

Chapter 3

Theory and skills

'She (counsellor) said I had "reached acceptance" . . . then the TV broke down. I miss Steve more and more as time goes on!'

Kirsten (2005)

Knowledge of and understanding theories adds essential information to our work as counsellors. However, there is a balance to be struck between holding a theory as 'the truth' or as 'a truth'; theories which were written as generalisations are turned into directions rather than being used as a 'map' of suggested possibilities in relation to our work with bereaved clients. The importance of holding this tension in awareness is demonstrated in this quote:

'She (her counselor) talked about the stages of my grief, she gave me a book to read about it. I found this quite distressing, my grief didn't seem "normal" then.'

Mary in Flatteau Taylor, (2005)

This chapter aims to provide some background information. Why is counselling needed following a loss? What informs our current understanding of loss and bereavement? It will re-present the major theories in order that we can identify our own 'truths'.

This chapter will include:

- A brief social history: why is counselling needed for bereaved people?
- The foundation of psychotherapy and the beginnings of grief theories
- Early theories of attachment, loss and bereavement
 - Attachment theory
 - Stage theory
 - Task theory
- Critique of earlier theories: a move to the new theories
 - On biography
 - **Dual process model**

- Meaning reconstruction
- Continuing bonds
- Complications in grief
- Counselling theories in loss and bereavement
- A person-centred / integrative approach to loss and bereavement.
- Summary

A brief social history: why is counselling needed for bereaved people?

Loss through death is an inevitable and intrinsic part of life; in past eras people died and were grieved for openly in their community. However, we now live in what could be described as a 'death denying society', where death is invisible, often denied, and taboo (Aries, 1981; Gorer, 1965). Walter (1996) argues that the taboo of death is lessening; it can be seen publicly more now than ever in the news, in high-profile deaths such as that of Diana, Princess of Wales. But does this impact on grief? As a counsellor working with bereaved people, I notice that clients come to counselling simply because they have no one to talk to and, when they do begin to speak, they find themselves having to 'edit' their conversation about the deceased. This difficulty is exacerbated by the way someone has died, and by who has died. These factors can impact on the natural support we receive.



Figure 3.1 Death denying society

Also, while public deaths may be easier to speak about openly, the coverage and conversation can also be at odds with the client's memories and relationship with the deceased, which adds to their angst on bereavement.

In the past, there would also have been more 'natural' support from family who would often be geographically close; there was a greater community spirit and/or stronger attachments to faith groups. In today's world, family members are more distant from each other, often spread apart across countries or continents. There are also different familial patterns forming with increased separation, divorce, and dispersal of members. The world is becoming increasingly secularised, leading to fewer communities of faith. How often do you speak to your neighbours, or attend a community event? I would hazard a guess that in many areas this happens less frequently than in earlier decades.

So with the reduction in traditional methods of support, it appears that there is definitely a need for counselling for bereaved people.

This can be illustrated by research findings in this area. In a report by the Department of Health in 2012 25 per cent of the population were found to need additional support following a bereavement (befriending, mutual help groups) with 7 per cent needing professional support from a counsellor.

These facts and figures highlight that as counsellors we also need to get it right for our clients. Since the beginning of the 20th century, which saw the development of psychotherapy and counselling in the UK, there have been many theorists who have written about the psychological processes of grief. It is important to place these theories into a societal and historical context in an aim to provide some insight into why and how they have developed.

The foundation of psychotherapy and the beginnings of grief theories

The forefather of psychotherapy, Sigmund Freud, described how following a significant loss feelings need to be expressed in 'Trauerarbeit' or 'grief work'. He described how the emotional energy of the bereaved needed to be withdrawn from the deceased so that they could then

detach from their loss. He outlined that if detachment was not achieved the bereaved person would sink into melancholic depression (Freud, 1917). This became the first influential theory for counselling following a death.

In 1944 Freud's work was incorporated into the research of Lindemann, who outlined stages that would need to be navigated as individuals grieve, focusing on the possibility of mental ill health if feelings were not expressed and detachment from the deceased achieved.

During these formative years for psychotherapy, two World Wars were fought. It is interesting to question whether these world events had any impact upon the development of bereavement theories. Although at this time people were said to 'pull together in the face of loss', the phrase 'stiff upper lip' was popularised in British culture and there was a belief that communities supported each other, the impact of the trauma of war has been noted (Rolls and Chowns, 2011). Just after this period, new thinking was emerging about relationships, bonds, and what happens when an important 'other' dies or is removed from us.

Early theories of attachment, loss, bereavement

Attachment theory

John Bowlby closely studied our patterns of attachment; he suggested that attachment and love would inevitably result in a loss. He noted responses to the loss of a parent; he found expressions of sadness, fear and anger. From this he outlined a paradigm of loss – how people both make and break their affectional bonds (Bowlby, 1969: 80;1979). The way in which people form attachments affects both their grief and how they relate to those they turn to for support throughout their bereavement. It is important to identify in brief the different type of attachments that were outlined at this time.

Secure attachments are formed by children whose parents provided security, sensitivity and were really there for their child(ren). Through this relationship base, separations are seen to be tolerated without anxiety; but this does not prevent strong reaction to sudden/unexpected losses. These individuals will respond well to an opportunity to review their life following significant loss, and often find new meanings in the life ahead.

Anxious/ambivalent relationships are formed by children with parents who were overprotective, anxious and insensitive to their child's need to be independent. The child(ren) may grow up lacking in trust, self-confidence and tending to cling. Separation therefore brings high anxiety. Loss will increase anxiety and clinginess.

Avoidant parents are those who could not express emotions, or closeness. Their children similarly are unable to tolerate closeness and relationship difficulties ensue. Feelings are often not expressed; therefore after a loss, grief may be restrained. Providing a good and safe relationship in support will enable individuals to build trust and express their feelings. An overlying 'gloss' of confidence often hides insecurities.

Disorganised parents are unable to respond consistently to their child(ren)'s needs. Children tend to grow up unhappy, with little trust, feeling helpless. Loss will increase feelings of despair and fear.

It is important to understand a client's attachments, as this can provide an insight into the possibilities of the individual's reaction when an 'important other' is lost. For example, a positive attachment pattern, where primary carers have been attentive and responsive when a baby cries or is fearful, can result in resilience in coping with subsequent losses.

Conversely, insecure attachment or relationships, a lack of comfort or support can mean that feelings have been hidden, subsumed, not expressed; and this can be a factor leading to complications in grief, when a significant loss is encountered later in life (Stroebe and Schut, 2005).

Margaret Ainsworth and S. M. Bell (1970) noted that alongside the psychological responses to bereavement, an understanding of environmental impacts on bereavement was also needed; they noted that each element of a system affects another, a systemic approach.

Stage theory

Through the study of attachment and detachment Bowlby and Parkes defined four stages in the grieving process (1970):

1. Numbness, shock and denial – a sense of unreality
2. Yearning and protest – sadness, crying, anxiety, lack of concentration, guilt, sense of the deceased's presence as a protestation against their death

3. Despair, disorganisation, hopelessness, lowness
4. Re-organisation – letting go of the person who has died.

These stages focus on the psychological processes; they do not allow for an exploration of cultural difference or sociological aspects; they emphasise the resolution of grief as 'letting go'.

Elizabeth Kübler-Ross wrote her seminal work *On Death and Dying* (1969), incorporating and applying Bowlby and Parkes' theories to the process of dying through terminal illness. She slightly changed the stages by adding 'Bargaining' – where patients say 'if only I had' – and changed 're-organisation' to 'acceptance'; the dying person may accept death if he or she is given the opportunity to grieve. The theories of Kübler-Ross are widely taught and can be seen as a basis for theory around anticipatory grief, but are more frequently applied to bereavement following death, rather than dying.

Task theory

In 1981, alongside the swiftly growing profession of psychotherapy and counselling, Worden re-introduced Freud's concept of 'grief work'; he described four tasks of mourning which were:

1. Accepting the reality of the loss
2. Experiencing the pain of grief
3. Adjusting to the environment without the deceased
4. Letting go of the deceased, closure.

It is interesting to note that over the years his defined 'resolution' of grief is one of the most challenged areas in bereavement and this 'task' was amended to 'reinvestment in new relationships' (1991) and to finding an ongoing connection with the deceased while adjusting to life without them (2008).

Critique of the earlier theories – a move to new theories

Through the adoption of these stage and tasks theories it would appear that they have given some support to counsellors working in bereavement. However, it is interesting to note that some authors (Worden, 1981 and Kübler-Ross, 1969) have advocated the use of their theories as 'a' theory rather than 'the' theory, but you will see below and

in other chapters of this book that practitioners sometimes do expect their clients to work through stages by completing tasks.

From the 1990s onwards research has increasingly questioned the efficacy of stages and task theories (Haugh, 2001). Craib notes that using stages in bereavement counselling is similar to cutting out gingerbread men – one shape fits all (1994). Stroebe and Schut (2005) notes that there is little scientific evidence to support the idea of stages in grief. In parallel, grief was being re-defined in a broader sense, incorporating sociological, cultural, and anthropological views (Walters, 1996; Rosenblatt, 2001).

Rosenblatt (1993) also notes how, in stepping into someone's world, we need to make sure that our ways of working are not embedded in white western European culture, or the culture of counselling; we need to be able to step into the world and culture of the other.

'A sensitivity to cultural differences (such as the wide range of culturally appropriate expression of grief across cultures) should help prevent ethnocentric assumptions that one's own culture or experience necessarily provides a valid baseline for understanding the grief of somebody from a different cultural background. . .'

Rosenblatt (1993: 104)

A study of clients' perceptions of counselling (Flatteau Taylor, 2005), which is outlined in more detail in Chapter 9 noted their preference would be to speak about their experiences in their own way.

At its toughest, loss means that we can lose a sense of who we are, our place in the world; this understanding has led to a broadening of our responses from one that focused on the emotional and psychological to that which integrates the vital social, cognitive, cultural and spiritual dimensions of grief. A more holistic approach to loss was advocated as the full impact of a significant death was increasingly appreciated. This gave rise to theories around how bereaved people need to 'relearn the world', after their life was shattered by a significant loss (Attig, 1996).

On biography

Walter (1996) encourages a move away from 'grand theories' towards individualisation of loss as the overarching aim in support. He outlines

the bereaved person's need to rewrite the biography of the person who has died, continuing our story about them and about ourselves in the world without them. He emphasises that this can be done naturally in the community without the need for 'outside' support, but where counselling is used, the conversation should be a story about the life and death of the deceased and their transformed relationship.

Dual process model

However, an underlying approach of 'grief work' continued in some theories. A significant paper by Stroebe and Schut (1999) outlined a 'dual process model'. They suggested that although we do need to grieve and the psychological processing of grief is important, we also need diversion; we need to get back to our 'normal' pattern of life. They identify that if we oscillate between grief and diversion this would be normal, but staying on either side of the pendulum would not be helpful.

Meaning reconstruction

Neimeyer (2001) is developing theories around meaningful reconstruction as a central tenet of the process of grief; a social constructivist model. Any major loss upturns our assumptive world, on which our sense of security and expectation of the world is based. Neimeyer concurs with the oscillation process and focuses on the need to continue bonds with the deceased, and reconstruct the meaning of our lives following a loss.

Continuing bonds

In 1999 Klass *et al.* wrote about 'continuing bonds', which underlined how people continue relationships with the deceased through memories, dreams, sense of presence and photographs. In line with Walter (1996) he found that many people have a role in remembering the dead, by creating a narrative around loss, such as friends, family, even pathologists and forensic scientists. He sees the aim of bereavement counselling as helping people to talk about their memories, rather than about detaching from the dead.

Complications in grief

It has been noted that people who are bereaved as the result of unexpected causes, such as violent acts or at a young age, tend to be seen as having 'complicated grief' (CG) (Prigerson *et al.* 1999; Horowitz *et al.* 1997); this was later renamed as prolonged grief disorder (PGD) and it has now been proposed to add this as a diagnostic category in DSM-V (in press, due 2013). Rando (1993) also provides a comprehensive clinical

text on the treatment of complicated mourning. However, it is really important that as counsellors we refer our bereaved clients on for a mental health professional to explore such a diagnosis only when, following our own knowledge and intuition in addition to full discussion in supervision, we believe that grief has triggered a mental disorder or restimulated an earlier known mental disorder. When you read DSM IV you will see that many of the presenting issues that highlight potential mental illness can also be seen to be very normal elements of the fluid and dynamic process that we go through when we grieve. Therefore we need to ensure that a client who is grieving, from any form of death, does not become referred inappropriately. In reading these theories you may identify elements which fit your clients' experiences, but I would suggest that no one theory has a total fit. See Chapter 9 for additional research in this field.

Counselling theories in loss and bereavement

Alongside the theories about loss and bereavement, we need to understand the best framework in which to integrate them. Knowledge of family systems and dynamics is important when working with people facing bereavement through death; as the whole structure of a family will change; however, lack of space prohibits exploration here. Psychodynamic theory holds that people have a limit to their levels of emotional, psychological energy that they can invest in relationships, and that following a loss their energy has to be withdrawn to ensure that they can redistribute it into new relationships. The echoes can be heard here of needing to 'let go' of the deceased in order to 'move forward' without them, and re-invest energy in new relationships. Haugh (2011) describes the hold that this 'letting go' hypothesis has in counselling practice, as well as in society as 'breathhtaking' and 'deeply embedded'. She further describes it as less than helpful to bereaved people. Psycho Dynamic Therapy also advocates that the impact of loss will take its root from events in childhood.

A person-centred/integrative approach to loss and bereavement

Sheila Haugh (2011) notes the person-centred counselling approach to be most helpful for bereaved people. The person-centred approach is by its nature organismic, about connection and relationship; acknowledging the incredible pain of loss, and helping people to explore why they feel the pain, and how they are coping.

The person-centred counselling approach (Rogers, 1951) is that the client is expert in his or her life and that given the right conditions will

find his or her own way forward. The drive to growth and development is a natural human response. The 'right conditions' are the provision of a good-enough relationship with a foundation of empathy, genuineness (congruence) and acceptance (unconditional positive regard). Through this, the person-centred approach advocates non-directivity, accepting their phenomenological experience of themselves, their life and the world.

However, from the client's perspectives an integrative approach is preferred (Flatteau Taylor, 2005). Clients identify the person-centred relationship way of working (non-directive), with some additional attributes that they need from a counsellor. Primarily they need a counsellor who could be more proactive than traditionally seen in person-centred counselling, although also not overly directive. They want to talk to someone who understands the background of some of the issues they may face, to help normalise their experience when they frequently feel they are out of kilter with the world, and reacting abnormally. Our work as counsellors is not to reassure them, but to be alongside as they put the pieces of their shattered lives back together, albeit this will be in a different shape and pattern. Clients also noted that their primary need is to talk about the loss, the person who had died, their reactions, their extreme angst following the death. Within the foundation of a good relationship, clients found they had an appropriate, safe place in which to explore issues which re-emerged from the past.

It is important to remember that loss through death is an experience of which we are out of control, it is forced upon us, and the only change we can make is through how we react to that change.

Summary

- In the past few decades of psychoanalytical thinking, we can see that there has been a major shift in theory – from the focus on psychological, psychodynamic ways of seeing bereaved people towards person-centred, more holistic approaches.
 - More recent theory has a broader focus, integrating differing viewpoints, acknowledging the holistic nature of the experience of grief.
 - This chapter provides just an outline of information to give an overview of this shift. It is important to draw on other resources, the additional suggested reading, your own practice, and your own experience to help guide you to the best way of working. It is also important to remember that however many theories you know, each story inevitably will be in some way uniquely different with each client you see, as loss is a unique experience.
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Activity

Some theories reflect that loss and bereavement is seen from a psychological perspective; many other disciplines can enhance this understanding.

Think through loss and bereavement from the perspective of different professionals; for example, a sociologist, a doctor, a company manager.

Further reading

Klass, D., Silverman P. and Nickman, S. (eds) (1999) *Continuing Bonds: New Understandings of Grief*. Washington DC: Taylor & Francis.

Stroebe, M., Hansson, R., Stroebe W., and Schut, H. (2001) *Handbook of Bereavement Research: Consequences Coping and Care*. Washington DC: American Psychological Association.

Tolan, J. and Wilkins, P. (2011) *Client Issues in Counselling and Psychotherapy*. London: Sage.