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Therapeutic work in the midst of grief: A literature review

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Abstract: This article offers a brief review of the theory and existing literature in the psychotherapy field which explores the nature of therapeutic work while in the midst of grief. The paucity of research in the field is highlighted while more recent existential phenomenological studies offer a promising development. Critically examining current knowledge in this area, we aim to inform practice and suggest further avenues for research.

Keywords: grief; therapist experiences; literature review

There is no therapist and no person immune to the inherent tragedies of existence. (Yalom, 2002, p.8)

The aim of this article is to review the existing literature in relation to therapists' bereavement experiences, exploring the impact of grief on therapists' personal and professional life.

The past four decades have seen a growth in literature addressing the issues surrounding bereavement, grief and loss as experienced by the survivors of the deceased. However, there remains a paucity of research concerning therapists' experience of bereavement and its impact on their personal wellbeing and clinical work (Kouriatis & Brown, 2011). This is striking as therapists are no less immune to life crises than are their clients as the starting quote attests. If the therapeutic relationship is one of the best predictors of success in therapy (Horvath & Symonds, 1991; Norcross, 2011) and the therapist's self is a fundamental tool in therapeutic work (Yalom, 1989), it is crucial to understand how therapists are affected by bereavement, and in what ways this personal experience may impact their therapeutic practice.

We begin with a review of the existing literature, describing prominent theories (past and present) while highlighting post-modern, existential phenomenological perspectives. Examples cited are by no means exhaustive of the available literature but rather are representative of the main trends. We then outline the few qualitative studies that have been conducted in this area. Our critical examination of current knowledge aims to inform practice and suggest further avenues for research.

For the purposes of this article the term 'therapist' will be used to refer specifically to psychotherapists/counsellors, psychologists and practitioners providing psychotherapeutic services. With word space limitations, we limit ourselves to focusing specifically on the experience of loss through the death (bereavement) of a significant other within the Western cultural domain.

Mainstream bereavement theories

Stage models of grief

Bowlby (1969) first asserted that grief is an instinctual emotional reaction to separation/ loss which often leaves bereaved people with a strong desire to search for the lost person. He posited grief as a process which follows a predictable pattern of responses: numbness, yearning and searching, disorganisation and despair and finally reorganisation of behaviour. An important facet of his theory indicated that attachment style was linked to the resultant grief response with avoidant, anxious or ambivalent attachments more likely to evoke pathological grieving responses.

More recent research has challenged the idea that grief can be conceptualised in terms of fixed and sequential stages (e.g. Archer, 1999; Servaty-Seib, 2004). In fact, Jeffers (2001) points out that the stage approach does not encourage consideration of grief as a unique process.

Kubler-Ross (1969; 1975), who drew attention to the lack of knowledge both of the grieving process and of caring for the dying, was pivotal in solidifying a stage approach to bereavement that was more flexible than Bowlby's. Her theoretical contribution was important because it legitimised discussion of death, hitherto largely taboo, and contributed to health care theory by providing first-hand systematic descriptions of the dying process which earlier studies had failed to do (Copp, 1998).

The model was characterised by five discrete stages: denial, anger, bargaining, depression and acceptance. Kubler-Ross argued that most individuals experiencing grief would go through at least two of these stages but perhaps not all.

While it continues to be influential, this approach has been criticised for not taking into account individual or cultural differences (Bonanno, 2009) and failing to emphasise the physical and spiritual dimensions of death/dying (Corr, 1992). Parkes (1987), whose research was based on interviews with widows, attended to this shortcoming by proposing a psychosocial stage approach to grieving. By acknowledging the influence of individual differences in grief experiences, this approach moved away from its earlier emphasis on distinct stages.

Despite the popularity of such stage theories, few attempts have been made to empirically test them (Holland & Neimeyer, 2010). The verdict from the handful of such studies is mixed: only two studies found evidence to support stage theory

(Maciejewski, Zhang, Block, & Prigerson, 2007), while another found no evidential support for it (Barrett & Schneeweis, 1981).

At the time when they appeared, stage theories provided a much-needed framework for understanding and studying grief reactions. However, it was acknowledged that providing prescriptions of how grieving should take place could cause stress for those who didn't identify themselves within a particular stage at a particular time (Servaty-Seib, 2004). It appears important to take into account the unique character of each person's experience of loss when observing the grieving response (Neimeyer, 2001).

Task models of grieving

Task models take as their starting point the assumption that the bereaved person is an active participant in the grieving process, playing a pivotal role in 'working through' their grief (Worden, 1991). From this perspective the individual is seen as having some control over how their loss will affect them.

In the first conceptualisation of bereavement theory (Mourning and Melancholia), Freud (1957) argued that the act of mourning entails the experiencing of grief and a process whereby the mourner eventually surrenders all emotional ties to the deceased.

Stroebe and Stroebe (1991) agree that this 'grief work' is a necessary part of recovery from bereavement. They suggest that the bereaved should be aided to acknowledge their loss, experience the emotions which are evoked and, in time, detach from the deceased. Another view suggests that the very process by which the bereaved individual reviews their memories of the deceased allows them to work through their loss (Rando, 1984; Worden, 2002).

The notion that grief must be worked through has been the dominant perspective for the past century (Bonanno et al., 2002). While elements of 'grief work' remain a matter of debate, many agree that it is a dynamic, on-going and important process without which resolution is impossible (Wortman & Boerner, 2007). "For the griever who has not attended to his grief, the pain is acute and fresh ten years later as it was the day after" (Rando, 1984, p.114). This suggests that attempting to block feelings related to grief and failing to invest emotional energy to confront one's own grief is unproductive.

Researchers have explored a range of constructs in their attempt to gather evidence for the phenomenon of 'working through' grief (e.g. Bonanno et al., 1995; Bonanno & Field, 2001; Stroebe & Stroebe, 1991; Nolen-Hoeksema et al., 1997; Lepore, Silver, Wortman & Wayment, 1996; Lepore & Smyth, 2002) however, these studies have provided little evidence

that 'working through' is necessary for adjustment following the loss of a loved one.

Stroebe and Schut's (1999) Dual Process Model (DPM) posits that following bereavement a person oscillates between being present in their grief and facing their pain and focusing on practical matters requiring the suppression of thoughts/feelings associated with loss. In contrast with generalised stage theories, their model emphasises individuals' coping, meaning-making and possibilities for personal development. Exploring the DPM further, studies (e.g. Bennett, Gibbons & Mackenzie-Smith, 2010) found a correlation between elements of the model and psychological adjustment, but they debate whether bonds with the deceased should be continued or relinquished. Evidence suggested that while certain forms of on-going bond might be helpful, others might prove harmful by encouraging the bereaved to remain mired in loss and grief (Stroebe & Schut, 2005).

If applied in an overly prescriptive manner, task theories (like stage theories) can add further distress to a person in mourning (Kouriatis & Brown, 2011). Attempting to universalise what is a complex and multi-faceted grieving process could lead, for example, to the more ready application of concepts such as 'complicated grief'. In fact the concept of 'healthy grieving' is becoming increasingly inadequate, given the diversity of Western society (Valentine, 2006). But used flexibly and in a way that acknowledges the idiosyncratic nature of grief, task theories can empower individuals to 'work through' their loss.

Constructivist perspectives

The perspectives on grief offered by psychoanalytic theory, attachment theory, stage models and task models (described above) have tended to view bereavement as rather linear and in which each human being's unique engagement with the process is barely acknowledged. Where individuals' grief reactions deviate from the norm, they are deemed problematic and in need of corrective intervention. Western bereavement theory has also been dominated by the modernist view that grief is a debilitating emotional response and that grieving individuals should recover from their intense emotionality and return to normal functioning as quickly and efficiently as possible (Stroebe, Gergen, Gergen & Stroebe, 1992).

Such perspectives are now under challenge by post-modern psychotherapy (including social constructionist, narrative and constructivist approaches), which de-emphasises a set route to health and normality following bereavement and embraces individual experiences. An existential approach can be included in this trend as it offers a less directive approach

to counselling for bereavement (Van Deurzen & Arnold-Baker, 2005). From this position, it becomes crucial for practitioners to understand the phenomenon of bereavement from socio-cultural, intersubjective and intra-personal perspectives.

Constructivist perspectives on bereavement offer an important critique of the modernist stance, along with new ways of conceptualising this multi-faceted phenomenon (Rowe, 2010). Here, human existence is situated in the relational world and is based on meanings gathered via interactions with others. Loss can undermine a person's core beliefs and destabilise a person's sense of self and meaning. In order to restore a sense of meaning and inner congruence, individuals can engage in two meaning-making processes: assimilation and accommodation (Neimeyer, 2006). Assimilation involves re-constructing one's understanding of the loss experience so that it fits again with one's pre-loss beliefs. Accommodation involves re-organising and expanding one's beliefs to embrace the new reality created by loss. Neimeyer here is moving away from pathologising grief, towards embracing the idiosyncratic and complex nature of bereavement experience.

Existential phenomenological perspectives on grief

From an existentialist standpoint, bereavement is seen to pull together two fundamental givens of human existence: death and relatedness. In life we are challenged to create and secure bonds, with the knowledge that these bonds will be severed through death. It is a risk to be in relationship with another, to live with the knowledge that loss is inevitable, often unpredictable, and likely to bring about a confrontation with one's own mortality.

The philosopher Heidegger (1927) proposed the ontological idea that death should be considered as a part of life itself rather than something to be avoided, repressed and denied. This speaks to the richness of experience when embracing death; Heidegger's concept of Being-towards-death can be interpreted as the embracing of possibility: Being-towards-possibility. In our awareness of the finality of life and of our own and others' mortality we are invited to consider the meaningfulness of our lives today.

Existentialist approaches suggest that while bereavement can be a disabling and paralysing experience which can continue long after the loss of a loved one, it can also begin a process which stimulates personal growth. This idea diverges from traditional bereavement theories in not regarding bereavement as problem in need of treatment or requiring passage through determined stages to resolution. Rather, bereavement is viewed as a potentially transformational process which can lead to the expansion of the self (Broadbent, 2013; De Santis, 2015). An existential perspective can facilitate

a bereaved person's journey by helping them understand the multi-faceted nature of bereavement, the difficulties involved, and the potential rewards to be had from the grieving process (Sugarman, 2003).

Kierkegaard (1849), who wrote extensively on the subject of despair, identified a healthy aspect to despair, one which he felt should be encouraged rather than avoided. This suggests that by experiencing the despair of bereavement a therapist might connect more fully with questions about their own existence and with their therapeutic relationships. For Boss (1979), the 'death of others' is in fact our first encounter with human mortality and the inevitability of our own deaths. In a similar way, Sartre (1969) spoke of human beings being re-united with themselves in death, an idea which could be broadened to encompass the experience of surviving the loss of a loved one, since bereavement can often cause survivors to question their own existence. On the basis of his work with the bereaved, Yalom (1980) came to see bereavement as an 'existential opportunity' to uncover or get to the core of one's self.

Given the right conditions, the therapeutic relationship can provide the necessary space to delve into the experience of bereavement. When Buber (1970) spoke of relationships he gave ontological status to the space in 'between'; "spirit is not in the I," he stated, "but between I and You" (Buber, 1970, p.89). His formulation highlights the vitalising forces which can come from intense, engaged relationships such as the therapeutic alliance. This highlights the importance of taking into account all aspects of a therapeutic encounter, including a therapist's own feelings which may be evoked through interaction.

Studies exploring therapist bereavement

Survey-based research

On the basis of a survey involving 69 therapist-client encounters, Hayes, Yeh, and Eisenberg (2007) found that clients experienced their therapists as less empathic when the therapists were still grieving, and more empathic when they had resolved their grief. This indicates that a therapist's unresolved grief may have negative implications for therapy. However, it remains debatable how much surveys can contribute to the understanding of a phenomenon as complex as measuring the resolution of grief. Narrative and qualitative accounts arguably better capture the profoundly painful and idiosyncratic nature of the experience.

Anecdotal accounts

The majority of studies which have sought to explore therapists' experience of bereavement have been written within a psychoanalytic framework. Silberberg (1995), for example, explored his inner processes following his father's death and how these helped him to resolve past issues. Rodman (1998) shared how he coped following his wife's death and examined the impact of self-disclosure on his clients.

Anecdotal accounts reveal that bereavement has both positive and negative effects on therapists in relation to their client work. According to Givelbar and Simon (1981), a therapist's grief can have a negative impact on therapy if, for example, the therapist unconsciously seeks to replace their loved one through client work. This raises the issue of self-care; BPS guidelines on 'Fitness to Practice' (BPS, 2009) emphasise the need for therapists to be aware of their psychological state before returning to therapeutic practice. However, while Guy (1987) expressed concerns about therapists returning to work when still grieving, he also acknowledged that therapists might be more empathic with their clients' emotional pain.

Following the loss of her mother, Shapiro (1985) had difficulty in communicating with one of her clients who was severely regressed. Vamos (1993) following the loss of her husband, underwent a similar experience: she found that her disclosures in session with clients depended more on her emotional state than on therapeutic considerations. Balsam and Balsam (1984) found that grieving therapists who returned to work might not be in a position to be fully present with clients since they were at risk of associating much of their client's material to their own loss.

While these - now somewhat dated - studies provide insights into how a therapist's grief can affect the therapeutic encounter, they lack the breadth and depth that can result from looking at more than one person's experience of this phenomenon within a homogenous sample, something which qualitative research studies have addressed.

Qualitative research studies

Antonias (2002) made a much-needed contribution to the literature when he conducted a study on the effects of bereavement on humanistic counsellors. His grounded theory study revealed that therapists' bereavement led to short-term negative effects, such as a lessening of professional involvement and impaired self-image. However, in the longer-term there were also positive effects, including an increase in empathy and greater reciprocity in the therapeutic relationship.

Adams' (2014) grounded theory study of the myth of the 'untroubled' therapist engaged more specifically with individual narratives rather than offering a conceptual explanation recognising how bereavement sits at the core of our lives. She noted how therapists are often still able to work while depressed and coping with grief/loss. Her participants often continued working in the face of their bereavement finding it a solace. She cites Chasen's (2001) account of returning to work as a therapist just two weeks after the sudden death of her son to escape the horror of her own grief.

A number of other studies (all dissertations) explored therapists' experiences following the loss of a close relative (Millon, 1998; Boyden, 2006; Bozenski, 2006; Colao-Vitolo, 2006). Millon's (1998) study involved interviewing ten psychodynamic therapists who had lost a close family member. The research revealed that participants' grief experiences were disenfranchised by their environment and expectations of how their grief might be. Participants also reported having a continued, albeit changed, bond with the deceased (Klass et al, 1996). Others reported that while work provided some comfort to them during the grieving process, their emotional state was unstable and interfered with the therapeutic process. This is similar to the findings of Hayes et al (2007), suggesting that unresolved loss might have a negative impact on therapeutic work. While Millon's (1998) research was the first qualitative study to address this topic, it has been criticised for failing to specify its epistemological stance, neglecting to explain the specific qualitative method used, and insufficiently outlining how the analysis was undertaken (Kouriatis & Brown, 2011).

Boyden (2006), Bozenski (2006) and Colao-Vitolo (2006) engaged in consensual qualitative research. Twelve psychologists were recruited and interviewed by telephone. Participants reported experiencing a continuing bond with the deceased, which they saw as an adaptive mechanism linked to coping with the loss. Participants also reported finding talking, socialising and connecting with family as useful coping mechanisms, as well as seeing clients (Colao-Vitolo, 2006). While finding supervision and personal therapy of great help (Henderson, 2005; Mahoney, 1997) coping was hindered when others did not understand their grief (Millon, 1998).

Despite utilising a relatively large sample size, the use of telephone interviews rather than face-to-face ones raises doubts as to the quality of the interaction and researchers' ability to pick up subtle embodied intersubjective cues. Was sufficient rapport established to gain participant's trust and enable them to feel comfortable enough to share their innermost thoughts and feelings?

More recently, Weeks (2013) explored the impact of bereavement on music therapists' work in end-of-life care. Using descriptive phenomenology (namely the approaches of

Colaizzi and Giorgi), she explored two music therapists' experiences of loss and how it impacted their work. The study found the positive impact of grief on clinical work included a greater sense of empathy, self-awareness and presence in terms of being able to sit in silence and with music. However, the obverse also applied with therapists being unable to be present when in the midst of their own grief and overwhelmed with emotions. The authors point to warning signs and the need to develop coping skills.

Similar findings were found by Broadbent (2013) investigated therapist bereavement and the impact of loss on therapeutic work using Interpretative Phenomenological Analysis (IPA) with four participants. Her findings emphasised the unique experience of grief, with the grieving process evolving over time and incurring a significant impact on participants' internal sense of self and social identity. Participants, in the aftermath of their loss, felt they had to re-establish a new relationship with the world (Attig, 1996) and themselves and emerged from their experience of loss with greater self-awareness. Being heard and witnessed was another central finding in this research with participants emphasising their need for their grief to be seen. Participants also revealed that continued personal/ professional development, including reflection on their therapeutic work, was paramount in order to continue working therapeutically in a way that was safe and ethical: this was supported by participants' experience of a trusting and safe supervisory relationship. Grief was viewed as hugely impacting participants' therapeutic practice by enhancing their ability to empathise and connect with clients (self-disclosures were only offered for the clients benefit and not in all cases).

Kouriatis and Brown (2013-2014) also utilised hermeneutic IPA methodology. They interviewed six therapists from a mix of theoretical orientations about a loss experience which held particular significance for them. These losses included but were not confined to bereavement. The findings from this study revealed that participants' grief impacted them on a multitude of dimensions: psychologically, physically, cognitively and relationally. They found that psychological and physical pain are closely related in the experience of grief. Moreover, the impact of grief on relationships was found to be dependent on whether the loss had a shared meaning and called for similar coping strategies for those experiencing it. On a cognitive level, participants' experienced their grief as intense and disorienting and in some cases normalised their own irrational thoughts in relation to the grieving process. Participants' ability to cope with their grief was mediated by support from family, friends, and colleagues and in personal therapy. Whilst the impact of supervision was also touched upon it was not a facet that seemed to take prominence for participants in this study. Moreover, the findings revealed that continuing with therapeutic work in the midst of participants' grief was helpful as it meant they could escape their own

turmoil and facilitated a sense that life could continue post-loss. Therapeutic work was enhanced by opening up a more empathic and/or bolder approach.

In another recent study drawing on data from seven participants utilising IPA and exploring therapeutic work in the midst of grief, De Santis (2015) (first author) found that therapists often feel the need to rely on and safeguard their professional identity when in the midst of grief, predominantly via bracketing. However, cutting off from one's process was found to sometimes impede self-monitoring and reflexive awareness of one's impact in the therapeutic encounter. This raises the question of whether denial of vulnerability might prevent more authentic relating.

Additional findings from De Santis' study revealed that therapists' presence was affected by their grief and vulnerability. In some cases their vulnerability led them to project onto the client or become impatient, causing a disconnection. In other cases a therapist's vulnerability fostered a deeper connection with, and increased empathy towards, clients.

Another recent study by Devilly (2014) examined the multi-dimensional and unique nature of grief experience of bereavement and personal illness using thematic analysis. Six psychotherapists, from a variety of orientations were interviewed. A prominent theme emerging was the issue of self-care with the majority of psychotherapists engaging in self-care practices as a way of coping with their crises. Self-disclosure was also discussed examining both its utility and drawbacks while highlighting the ambiguity and uncertainty psychotherapists experience upon having to decide whether to disclose a personal life crisis to their clients. Devilly's findings revealed that working through a personal crisis had benefits for psychotherapists including enabling a greater sense of empathy for clients and a sense of comfort from being able to continue working. The findings highlighted the need to consider and seek out personal therapy during such life crises.

Discussion

This review shows that research into therapists' bereavement has largely comprised anecdotal accounts and unpublished dissertations which have generally lacked rigour and generalisability while quantitative ones lack depth of analysis (Kouriatis & Brown, 2011). The more recent idiographic IPA studies have attempted to bridge this gap though further research is needed to ensure findings can be applied more widely. Also, while the IPA studies have offered rich descriptions/narratives, some interpretive depth and resonance is lacking with their focus on cognitions and sense-

making at the expense, for example, of exploring embodied lived experience and associated evocative imagery. Some of the studies are overly reliant on simply re-presenting participants' words. Clearly, bereavement deeply affects a therapist's personal and professional life. The relative paucity of research in this area presents a further difficulty for therapists attempting to cope with loss or other life crises. Here, difficulties experienced by therapists may be negated, while self-sacrificial behaviours are encouraged. Research highlighting the complexity of therapeutic processes when therapists are in the midst of grief constitutes an invitation to training institutions to encourage more open dialogue, especially in relation to the merging of therapists' personal/professional lives in the course of their work. This echoes Martin's (2011) sentiments that celebrating our humanity in its many facets which might contribute to the de-stigmatisation and recognition of the wounded healer in education towards a more open attitude across the helping professions.

Given that the 'self' is the primary therapeutic tool utilised in therapy, it is crucial that therapists give voice to their experiences. Paradoxically, the life of a therapist can be a lonely one, and this is only exacerbated by traumatic life experiences such as the loss of a significant other. Recognising and normalising these natural human occurrences via research and open dialogue, may enable greater understanding of therapeutic processes and how therapists might access greater support when navigating this uncertain terrain.

The present review beckons us to consider the benefits of speaking more openly about therapists' vulnerability (Adams, 2014) and our bereavement experiences. Through this we can develop our professional knowledge of how bereavement impacts therapists and our therapeutic encounters. By giving voice to this phenomenon, both therapists and the wider psychological community stand to benefit immensely (Martin, 2011, De Santis, 2015). The current literature review hopes to stimulate a larger debate within the therapeutic community of this fertile area.

Despite the paucity of research in the area of therapist bereavement, it is encouraging to note that research projects are attempting to bridge this gap. Nevertheless, further phenomenological research in this area - and more cross-cultural research - is clearly indicated. In particular, there is a need for research exploring the lived experience of bereaved therapists who are providing therapy specifically to bereaved clients. This might throw additional light on how therapists manage their own vulnerability and challenges in therapeutic work when facing death and grief.

It has been argued that the type of loss a person endures can affect the way they experience grief (Rando, 1993). In fact, De Santis' (2015) study suggests that all bereavements, regardless

of whether they are expected or otherwise, could be experienced as traumatic. Further research exploring how therapists deal with traumatic loss may be a fruitful avenue.

Further exploration is also needed on how therapy work may enrich our therapeutic work in being both 'refuge' from despair and offering opportunities to embrace positively the transformational nature of life crises. How might we be with the pain – both our own and our clients – without pathologising it? We agree with Clesham (2010, p.21) who says, "I can only be truly present in my clients' darkness if I am willing to enter my own".

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