ratings of grief experience. Additionally, the purpose of the study is to examine the differences in grief reactions of these three groups and the effects of length of stay in Ireland. Prior research has shown that immigrant groups are in need of non-death related grief counselling to deal with the losses they have experienced. This research focuses on three groups of female immigrants: Asians, Europeans, and Africans. Acculturation is discussed in the context of the loss that accompanies it. The loss of ones prior customs and way of life is traumatic for many immigrant women and can lead to short- and long-term stress with social and emotional symptoms and potential Posttraumatic Stress Disorder symptoms. The symptoms are multiple and include a range of physical complaints, depression, sadness, and grief. With immigrants losing touch with their families, their prior status, their familial roots, and familiar support systems, they are also having trouble with coping with the symptoms of emotional and physical pain. Financial changes, identity changes, loss of friendships, and loss of their cultural identities exacerbate these problems. Immigrants also experience culture shock which exacerbates the stress associated with the various losses they have suffered.
Treatment programs for immigrant women are most successful when they draw from a cultural pluralist or multicultural framework.
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EFFECTIVENESS OF COUNSELLING IN NON-DEATH GRIEF AFRICAN, ASIAN, AND EUROPEAN IMMIGRANTS

CHAPTER 1

Introduction

Introduction to the Problem

Continuing high immigration to Ireland is driving a substantial population increase, according to recent figures from the Central Statistics Office (CSO).

In the year ending in April, 2007, the total number of immigrants that entered Ireland was 109,500 -- up almost 2,000 over the previous year and substantially higher than for any other year since these specific immigration statistics began to be collected in 1987.

Immigration was responsible for nearly two-thirds of the population increase. However, statistics show that 48 percent of immigrants were nationals of the twelve new European Union member states that joined in 2004 and 2007.

More than half of immigrants were aged 25-44, while a further 28 percent were aged 15-24. One in ten immigrants were children under the age of 15. (Central Statistics Office 2009)

Immigrant and refugee populations in the U.S. have increased 44% since 1990 with estimates of up to 31 million foreign-born people living in America. One out of every ten people in the U.S. has an immigrant or refugee background (Chung, Bemak, Ortiz, & Sandoval-Perez, 2008). Chung et al. reported that immigration results in challenges for immigrants that must be comprehended in order to provide effective assistance and counselling to this population. Research has provided evidence
that immigrants and refugees face non-death-related losses such as loss of home and identity. These losses are traumatic and lead to short- and long-term stress with physical and emotional symptoms and potential Posttraumatic Stress Disorder (Barlow & Durand, 2008; Dugan, 2007; Mirdal, 2006; Phan, Rivera, & Roberts-Wilbur, 2005). These symptoms are multiple and include a range of physical complaints, depression, sadness, and grief. Studies of new immigrants and those who have lived in a new country for 20 years demonstrate findings that symptoms of grief continue and require a form of grief counselling to deal with grief reactions related to non-death losses (Henry & Associates, 2009; Humphrey, 2005; Mirdal, 2006).

Thus, immigrants are particularly prone to the experience of non-death related losses and related grief (Ward, Bochner, & Furnham, 2001). Typically, immigrants lose at least part of their family, their status, their familial roots, and their support systems. They also undergo financial changes, identity changes, loss of friendships, and loss of their cultural identities. Immigrants experience culture shock which exacerbates the stress associated with the various losses they have suffered (Chung & Bemak, 2002; Phan, Rivera, & Roberts-Wilbur, 2005; Ward et al., 2001). Immigrant women present with distress, somatic concerns, acculturation and social support issues, depression, and grief that require appropriate counselling to deal with (Chung, Bemak, & Wong, 2000; Nicolas, DeSilva, Subrebost, & Brelan-Nobel, 2007).

Literature findings reveal that there are multiple types of treatment modalities designed to help the immigrant population (Doron, 2005; Sveaass & Reichelt, 2001; Weine, Kulauzovic, Klebic, & Besic, 2008; Khamphakdy-Brown, Jones, Nilsson, Russell, & Klevens, 2006). These programs must include a multicultural focus
(Chung, 2001; Gozdziak, 2004; Villalba, 2009). Henry and associates (2009) reported further that immigrant groups need non-death related grief counselling to deal with the losses they have experienced. Findings support the use of this therapy to help immigrants (Arnold, 2006; Murray & Associates, 2008). However, research related to this issue is lacking which supports the need for the current study.

**Statement of the Problem**

The problem is that there is a lack of research findings and understanding of the effects of non-death grief counselling for immigrants. A study was needed to determine the effectiveness of a brief non-death grief counselling program on immigrant women’s ratings of grief reactions.

**Purpose of the Study**

The purpose of this research study is to investigate the effects of a brief, non-death grief counselling program on grief reactions of three groups of female immigrants: Asians, Europeans, and Africans. Additionally, the purpose of the study is to examine the differences in grief reactions of these three groups and the effects of length of stay in Ireland.

**Theoretical Orientation**

A theoretical frame of reference may be used to explain the orientation of this study. Malkinson (2001) presented cognitive behavioural therapy to deal with grief. This author noted that grief is a universal and a normal reaction to the death of a loved one or a significant loss. Stages of grief reactions have been proposed and for the normal grieving process the reactions are expected to be initially intense and decrease over time. The
bereaved individual seeks recovery with resolution and acceptance of the loss and this typical model suggest that grief work requires a gradual detachment of the bond to what was lost with the establishment of the new. While early views of the time frame needed for this process to take place included 12 months, this process is currently understood to be more complex. Malkinson proposed a cognitive behavioural model to deal with grief reactions and symptoms of anxiety, avoidance, depression and other grief reactions.

Malkinson (2001) stated that the cognitive view posits that loss is an adverse external event that cannot be controlled and loss changes the existence and belief system of the individual experiencing this loss. Emotions and behaviours are related to this change. Grief therefore includes cognitive and behavioural adaptations to the loss consequences. In this manner cognitions and emotions are important to consider. During acute phases of grief, emotions dominate over cognitions and therefore emotions have previously been the focus of grief interventions. Feelings of anger, depression, shame, and guilt or the lack of these feelings were dealt with to cope with grief reactions. However, cognitions are the focus in cognitive behavioural grief therapy since emotions result from beliefs and evaluations about the self, the situation, and the future.

Thus, Malkinson (2001) presented the cognitive behavioural model to deal with grief. With this approach psychopathological grief includes distorted thinking with excessive emotional reactions to include depression. Negative automatic thoughts inform the bereaved person about the situation, the self, the world, and the future. Since it is common for people to use these maladaptive cognitive processes to cope with stressful life events, it is important to change these cognitive distortions and irrational beliefs. Rational-emotive behaviour therapy (REBT) posits that reactions to grief are based on
cognitions that are either functional or dysfunctional. Death and loss leads to negative emotional reactions and these are tied to related cognitions. For example, a belief that life is change forever or life is no longer worth living, would promote a negative emotional response.

Malkinson (2001) presented the Adversity-Beliefs-Consequences (ABC) model of REBT to apply cognitive behavioural counselling to deal with grief and bereavement. With this model the cognitions are the key to the grief process. Use of this model allows the individual to distinguish between functional and dysfunctional cognitions. The minimisation of dysfunctional and self-defeating thoughts results in a decrease in negative emotional reactions such as depression, despair, anxiety, or guilt. With this treatment, irrational beliefs and resulting emotional and behavioural reactions are identified, individuals are taught the connection between these beliefs and consequences, and people are taught new functional cognitions related to grief responses. Application of this type of treatment for three months to deal with a grief response resulted in decreased depression and guilt and resolution of feelings related to loss in a female client in her late 20s.

**Significance of the Study**

The findings from this study provide an understanding of the effects of brief non-death grief counselling on three groups of immigrant women. This information is needed to understand the needs of this population and whether this type of counselling helps to decrease grief ratings. Findings also provide support for the efficacy of this non-death grief counselling for immigrants. Results are also needed to help guide future directions for research.
**Research Questions**

The research questions are as follows:

1. What are the effects of a brief non-death grief counselling program on immigrant women’s grief responses?
2. How do the effects of a brief non-death grief counselling program on immigrant women’s grief responses differ for Asians, Europeans, and Africans?
3. How does length of stay in Ireland affect grief response outcomes?

**Definition of Terms**

**Brief Non-Death Grief Counselling Program**

For the purpose of this study, brief non-death grief counselling program, is operationally defined as a specific program designed to help immigrants deal with the losses they face when they leave their home. These losses include and are not limited to loss of home, identity, culture, economic status, support system, friends, family, and employment opportunities as assessed by the study Information Survey.

**Grief Response**

For the purpose of this study, grief response is operationally defined as the total pre- and post-intervention IES-R score, reported by immigrant Asian, European, and African females. Grief response was assessed by the revised edition of The Impact of Event Scale (IES-R) (Horowitz, Wilner, & Alvarez, 1979).
**Immigrant Women**

For the purpose of this study, immigrant women, is operationally defined as immigrant Asian, European, and African females who have lived in Ireland for any period of time as assessed by the study Information Survey.

**Length of Stay**

For the purpose of this study, length of stay as a variable, is operationally defined as the time spent in the U.S. after migrating to this country as assessed by the study Information Survey.

**Limitations of the Study**

The sample selected for this study was from an available volunteer population; therefore, results of this research may not be generalisable to individuals in other geographical locations. A small sample size is an additional study limitation. Since variables were not directly manipulated and findings were observed from existing groups after the fact, this study is quasi-experimental and findings are descriptive in nature.

**Summary**

This chapter presented an introduction to the study with an introduction to the problem, statement of the problem, purpose of the study, theoretical context, study significance, research questions, definitions, and limitations. Chapter two presents a review of the literature to provide support for the study. Chapter three presents methodology used in the study to include an introduction, research design procedures, and data processing and analysis. The fourth and fifth chapters present study results and a discussion of findings with conclusions and recommendations.
CHAPTER 2

Review of the Literature

The following presents a literature review of the topic of the effectiveness of non-death grief counselling for African, Asian, and European immigrants. Issues of migration and distress, refugee and immigrant challenges and symptoms, and treatment modalities for non-death loss and grief counselling of immigrants are presented. This is followed by conclusions.

Migration and Distress

Mirdal (2006) reported on the distress and stress that result from migration. This author stated that in 1984 a group of 150 immigrant women from Turkey, ages 18 years to 60 years, that lived in Denmark were interviewed. Twenty years later 61% of the same group of were re-interviewed to determine changes in living conditions and well-being. Mirdal stated that women forced to migrate tended to present with somatisation disorders due to hypochondriac or hysteriform reactions to their plight. Feelings of ineffective ability to control the self and lack of expression of feelings verbally contributed to this tendency. Mirdal found that these women had markedly improved their material situation and their levels of somatic complaints decreased, but distress levels remained high (Mirdal 2006). None of the women presented with severe psychopathology in either interview. Over the years these women improved their dental hygiene, healthcare, and living conditions. They became more aware of medical information and bodily functions. They perceived their environment as less threatening. Original stressors
included marital problems, lack of social support, isolation, uprootedness, culture shock, poor working conditions with unemployment or too much work, hardships with acculturation, and poor health. Twenty years later participants reported stressors of caring, worrying about family in the home country, marital problems, feeling like a foreigner, facing old age with no care, shame, build, and regrets about past decisions. Thus, stress factors were more existential after time passed. These women presented with sadness and depression.

Dugan (2007) reported that even those who remain in their country but are forced to leave their home such as following a natural disaster present with this sadness, depression, and grief. For example, the flooding in parts of Cork and Limerick affected the lives of many Irish; Hurricane Katrina affected the lives of many Americans. These individuals faced financial devastation, a loss of material status, and emotional and physical health reactions. These people lost their homes, their culture, and their daily life. They lost their identity as they faced permanent relocation. This loss is accompanied by grief and the need to build a new identity within this context. Dugan presented a case example of a family affected by this disaster. One family member expressed a range of feelings to include that the whole thing would pass and things would return to normal and that “you think you are not going to make it out alive” (Dugan p. 42). This family stayed in a hotel while the hurricane passed but once it was over, the real panic hit. Scared, hungry, thirsty, weak, and tired, hope was lost and replaced with fear, panic, and grief. The streets were so changed that they were unrecognisable. With no phone service available this family drove to Houston without the ability to inform other loved ones regarding their whereabouts. Once in the new place, while physically
safe, this family faced profound grief. Sadness, loss, and missing home set in. This family member stated “I miss what used to be . . . I feel like I have lost my identity” (Dugan p.45). Dugan concluded that counselling for this population must include grief counselling with a focus on feelings of dissociation and depersonalisation.

In summary, literature findings reveal that when a person is forced to leave their home and make a new start in a new country or even in a new state, there is a loss of identity and home to be coped with. While people accommodate their new surroundings and may experience material success and security, grief over the losses perceived continues over the years. After 20 years of being in a new country, immigrants report feeling sad and depressed.

Refugee and Immigrant Challenges and Symptoms

Chung, Bemak, Ortiz, and Sandoval-Perez (2008) reported that immigration results in challenges for immigrants that must be understood in order to provide effective assistance to this population. Immigrant and refugee populations in the U.S. have increased 44% since 1990 with estimates of up to 31 million foreign-born people in America. Thus, one of every ten people in the U.S. has an immigrant or refugee background. These groups have historically moved to areas to include New York, Florida, California, Texas, New Jersey, and Illinois, but more recently they are found in the Midwest, Rocky Mountain region, and New England. Professionals need new competencies to deal with this population effectively.

Chung et al. (2008) stated that most immigrants have permanent legal status (75%) and the 25% of undocumented immigrants present with challenges that differ from those with legal status. However, all immigrants present with complex stressors that
result in poor mental health and quality of life. (Chung et al) Trauma experienced prior to living in the U.S. also contributes to the immigrant’s mental and physical health status. Language barriers hinder progress relative to employment and living conditions. In addition immigrants must learn new behaviours that differ from personal beliefs and values. Gender roles, family structure, child rearing, and healthcare and religious practices are likely to differ from original cultures.

Acculturation is demanded in the context of potential racism and discrimination. Counsellors working with immigrant and refugee populations must understand the atmosphere that this population lives in as well as the multiple factors related to life changes. Counsellors must have a broad range of roles to tackle political, social, and personal issues. Problems related to trauma, adjustment, adaptation, and grief are among the mental health issues this population presents (Chung et al., 2008).

Phan, Rivera, and Roberts-Wilbur (2005) reported on the arrival of Vietnamese female refugees to the U.S. These authors stated that there is a lack of information about the identity and coping mechanisms of these women and this information is needed to effectively help them. Professional counsellors must understand what these women and other immigrants face as they enter the U.S. Since 1975 more than 600,000 Vietnamese refugees have arrived to the U.S. and these people left their homes due to forced migration, which differs from immigration for other reasons. These people present with ethnicity and gender role issues as they relate to identity and other issues include gender, racial, ethnic stereotypes, sexuality, dating, family, marriage, interracial relationships, and generational gaps.
Chung and Bemak (2002) stated further that ethnic and gender differences predict distress among refugees. Chung and Bemak stated that refugee women face psychological challenges as they attempt to resettle. Refugees have faced forced migration and loss of family as a result of separating from them, community, and social networks. They now live in a foreign environment and culture with no resources or support. Unemployment or underemployment of refuge men results in women having to work to support the family. These gender role changes result in family conflict. Chung and Bemak studied a group of 867 Vietnamese, 590 Cambodians, and 732 Laotians. Findings were that refugee women reported higher levels of psychological distress compared to males.

Nicolas, DeSilva, Subrebost, and Breland-Nobel (2007) reported that immigrant women in the U.S. present with depression. These authors noted that culture impacts the manifestation and expression of mental illness and in particular depressive disorders. Nicolas et al. focused on depression in the Haitian population living in the U.S. Nicolas et al. stated that culture and self concept influence depressive symptoms and the experience of depression. For example, a depression is experienced as pain in the body for most Haitians. Physical symptoms to include stomach problems, weakness, headaches and pain in other body parts are common. Thus this group presents with somatisation disorder. This group is likely to seek help from Voodoo to deal with symptoms. Within this context, this group is not likely to take responsibility for their depression or other emotional symptoms. Case studies provide examples of needing to treat grief and depression in this group with a specific focus on cultural expression of this
depression. Pain in the body or relief through God must be aspects of treatment designed to help this immigrant group.

Beiser and Wickrama (2004) presented a study of depressive disorder among Southeast Asian refugees. These authors noted that it is important to consider trauma, time, and mental health issues when dealing with this population. The study included a sample of 608 refugees who were interviewed over a ten-year period. Findings showed that time relatedness (longer stay in new country results in tendencies to reconnect the past with present and future) increased and temporal reintegration or an increase in nostalgia negatively mediated mental health. Employment and relational stability moderated these effects. Stability related to love and work protected the mental health of these people. Thus, refugees and immigrants must let go of the past and related grief and stabilise current conditions to ensure optimal mental health and functioning.

Chung, Bemak, and Wong (2000) reported that refugees report distress, acculturation, and social support concerns that must be dealt with in counselling. These authors focused on Vietnamese refugees from 12 colleges in California. The students included 358 students (167 females and 191 males) with a mean age of 21 years. Students who arrived in the U.S. before 1976 were compared to students who arrived after 1979. Questionnaires were used to assess the participants for acculturation, symptoms, and social support.

Chung et al. (2000) found that there were significant differences in variables between the two groups. The second wave of students reported greater distress and the first wave reported greater acculturation and satisfaction with social support. Women reported more acculturation than men in the second wave. Age of arrival in the U.S. was
one possible explanation of these differences since first wave students were around three
when they came to the U.S. and students in the second wave were more like 11 years of
age. The first wave had been in the U.S. longer which explains findings. Chung et al.
concluded that age of arrival and length of time in the new country must be considered in
counselling of this population.

In summary, immigrants and refugees face multiple challenges in their new place
of residence. They must live in a foreign and possible discriminate society away from the
familiar and supportive environment. Study findings reveal that for an immigrant to
overcome these and other hardships, they must learn how to cope with grief and let go of
the past.

**Treatment Modalities for Non-Death Grief Counselling of Immigrants**

Doron (2005) reported on the use of a community resilience model for working
refugees. This model helps families and individuals deal with trauma and long-term
stress. Issues are focused on that help the refugee deal with the changes they face.
Families suffer with problems handling new situations and preparing for the future.
Doron stated that these difficulties have to do with a long grieving process brought about
by the forced migration. Even when individuals acquire material assistance their
emotional state depressed and full of grief since they have lost their home. The
community resilience model includes components to help the individual belong, gain
control, deal with challenges, gain perspective, develops skills, change values and beliefs,
and gain support. The community resilience model includes components to help refugees
handle the grief process faster so that they can prepare for their future.
Sveaass and Reichelt (2001) presented the need to engage families in therapy to help refugee and immigrant families. This process must take place during the first family interview. Professionals must be referred to the family early in order to engage them in therapy. These families face exile and related problems due to traumatic experiences, adaptation processes, and physical and psychological symptoms. Family therapy approaches are recommended to refugees since the whole family experiences turmoil in their lives. While the focus has been stronger regarding the use of individual psychotherapy for these individuals, Sveaass and Reichelt reported that family therapy helps families living in exile to increase their resources and potential to cope. To explore the reasons that immigrants and refugees seek family therapy, 50 families were interviewed; families were from Africa, Europe, Asia, Latin America, and the Middle East. Most had arrived during the last five years and a few had been in the U.S. more than ten years. Interviews with the participants revealed that reasons for seeking counselling included: being advised to by the doctor, somatic complaints, psychological issues (depressed, nervous, relationship problems), economic problems, illness, and needing help to solve problems. Participants reported feeling sad and in terrible pain. Interviews with helpers revealed that most found that prior trauma needing therapy was the primary issue, followed by adaptation and acculturation problems.

Weine, Kulauzovic, Klebic, and Besic (2008) reported on the use of multiple-family group access as an intervention for refugees with Posttraumatic Stress Disorder. These authors analysed the effects of this counselling method. The intervention included a twelve-session family group that provided education and support for refugee families in Chicago; refugee families were from Bosnia-Herzegovina and included 197 adults with
PTSD. Families were randomly assigned to the group or a control condition. Findings showed that the multiple-family group increased access to mental health services. However family comfort with discussing trauma and depression mediated intervention effects.

Khamphakdy-Brown, Jones, Nilsson, Russell, and Kleven (2006) reported on the use of an empowerment program for refugee and immigrant women. This was an outreach program designed to overcome barriers to health care and empower women with psycho-education. These authors noted that immigrant and refugee women face many stressors both pre and post-migration. They are vulnerable to mental health disorders and problems with adjustment. This program provides a holistic approach with counselling, home visits, support, advocacy, and psycho-educational workshops. A case study demonstrated the effectiveness of this program. A 32-year-old female from Sudan was involved in the program. The client was counselled with the help of an interpreter. Over time, this client became more comfortable and was able to speak to the counsellor directly and after a few weeks she was able to leave a shelter and discontinue counselling, remaining in contact with advocates and workshops. The authors recommended that traditional counselling approaches need to include a broader focus than personal-emotional issues. The needs of immigrants and refugees are different and must be understood for mental health counselling to be effective.

Villalba (2009) and Gozdziak (2004) noted that the counselling of immigrants and refugees must include a multicultural focus. Chung (2001) reported further that refugee and immigrant women have issues such as survivors guilt, acculturative stress, psychological distress, symptom expression, and needs for employment and social
support. Counselling of this population must incorporate cultural understanding and empowerement with healing methods that include psycho-education, family counselling as well as individual counselling, treatment for Post Traumatic Stress Disorder and more. Counsellors of this population must be aware of cultural, political, historical, and psychosocial issues that affect the client’s well being.

In summary, counselling of immigrants and refugees must include an approach that helps the client deal with grief and develop new coping skills and sources of support. This counselling must also include a multicultural focus. This focus must consider the many social, political, economical and cultural factors that influence a client’s well being and ability to cope with grief and other issues.

**Conclusions**

Literature findings support the conclusion that immigrants have left their home for one reason or another and this results in a loss of home and identity. Even when immigrants have learned to cope they continue to present with grief, with sadness and depression. Immigrants and refugees face multiple challenges and must learn how to cope with this grief and let go of the past. A multicultural counselling approach is needed to help immigrants overcome grief and deal with issues such as acculturation and more.
CHAPTER 3

Methodology

Introduction

The purpose of this research study is to investigate the effects of a brief, non-death grief counselling program on grief reactions of three groups of female immigrants: Asians, Europeans, and Africans. Additionally, the purpose of the study is to examine the differences in grief reactions of these three groups and the effects of length of stay in Ireland. The study involves the pre and posttest assessment of participant grief reactions to show effects of brief non-death related grief counselling program participation. It was expected that posttest grief reactions would be lower than pretest grief reactions which would support the conclusion that the brief grief therapy provided to immigrant women was effective in helping them deal with non-death related losses incurred due to immigration status.

Literature regarding immigrants shows that this population suffers from multiple losses that result in grief reactions, which supports the need for non-death grief counselling to help cope with this grief. A lack of empirical information about the efficacy of this type of counselling program supports the need for research to determine the effects of a brief non-death grief counselling program on grief reactions in immigrant women. This research study was designed to investigate these variables. An Information Survey was developed by the researcher to assess participant characteristics and the revised edition of the Impact of Event Scale (IES-R) (Horowitz, Wilner, & Alvarez, 1979) was used to determine grief reactions pre and post-intervention participation. The
researcher analysed findings to describe data. This chapter presents a detailed description of the methodology and procedures that were used for the current study.

**Design of the Study**

Survey and archival research was used for this study. Although an experimental design allows for the control over variables and threats to validity, and this nonexperimental design does not, this study does yield empirical results. Empirical research includes the collection of data and the analysis of the data to answer a research question. Similarly, for this study research questions were stated, the literature relevant to the topic was reviewed, expected outcomes were predicted, data was gathered and analysed, and conclusions were drawn based on results.

**The research questions are as follows:**

1. What are the effects of a brief non-death grief counselling program on immigrant women’s grief responses?
2. How do the effects of a brief non-death grief counselling program on immigrant women’s grief responses differ for Asians, Europeans, and Africans?
3. How does length of stay in Ireland affect grief response outcomes?
Sample Population

Participants were five Asian females, five European female, and five African female immigrants living in Ireland ages 20 to 35 years. The effects of age on grief reactions of participants were controlled with the restriction of the sample age range and gender differences were controlled with the inclusion of females only.

All participants were chosen from those who volunteered and qualified as immigrants, those who participated in the brief non-death counselling program, and those who had been pre- and post-tested with the Impact of Event Scale (IES-R) (Horowitz, Wilner, & Alvarez, 1979). All participants agreed to participate in the study.

Brief Non-Death Grief Counselling Program

All study participants took part in a brief non-death grief counselling program. This program included a cognitive-behavioural model designed to help individuals identify and change cognitions related to the grief process. The program lasted Six weeks and focused on helping the individual identify irrational beliefs and resulting emotional and behavioural reactions, understand the connection between these beliefs and consequences, and identify new functional cognitions related to grief responses.

Instrumentation

Impact of Event Scale (IES-R)

The Impact of Event Scale (IES-R) (Horowitz, Wilner, & Alvarez, 1979) was used to assess participant grief reactions pre- and post-intervention (Appendix A). This instrument was designed to evaluate general levels of distress caused by traumatic events, which is a component of grief reactions. Thus, this instrument is used to assess grief
since research indicates that general distress as a response to traumatic events contains these symptoms of grief (Harlow & Durand, 2008).

The IES-R has two sub-scales, Intrusion, and Avoidance with 22 self-reported items which identify a stressful event. A five point Likert-type scale is used to assess levels of distress. For this study, the IES-R was modified to identify the traumatic event as immigration and to require subjects’ to provide ratings for this event only; in this manner grief reactions were assessed. The validity and reliability of the IES-R have been shown. Weiss and Marmar (1997) reported an overall range of Cronbach alpha ratings from .79 to .91 for the Intrusion subscale and .82 to .90 for the Avoidance subscale. Test-retest reliabilities ranged from .56 to .74 for two different samples. These findings indicate that the IES-R is psychometrically sound.

*Information Survey*

The Information Survey, constructed by the researcher, included demographic questions regarding gender, age, race/ethnicity and immigration status items such as the amount of time in Ireland.

The survey began with information for the participants stating that they were being asked to participate in a study designed to assess the effectiveness of the brief non-death grief counselling program on grief reactions. They were informed that their participation would include filling out this Information Survey which waives consent needed to use the information on this survey as well as their pre- and post-test scores for the IES-R.
Survey items are as follows:

1. Please list your gender:
   __ Female  __ Male

2. Please list your age:
   __ less than 20 years  __ 20-35 years  __ greater than 35 years

3. Please list your race/ethnicity
   __ European  __ African  __ Asian  __ Other

4. Please list amount of time residing in the Ireland as immigrant: _____

5. Please list the losses you incurred by leaving your home and moving to the Ireland:
   __ Home
   __ Family
   __ Friends
   __ Economic status
   __ Social status
   __ Culture
   __ Identity
   __ Other (please list)

6. Please rate the positive effects of participating in the brief non-death grief counselling program on your overall grief reactions to immigrant status:
   __ zero effect  __ some effect  __ more than some effect  __ great effect

   Please explain: ________
7. Please list any recommendations to improve the brief non-death grief counselling program: __________

Procedures for Data collection

All participants were recruited on a volunteer basis according to availability. This convenience sample was chosen since there were appropriate participants to choose from, locally. Although this sample was not random, it is considered to be representative of the population of European, African, and Asian female immigrants, which allows for the generalisation of results to other similar female immigrants. Participants were chosen to participate in the study based on their female immigrant status, those who participated in the brief non-death counselling program, and those who had been pre- and post-tested with the Impact of Event Scale (IES-R) (Horowitz, Wilner, & Alvarez, 1979).

Following study approval, the researcher contacted the director of a local clinic that served immigrants and refugees as well as other clients. This clinic provided a brief non-death grief counselling program as part of the services designed to help immigrants and refugees deal with having to leave their home and live in a new country. As part of the routine activities related to participation in this counselling program, all clients take the IES-R prior to and following program participation. This archival data were used for the current study.

The researcher provided the director with research packets to be distributed to the potential participants. These research packets contained the Information Survey which included a brief introduction to the study and information regarding the fact that by filling out this form, consent for study participation was implied. Participants received this packet and those willing to participate were instructed to complete the Information
Survey and return the packet to the director to be picked up by the researcher. The first five research packets for each race/ethnicity (European, African, and Asian) received were included in the study. The researcher then contacted the director regarding retrieval of the archival data for these participants. Next researcher analysed survey results to address the research questions.

Participants were informed that their participation was voluntary and they may withdraw from the study at any time, and that confidentiality regarding the participant and the clinic would be maintained. The researcher used identification numbers instead of names to record the survey findings and data for analysis.

**Data Analysis**

The researcher analysed the survey findings to describe the sample, grief ratings, and findings from the Information Survey. A table also demonstrates results.
CHAPTER 4

Results

This chapter describes the research findings of the study as follows: the general description of the sample followed by the results of the data relating to the research questions and Information Survey.

Description of the Sample

The sample consisted of five European, five African, and five Asian female immigrants, ages 20-35 years. Length of stay in Ireland ranged from six months to one year, with most participants having resided in Ireland for six months.

Research Questions

The research questions are as follows:

1. What are the effects of a brief non-death grief counselling program on immigrant women’s grief responses?

2. How do the effects of a brief non-death grief counselling program on immigrant women’s grief responses differ for Asians, Europeans, and Africans?

3. How does length of stay in Ireland affect grief response outcomes?

Findings Related to Research Questions

Research Question 1

What are the effects of a brief non-death grief counselling program on immigrant women’s grief responses?

The majority of the participants in this study (n = 10) reported a pre-test total score of 4 representing the response “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by a total score of 5 representing the response
“Extremely” (n = 4), and a total score of 3 representing the response “Moderately” (n = 1).

Most post-test total scores were of 3 representing the response “Moderately” (n = 11) regarding their level of distress related to immigration as a grief reaction, followed by a total score of 2 representing the response “A little bit” (n = 4) (see Table 1).

Research Question 2

How do the effects of a brief non-death grief counselling program on immigrant women’s grief responses differ for Asians, Europeans, and Africans?

Asian Participants. The majority of the Asian participants in this study (n = 3) reported a pre-test total score of 4 representing the response “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by a total score of 5 representing the response “Extremely” (n = 1), and a total score of 3 representing the response “Moderately” (n = 1).

Most post-test total scores were of 3 representing the response “Moderately” (n = 4) regarding their level of distress related to immigration as a grief reaction, followed by a total score of 2 representing the response “A little bit” (n = 1) (see Table 1).

European Participants. The majority of the European participants in this study (n = 4) reported a pre-test total score of 4 representing the response “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by a total score of 5 representing the response “Extremely” (n = 1).

Most post-test total scores were of 3 representing the response “Moderately” (n = 4) regarding their level of distress related to immigration as a grief reaction, followed by a total score of 2 representing the response “A little bit” (n = 1) (see Table 1).
African Participants. The majority of the African participants in this study (n = 3) reported a pre-test total score of 4 representing the response “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by a total score of 5 representing the response “Extremely” (n = 2).

Most post-test total scores were of 3 representing the response “Moderately” (n = 3) regarding their level of distress related to immigration as a grief reaction, followed by a total score of 2 representing the response “A little bit” (n = 2) (see Table 1).

Research Question 3

How does length of stay in the Ireland affect grief response outcomes?

The majority of the participants in this study reported their length of stay as 6 months (n = 9), followed by 12 months (n = 3), 8 months (n = 2), and 9 months (n = 1). Findings related to these stay periods are as follows:

Six months. The majority of the participants in this study that reported a length of stay of six months (n = 5) reported a pre-test total score of 4 representing the response “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by a total score of 5 representing the response “Extremely” (n = 3), and a total score of 3 representing the response “Moderately” (n = 1).

Most post-test total scores were of 3 representing the response “Moderately” (n = 6) regarding their level of distress related to immigration as a grief reaction, followed by a total score of 2 representing the response “A little bit” (n = 3) (see Table 1).

Twelve months. The majority of the participants in this study that reported a length of stay of twelve months (n = 2) reported a pre-test total score of 4 representing the response
“Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by a total score of 5 representing the response “Extremely” (n = 1).

All post-test total scores were of 3 representing the response “Moderately” (n = 3) regarding their level of distress related to immigration as a grief reaction (see Table 1).

Eight months. All of the participants in this study that reported a length of stay of eight months (n = 2) reported a pre-test total score of 4 representing the response “Quite a bit” regarding their level of distress related to immigration as a grief reaction.

All post-test total scores were of 3 representing the response “Moderately” (n = 2) regarding their level of distress related to immigration as a grief reaction (see Table 1).

Nine months. All of the participants in this study that reported a length of stay of nine months (n = 1) reported a pre-test total score of 4 representing the response “Quite a bit” regarding their level of distress related to immigration as a grief reaction.

All post-test total scores were of 2 representing the response “A little bit” (n = 1) regarding their level of distress related to immigration as a grief reaction (Table 1).
Table 1

*Effects of Brief Non-Death Grief Counselling Program*

<table>
<thead>
<tr>
<th>Participant</th>
<th>Race/Ethnicity</th>
<th>Length of Stay</th>
<th>Pre-test total score</th>
<th>Post-test total score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asian</td>
<td>6 months</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Asian</td>
<td>8 months</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Asian</td>
<td>12 months</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Asian</td>
<td>6 months</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>Asian</td>
<td>6 months</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>European</td>
<td>6 months</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>7</td>
<td>European</td>
<td>12 months</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>8</td>
<td>European</td>
<td>8 months</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
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<td>6 months</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
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<td>6 months</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>African</td>
<td>12 months</td>
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<tr>
<td>12</td>
<td>African</td>
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<tr>
<td>15</td>
<td>African</td>
<td>6 months</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>
**Information Survey Findings**

Responses to the individual survey items were few in number however they did provide some additional insight.

*Item # 5.* Please list the losses you incurred by leaving your home and moving to Ireland: home, family or friends, economic status, culture, identity, and other (please list).

For this item all participants checked each of the above listed items and four listed additional items and comments to include:

“I lost everything but some family members”

“I lost my roots”

“I lost my support system in the community and neighbourhood”

“I lost my peace of mind and happiness”

*Item # 6.* Please rate the positive effects of participating in the brief non-death grief counselling program on your overall grief reactions to immigrant status: zero effect, some effect, more than some effect, and great effect. Please explain.

For this item, 13 participants checked “more than some effect” and two checked “great effect.” Regarding explanations of outcomes, participants reported the following comments:

“This program helped me to see that I was very negative about my thoughts.”

“I learned to focus on the positive.”

“I changed my thoughts and beliefs and I am happier since I did that.”

“I still feel sad but I don’t make it worse and it goes away quicker.”

“I used to feel hopeless but now I have hope.”
“I didn’t know I was so negative.”

“I used to get very upset with the things I thought were true – it’s better now.”

“I’m definitely happier.”

“I still miss my home but see there I go again, I am happy in my new home – I have a home.”

*Item # 7. Please list any recommendations to improve the brief non-death grief counselling program:*

For this item, participants responded with few comments such as the following:

“I think the program could be longer.”

“I need to continue with the program or something like it.”

“I will miss the program.”

“I don’t know anyone else who is doing this and I’m afraid I will go back to my old ways without the program.”

“The program was very helpful but now what?”

“I still have thoughts that bother me and without the program I’m afraid they will get worse.”

“We need more support that won’t go away.”
CHAPTER 5
Summary, Discussion, Conclusion

This section presents a summary of research objectives and findings related to research questions. The discussion explains the significance of the findings and their relevance to previous research as well as study limitations. The conclusion addresses implications of the results and recommendations for future studies.

Summary

Research Objective

The purpose of this research study was to investigate the effects of a brief, non-death grief counselling program on grief reactions of three groups of female immigrants: Asians, Europeans, and Africans. In addition, the purpose of the study was to examine the differences in grief reactions of these three groups and the effects of length of stay in Ireland.

Summary of Findings Related to Research Questions

Research Question 1

What are the effects of a brief non-death grief counselling program on immigrant women’s grief responses?

The majority of the participants in this study reported a pre-test total score of “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by a total score of “Extremely” and most post-test total scores were of “Moderately” regarding their level of distress related to immigration as a grief reaction, followed by “A little bit.” Thus, all scores were improved by the brief non-death grief counselling
program and participants went from feeling extreme or quite a bit of distress to moderate or only a little bit of distress.

**Research Question 2**

How do the effects of a brief non-death grief counselling program on immigrant women’s grief responses differ for Asians, Europeans, and Africans?

*Asian Participants.* The majority of the Asian participants in this study reported a pre-test total score of “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by “Extremely” and most post-test total scores were of “Moderately” regarding their level of distress related to immigration as a grief reaction, followed by “A little bit.” Thus, all scores were improved by the brief non-death grief counselling program and Asian participants went from feeling quite a bit or extreme amounts of distress to moderate or only a little bit of distress.

*European Participants.* The majority of the European participants in this study reported a pre-test total score of “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by “Extremely” and most post-test total scores were of “Moderately” regarding their level of distress related to immigration as a grief reaction, followed by “A little bit.” Thus, all scores were improved by the brief non-death grief counselling program and European participants went from feeling quite a bit or extreme amounts of distress to moderate or only a little bit of distress.

*African Participants.* The majority of the African participants in this study reported a pre-test total score of “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by “Extremely” and most post-test total scores were of “Moderately” regarding their level of distress related to immigration as a grief reaction,
followed by a total score of “A little bit.” Thus, all scores were improved by the brief non-death grief counselling program and African participants went from feeling quite a bit or extreme amounts of distress to moderate or only a little bit of distress.

*Research Question 3*

How does length of stay in Ireland affect grief response outcomes?

The majority of the participants in this study reported their length of stay as six months, followed by 12 months, eight months, and nine months. Findings related to these stay periods are summarised as follows:

*Six months.* The majority of the participants in this study that reported a length of stay of six months reported a pre-test total score of “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by “Extremely” and most post-test total scores were of “Moderately” regarding their level of distress related to immigration as a grief reaction, followed by a total score of “A little bit” regarding their level of distress related to immigration as a grief reaction. Thus, all scores of those staying six months were improved by the brief non-death grief counselling program and participants went from feeling quite a bit or extreme levels of distress to feeling moderate or only a little bit of distress.

*Twelve months.* The majority of the participants in this study that reported a length of stay of twelve months reported a pre-test total score of “Quite a bit” regarding their level of distress related to immigration as a grief reaction, followed by “Extremely” and all post-test total scores were of “Moderately” regarding their level of distress related to immigration as a grief reaction. Thus, all scores of those staying twelve months were
Eight months. All of the participants in this study that reported a length of stay of eight months reported a pre-test total score “Quite a bit” regarding their level of distress related to immigration as a grief reaction and all post-test total scores were of “Moderately” regarding their level of distress related to immigration as a grief reaction. Thus, all scores of those staying eight months were improved by the brief non-death grief counselling program and participants went from feeling quite a bit of distress to feeling moderate levels of distress.

Nine months. All of the participants in this study that reported a length of stay of nine months reported a pre-test total score of “Quite a bit” regarding their level of distress related to immigration as a grief reaction and all post-test total scores were of “A little bit” regarding their level of distress related to immigration as a grief reaction. Thus, all scores of those staying nine months were improved by the brief non-death grief counselling program and participants went from feeling quite a bit of distress to only a little bit of distress.

Summary of Information Survey Findings

Responses to the individual survey items are summarised as follows:

Item # 5. Please list the losses you incurred by leaving your home and moving to Ireland: home, family or friends, economic status, culture, identity, and other (please list).
In summary, all of the items were checked by all participants and additional items included a reiteration of items listed as well as roots, community support system, peace of mind, and happiness.

*Item # 6.* Please rate the positive effects of participating in the brief non-death grief counselling program on your overall grief reactions to immigrant status: zero effect, some effect, more than some effect, and great effect. Please explain.

In summary, most found the program to have “more than some effect” and the remainder found it to have a “great effect.” Thus, all found the program to be beneficial. The comments reflected this finding. Comments revealed the recurring theme that the program helped to identify negative thoughts, change these cognitions, and focus on happier thoughts. Participants reported being happier and more hopeful due to participating in the program.

*Item # 7.* Please list any recommendations to improve the brief non-death grief counselling program:

In summary, participants presented with the recurring theme that they needed more ongoing support at the conclusion of the program. Participants recommended a longer or continuation program, to maintain support, changes, symptom reduction, and successful outcomes.

**Overall Summary**

In summary, all study findings supported the efficacy of the brief non-death grief counselling program and all participants benefited from this program with decreased grief reactions. However, findings also showed that participants want and need a continuation of this program with ongoing support to maintain program gains.


**Discussion**

**Significance of Findings**

The finding that participants reported grief reactions at pre-testing indicating their need for non-death grief counselling was consistent with previous study results. For example, research findings show that these losses are traumatic and lead to short- and long-term stress with physical and emotional symptoms and the possibility of Posttraumatic Stress Disorder (Barlow & Durand, 2008; Dugan, 2007; Mirdal, 2006; Phan, Rivera, & Roberts-Wilbur, 2005). Studies also show that these symptoms include physical complaints, depression, sadness, and grief that last for years after immigrants reside in their new country (Ward, Bochner, & Furnham, 2001). Previous research studies support the conclusion that symptoms of grief continue and require a form of non-death related grief counselling to deal with the losses they have experienced (Arnold, 2006; Henry & Associates, 2009; Humphrey, 2005; Mirdal, 2006; Murray & Associates, 2008).

Findings from the current study were that participants presented with grief reactions requiring non-death grief counselling. This is also consistent with findings by Chung, Bemak, and Wong (2000) and Nicolas, DeSilva, Subrebotst, and Breland-Nobel (2007). These authors stated that immigrant women present with distress, acculturation and social support issues, and grief that require appropriate counselling.

The finding that length of stay had little effect on pre- and post-test outcomes was partially consistent with previous studies and provided new information. For example, Mirdal (2006) noted findings that immigrant women reported grief reactions due to
leaving their home 20 years later. Findings from this study showed that participants reported similar levels of grief reactions prior to treatment that were not influenced by length of stay related to six, 12, eight, and nine months. This study pointed out that slightly more improvement was reported as related to nine months however this finding is limited by the inclusion of only one participant.

The finding that ethnic group did not influence outcomes provided new information. While studies show that immigration leads to distress and loss, previous studies with African, European, and Asian immigrant females are lacking. This study’s findings were that all three immigrant groups reported similar levels of pre-test scores with most levels of grief reactions being “quite a bit” followed by “extremely.” In addition, this study’s findings were that all groups reported similar levels of post-test scores with most reporting “moderate” followed by “a little bit” regarding levels of grief responses.

The finding that participants reported losses to include home, family, friends, economic and social status, culture, identity, roots, community support system, peace of mind, and happiness due to their immigration status was consistent with previous study results. Chung et al. (2008) reported that immigration results in challenges and non-death-related losses such as loss of home and identity. Previous studies show that immigrants lose part of their family and friends, income, their status, their familial roots and culture, and their support systems (Chung & Bemak, 2002; Phan, Rivera, & Roberts-Wilbur, 2005; Ward et al., 2001).

The finding that all study participants benefited from the brief non-death grief counselling was consistent with the theoretical framework for the study. The brief non-death grief counselling program included a cognitive-behavioural model consistent with
that presented by Malkinson (2001). Malkinson stated that a cognitive behavioural model can be used to deal with grief reactions and symptoms of anxiety, avoidance, depression and other grief reactions. Malkinson (2001) noted further that the cognitive view posits that loss changes the existence and belief system of the individual experiencing this loss with resulting emotions and behaviours. The cognitive counselling program provides techniques to deal with grief-related cognitive and behavioural adaptations to the loss consequences. Cognitions are the focus in cognitive behavioural grief therapy since emotions result from beliefs and evaluations about the self, the situation, and the future as they relate to the losses experiences.

Findings from the current study supported the efficacy of this type of counselling for non-death grief experienced by immigrants. Consistent with the framework provided by Malkinson (2001), study participants reported that they benefited from learning to identify cognitions and change dysfunctional thoughts. These changes resulted in decreased grief reactions and increased hope and happiness. Thus, the negative automatic thoughts that previously informed the bereaved person about the situation, the self, the world, and the future were changed as cognitive distortions and irrational beliefs were identified, challenged, and changed.

**Limitations**

Study limitations regard the sample. Since the sample selected for this study was from an available volunteer population the results of this research may not be generalisable to non-volunteer individuals. The study is further limited by the use of European, African, and Asian female immigrants only which may not represent immigrants of different ethnic and socioeconomic backgrounds, limiting generalisability to additional geographic
locations. In addition the use of a small sample size, which may not accurately represent the population, also limits generalisability of findings.

The study is limited by its design. Since the study variables were not directly manipulated, results are observed from existing groups, and findings are descriptive.

The study is limited by the choice of instrument. The use of one survey instrument to assess grief reactions may limit findings. Multiple instruments would assess multiple aspects of grief and related issues. The use of an instrument designed by the researcher to gather additional information lacks substantial support for reliability and validity.

**Conclusions**

Conclusions for the study related to the research questions are as follows: all participants presented with improved grief reaction scores following the brief non-death grief counselling program with changes from feeling extreme or quite a bit of distress to feeling moderate or only a little bit of distress; Asian participants went from feeling quite a bit or extreme amounts of distress to moderate or only a little bit of distress; European participants went from feeling quite a bit or extreme amounts of distress to moderate or only a little bit of distress; African participants went from feeling quite a bit or extreme amounts of distress to moderate or only a little bit of distress; all scores of those staying six months were improved and participants went from feeling quite a bit or extreme levels of distress to moderate or only a little bit of distress; all scores of those staying twelve months were improved and participants went from feeling quite a bit or extreme levels of distress to moderate distress; all scores of those staying eight months were improved and participants went from feeling quite a bit of distress to moderate distress;
all scores of those staying nine months were improved and participants went from feeling quite a bit of distress to only a little bit of distress.

Conclusions related to Information Survey items are as follows: loss items due to immigration status included home, family, friends, economic and social status, culture, identity, roots, community support system, peace of mind, and happiness; all reported the program to be beneficial; the program helped to identify negative thoughts, change these cognitions, and focus on happier thoughts; participants reported being happier and more hopeful; and participants want and need ongoing support at the conclusion of the program. Thus, all study findings supported the efficacy of the brief non-death grief counselling program. However, findings also supported the need for ongoing program support.

**Implications**

Implications of findings are that immigrant females of different backgrounds to include European, African, and Asian, present with grief reactions that are decreased with cognitive-behavioural non-death grief counselling. However, this group may need ongoing support to maintain benefits.

While this study presents with limitations, it provided important information regarding immigrant grief reactions and the efficacy of a brief non-death grief counselling program to relieve these reactions. The findings from this study provided information related to actual levels of grief reactions prior to and following counselling program participation. Since participants reported improved grief reactions, findings imply the efficacy of this program.
Recommendations for Future Research

Since there are study limitations due to the sample, it is recommended that it be replicated in a future study that includes a larger sample, randomly selected from multiple geographic locations.

Since the study is limited by its design, it is recommended that a future study explore multiple variables. For example, while it may be unethical to deprive immigrants of optimal counselling programs, more information is needed regarding the effects of different types of counselling programs on grief reactions. While gender and age were controlled in this study, additional factors such as degree of loss (multiple losses), support, family functioning, and health and economic problems that may affect grief reactions need to be controlled for or measured to determine the specific effects of the counselling program.

Since the study is limited by the choice of instrument, it is recommended that a future study include the use of multiple instruments to assess multiple aspects of grief and related issues. For example, instruments can be used to assess loss (multiple losses), support, family functioning, and health and economic problems. In addition, levels of self-esteem, which may affect grief reactions, needs to be assessed. The use of standardised instruments to assess each factor that have substantial support for their reliability and validity is further recommended.

While this study provided important and useful information regarding the effects of brief non-death grief counselling on immigrant grief reactions, a more comprehensive understanding of the topic would be even more beneficial. It is therefore recommended that a future study further investigate the variables and findings from this study. For
example, a study is needed to explore reasons for or factors that affect levels of grief reactions, pre- and post-program participation. While it is clear that the cognitive behavioural, brief non-death grief counselling program helped participants to decrease grief reactions, effects of different variables on these grief reactions are not clear.

Since participants reported the need for ongoing support of program components, more information is needed to understand how to fulfil this request. A follow-up study is needed to determine effects of different types of ongoing program support. This study pointed out that slightly more improvement was reported as related to nine months however this finding is limited by the inclusion of only one participant. Thus, it is recommended that a future study explore length of stay with a broader range of years residing in the new country.

The finding that ethnic group did not influence outcomes provided new information. While this study’s findings were that all three immigrant groups reported similar levels of pre- and post-test scores related to grief reactions, more information is needed to fully understand similarities and differences of these groups. A future study is recommended to explore the effects of ethnicity/race on multiple factors that affect grief reactions and related counselling.

This study also provided findings related to participant recommendations to facilitate the efficacy of the brief non-death grief counselling program. Participants provided comments regarding the need for ongoing assistance to ensure that their progress be maintained. Based on these results it is recommended that in addition to the 6-week non-death grief counselling program currently provided:

1. The non-death grief counselling program must be longer if needed.
2. The non-death grief counselling program must include a continuation component.

3. Participants must be provided with some type of continued treatment if desired.

4. Participants must be provided with follow-up visits.

5. Participants must be provided with ongoing support.
References


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Appendix 1

The Revised Impact of Events Scale

Instructions: Many immigrants experience difficulties as a result of the move to another country. Please read each item, and then indicate how distressing each difficulty has been for you during the past 7 days with respect to immigration. Use the scale provided below to indicate how much you were distressed or bothered by these difficulties?

1 = Not at all
2 = A little bit
3 = Moderately
4 = Quite a bit
5 = Extremely

___1 Any reminder brought back feelings about it.
___2 I had trouble staying asleep.
___3 Other things kept making me think about it.
___4 I felt irritable and angry.
___5 I avoided letting myself get upset when I thought about it or was reminded of it.
___6 I thought about it when I didn’t mean to.
___7 I felt as if it hadn’t happened or wasn’t real.
___8 I stayed away from reminders about it.
___9 Pictures about it popped into my mind.
10 I was jumpy and easily startled.
11 I tried not to think about it.
12 I was aware that I still had a lot of feelings about it, but I didn’t deal with them.
13 My feelings about it were kind of numb.
14 I found myself acting or feeling like I was back at the time during which I first immigrated.
15 I had trouble falling asleep.
16 I had waves of strong feelings about it.
17 I tried to remove it from my memory.
18 I had trouble concentrating.
19 Reminders of it caused me to have physical reactions, such as sweating, trouble breathing, nausea, or a pounding heart.
20 I had dreams about it.
21 I felt watchful and on guard.
22 I tried not to talk about it.