A person-centred approach to grief counselling

DALE G. LARSON

This chapter discusses:

- Contemporary theories of grief and mourning and their implications for counselling
- The person-centred approach and grief counselling
- Person-centred experiential grief counselling interventions
- Evidence for the efficacy of a person-centred approach to grief counselling

Loss, and with it the mental and physical pain so familiar to bereaved persons, is an inescapable part of life. Despite its often overwhelming intensity, grief is now understood to be a natural condition — the human reaction to loss — and for most people is expected to abate over time and frequently lead to psychological growth. Given this understanding, the role of grief counselling is to accelerate or unblock the natural healing process, particularly if this process is moving more slowly than expected, or if the reaction to a loss is severe or protracted.

Our understanding of grief and the needs of grieving persons has advanced significantly in recent years, but these insights are typically not connected to specific counselling theory and practices that could then provide a foundation for effective grief counselling. In this chapter, I present a rationale for a person-centred approach to grief counselling serving as this foundation. I connect this approach with contemporary theories of grief and mourning and the needs of bereaved persons, and then illustrate the approach in action and review relevant research.
Theories of grief and mourning

Defining grief is difficult because of the myriad forms it takes. Although often thought of as only a distressed emotional reaction, grief is a much more all-encompassing experience, affecting the bereaved person's cognitive, behavioural and physiological status (Stroebe, Hansson, Schut, & Stroebe, 2008a). The grief response also varies tremendously, depending on an array of factors such as the circumstances of the death and the bereaved person's gender, attachment style and relationship with the deceased. Mourning -- the integration and expression or public display of grief over time -- is also quite varied and is significantly shaped by society, culture and religion.

Dual-process and task-based models

Despite the complex and idiosyncratic nature of grief and mourning, thanatologists have succeeded in identifying definite patterns and relations in them. Two of the most comprehensive and influential grief theories are the dual-process model of Stroebe and Schut (1999, 2010) and the task-based model developed by Worden (2009).

The dual-process model views bereavement as defined by two orientations: loss and restoration. Both orientations are present in the coping responses of each bereaved individual. In the loss orientation, the griever confronts and processes the loss experience – doing the grief work of yearning, going over memories, feeling the pain and finality of separation, crying over the loss, and having emotions ranging from despair to relief while coming to terms with the loss. As Stroebe et al. (2007) say, 'Healthy grief work involves ... facing up to the reality of the loss' (p. 470). In the restoration orientation, the griever focuses on adjusting to the secondary stressors that come after the loss – dealing with all the changes the loss brings, finding distraction (and rest) from grief, and exploring areas of new growth.

As the griever struggles to come to terms with the loss, oscillation between these two orientations occurs. This oscillation serves an adaptive regulatory function that works best when movement between the two orientations is balanced and flexible (Hansson & Stroebe, 2007). When balanced oscillation breaks down and the griever becomes stuck in either the loss orientation (extreme rumination) or the restoration orientation (extreme denial and avoidance), complicated grief can develop. From the perspective of the dual-process model, grief counselling will be most effective if it helps the griever oscillate between loss-oriented and restoration-oriented experiences in a balanced and flexible fashion, without becoming stuck in either.

Worden's task-based model sees mourning as an active process entailing the completion of four tasks: (1) accepting the reality of the loss; (2) processing the pain of grief; (3) adjusting to a world without the deceased; and (4) finding an enduring connection with the deceased in the midst of embarking on a new life. The third task of adjusting to a world without the deceased is quite similar to the restoration orientation of the dual-process model (Worden, 2009), with some qualifications (Stroebe et al., 2007), and the other three tasks overlap with the loss orientation. The four
tasks serve as markers for the natural healing process of grief and as keys to understanding when grief is not working. In the task-based model, complicated mourning reactions occur when one or more tasks are impeded, resulting in what Worden terms ‘abnormal grief reactions’ (for example, chronic, delayed or exaggerated grief reactions). To succeed, grief counselling must help clients to complete these tasks.

Meaning-making

Both the dual-process and task-based models include a prominent role for meaning-making and meaning reconstruction in the adaptation to loss (Gillies & Neimeyer, 2006). Major losses require grievers to re-evaluate and reconstruct their schemata for self, others and the world as they search for the meaning of the loss and the meaning of life without the deceased. Traumatic loss presents additional challenges to the bereaved (see Chapter 24) as it can shatter basic assumptions about life and require grievers to create a more viable assumptive world that is both credible and tolerable (Janoff-Bulman, 1992). Efficacious grief counselling assists clients in these meaning-making processes.

Continuing bonds

An emergent view in the bereavement field is that continuing bonds (Field, 2008) with the deceased are an important component of healthy adaptation to loss. Although ongoing research is examining when continuing bonds are helpful and when they are not, the dominant view is that counselling is likely to be more effective when it helps clients to remain connected to the deceased in ways that do not interfere with moving adaptively into the future.

A natural and potentially growthful process

Grief is now viewed as a natural, self-limiting, healing process (Corr, Nabe, & Corr, 2006). When this process goes awry, complicated grief and grief-related major depression can develop. Clinicians need to recognize these conditions and find a balance between normalizing extreme reactions to loss and possibly not providing enough care, and reducing the pain of grief and possibly interfering with a natural adaptation to loss (Zisook & Shear, 2009). In this view of grief as a natural healing process, painful emotions of sadness, anger, guilt, shame and anxiety are seen as potentially motivating and guiding psychological adjustment.

This adaptive role for emotions might seem foreign to some therapists but certainly not to person-centred counsellors, who see therapy as aiding clients in gaining awareness of their inner reactions so that the ‘organismic valuing process’ (Rogers, 1959) may guide growth and lead to health-promoting choices. The idea that grief often brings growth and gain, along with the pain, is also now widely accepted (Hogan & Schmidt, 2002). Given these views of grief, the role of counselling is essentially to help clients by getting grief working for them.
The person-centred approach and grief counselling

Many authors note the fit between a person-centred counselling approach and the needs of grieving clients, citing:

- a focus on the uniqueness of the human experience (Haugh, 2012);
- an emphasis on the actualizing tendency (Haugh, 2012; Servaty-Seib, 2004);
- an encouragement and facilitation of contact with emotions and experiencing (Barbato & Irwin, 1992);
- an approach that follows the client's agenda and facilitates an individual, diverse process (McLaren, 1998);
- a non-directive style that promotes self-reliance and a mastery of bereavement tasks (Goodman, Morgan, Juriga, & Brown, 2004).

The fit is further demonstrated by a more detailed look at the needs of grieving clients and the therapeutic conditions provided by the person-centred counsellor.

Need for a supportive and empathic relationship

It is the relationship that heals. This therapy axiom is surely true in grief counselling, where the client's need for a safe, supportive and empathic relationship with a reliable caregiver is magnified by ruptured attachments and disrupted social support systems. Bereaved clients often feel painfully alone in their experience of loss, for a multiplicity of reasons:

- They are often grieving for the very person who would normally be their main source of support in times of stress.
- Their natural support system soon exhausts itself, and supportive contacts with caring family and friends diminish in frequency as the rest of the world charges ahead.
- Their disclosure of grief-related distress is discouraged by a society averse to death-related content, especially when the losses are stigmatized (for example, as the survivor of a suicide or AIDS death).
- They have suffered a traumatic loss (for example, the loss of a child or a homicide) and the need for a supportive relationship – a secure base – is even greater as they must adapt to a world that no longer feels safe.

Jordan and Neimeyer (2003) echo these themes when they say that the 'common and probably most important factor in all bereavement interventions' is 'the encounter with compassionate and empathically-attuned caregivers who provide mourners with a healing experience of being understood and supported in their journey of loss' (p. 780). The person-centred counselling approach, with its emphasis on a deeply empathic and caring therapeutic relationship, precisely fulfils this fundamental criterion for effective grief counselling. The match between a person-centred counselling approach and the needs of bereaved persons is further discussed in detail in the following sections.
highlighted when the core conditions of congruence or authenticity, unconditional positive regard and empathic understanding are each examined in relation to the grief experience:

- **Congruence or authenticity:** Grievers need an authentic companion as they grapple with existential issues that touch core dimensions of the human condition.

- **Unconditional positive regard:** Grievers need to be accepted, and to accept themselves, as they struggle with feelings of shame and guilt, worry and regrets, and with a widening gap between their inner experience and others' expectations (for example, "Isn't it time to move on?" or "You are young and can have another child"). This acceptance is invaluable as grievers work to discover their inner timetable for grief and their way through the pain of loss. To do this, they require a non-judgemental listener who is unafraid to be witness and be present with the intense and often unsettling emotions and thoughts that grief brings. The griever's everyday support system can rapidly exhaust itself and is also not capable of providing a consistent 'holding environment' for these strong reactions to loss.

- **Empathic understanding:** Deeply experienced and communicated empathic understanding is the hallmark of the person-centred approach. The empathically attuned counsellor forms successively more accurate constructions of the client's experience, and as clients more fully 'experience their experience', they find that they can:
  - develop an understanding of self that is more congruent with their actual lived experience (Rogers, 1961);
  - accept and make sense of their loss experiences;
  - have the emotions of grief guide their adjustment to loss;
  - clarify, accept and integrate new experiences of self;
  - discover new meanings in the painful events, and discover and explore emerging directions for growth;
  - establish continuing bonds with their lost loved ones that are not maintained through the pain of loss.

The encounter between the deeply empathic person-centred grief counsellor and the distressed griever does, however, entail risks for both client and counsellor. Grief counsellors can experience secondary or vicarious traumatization (Figley, 1995; Larson, 2000) as a consequence of their emotional involvement with highly distressed clients, and this can adversely affect both the counselling process and the counsellor. The grief counsellor, like the grieving client, must find a way to achieve a balanced stance towards intense emotional experience. For counsellors, this balance is lost when they identify with, rather than empathize with, their clients' experiences. When empathy loses its 'as if' quality, counsellors find themselves in what I have called the 'helper's pit' (Larson, 1993), and balanced empathy gives way to counsellor self-focus, personal distress and an increased likelihood of burn-out.

One of the best ways to prevent counsellor burn-out is to be effective in our counselling efforts. I have found that, in addition to a more classic way of working
with bereaved persons, there are some practices from the wider circle of more experi-
ential and integrative practices that can be helpful too. Some of the interventions that I have found helpful include:

- having a photo of the deceased displayed during each counselling session;
- sharing books and readings that offer psychoeducational input;
- meeting with other family members at least once to gather an understanding of
  the family system's response to the loss;
- referring clients to local bereavement support groups as a supplement to our work
  together;
- listening for and supporting the establishment of new goals that restore meaning
  to life;
- using the empty-chair technique to facilitate different facets of coming to terms
  with the loss.

Several of these practices are illustrated in the case study of Bruce presented
below. Although the empty-chair dialogue and other of these interventions can entail
more counsellor directiveness than is usual in person-centred work, these
interventions are entirely non-directive concerning the client's content, and they retain the
quintessential inner-directed quality of person-centred counselling.

Another specific intervention that I find can be enormously facilitative in grief
counselling is the 'first-person response' (Cain, 2010; Larson, 1993). Here, the coun-
sellor speaks from the client's point of view using the first-person voice. This mode
of communicating can be particularly helpful in grief counselling because grievers so
often search for answers to profound existential questions, what I term grief's ques-
tions (Larson, 1993; see Box 21.1). There are no easy answers to grief's questions;
however, by hearing and reflecting them, no matter what style of response is used,
the counsellor can help grievers live the questioning process and discover their own
answers. Examples of the first-person response with a bereaved client can be found
in Rogers's (CRR) demonstration interview (Milton H. Erickson Foundation, 1985)
with Peter Anne (PA), who had miscarried twins 2 years previously and was possibly
pregnant at the time of the interview:

PA: ... I guess I question myself in a lot of ways too. If I had made attempts
earlier, would it have been easier?

CRR: Uh-huh, uh-huh. 'Should I have laid aside my career a little earlier and
tried to become pregnant?'

PA: Yeah, because ... I would have had two little kids two and a half years old.

CRR: And so you're asking, 'Did I make a mistake?'

PA: Yeah. And that's ... a scary thought, to think that your whole life has been
a mistake along the way.

CRR: Uh-huh, uh-huh. 'Did I make a very grave error in not having made the
attempt sooner? ...
A person-centred approach to grief counselling

Box 21.1

Grief's questions

- **Why me? Why did this have to happen?** These are probably the first questions nearly every bereaved person asks.
- **What's happening to me?** The grieving person feels so different and wants to know what is happening.
- **How can I go on?** Feelings of hopelessness are common.
- **What can I do?** Although the 'problem' of grief has no easy solutions, a cascade of advice inevitably pours in from others, and there is often a painful discrepancy between these expectations and the griever's inner experience.
- **Who will help me?** There are often many surprises – some pleasant, some unpleasant – as the grieving person seeks out support from family and friends.
- **What do I need?** A fog of ambiguity can envelop the griever, making it difficult to know what would be most helpful for him or her.
- **Will this ever end?** The griever asks, 'How long will this last?', 'When will I feel better?'
- **Who am I now?** Changes in personal identity lie at the core of the mourning process.
- **How will my life be?** The final task of grief is to become an active agent for one's own wellbeing and to reinvest in life.

**Person-centred grief counselling in action**

**Bruce**

Bruce is a 40-year old Caucasian Silicon Valley engineer I met with for 40 sessions over a period of 2 years. Bruce's son Adam, aged 7, had died suddenly from a cerebral haemorrhage. Bruce was in deep despair at the outset of counselling. A dedicated father, he was confronting the unimaginable: the loss of his beloved son. His grief and grieving process were intense and prolonged and had a traumatic component, which I find typical for the bereaved parents of young children.

At the outset of counselling, Bruce often had extreme emotions of anguish and yearning. The intensity and frequency of the reactions gradually diminished over the course of therapy, but these 'grief attacks', as we called them, were moments when Bruce confronted and lived through the trauma of the loss as he struggled to accept this reality and integrate it into his world and experience of self.

Bruce consistently used evocative metaphors to describe his grief: he was on a 'long, painful road' with broken glass cutting his bare feet; his remaining family was 'wobbly', like a 'table with three legs' (himself, his wife and their other son); the loss was an 'earthquake', followed by aftershocks; he was a 'man with one arm'. Bruce was able to reach deeper levels of feeling and meaning by attending to the 'bodily felt sense'
(Gendlin, 1996) that he had for each of these experiences, and the richness and depth of the insights that came to him were remarkable. My overall response style in the therapy was classically person-centred: few questions, almost no advice, and the majority of my responses focused on the feelings and meanings Bruce communicated.

Each week Bruce brought a photo of Adam to our sessions, and he had extensive imaginal conversations with Adam through empty-chair work. In these conversations, Bruce often repeated: 'I have not forgotten you, Adam. My love has not diminished.' Extensively refined and researched within the ever-expanding person-centred tradition (Elliott, Watson, Goldman, & Greenberg, 2004), this powerful experiential intervention is now used in grief counselling by therapists from many theoretical persuasions, including cognitive grief therapy (Malkinson, 2007, p. 157 – the 'as if' strategy), and cognitive-behavioural therapy for complicated grief (Shear, Frank, Houck, & Reynolds, 2005). The empty-chair dialogue facilitates processing the loss, developing a healthy continuing bond with the deceased and adjusting to a life without the loved one.

I will never forget the day Bruce so eloquently and poignantly conveyed the suffering he confronted. He told me he had always tucked both his sons into bed at night, and told them stories. When he had a scary dream about his children, he would go into their bedroom to check on them. Now his only solace was when Adam appeared to him in a dream. He said, 'I wake to my nightmare.'

When Bruce asked me questions about grief and the grief process, I answered to the best of my ability. An engineer, he wanted to know how things worked, and he found that the task-based and dual-process models made sense to him. He would then often point to the zigzag nature of his grief journey, with profound moments of loss and yearning followed by 'vacations from grief' in which he began to find pleasure again. Near the end of our work together, he described himself as coming back into his life and observing what had happened while he had been gone 'on a vacation in hell'.

Bruce's grief process illustrates what both the dual-process and task-based models emphasize: that adaptation to loss involves more than grief work. There is also the work of adjustment and restoration – adjusting to a world without the loved one, setting new goals in life and generally reinvesting in life. These restoration and adjustment processes of the task-based and dual-process models can include an element of avoidance or denial, of consciously or unconsciously diverting one's attention from the loss experience itself. The dual-process model says that when grief is working, the griever flexibly oscillates in a balanced fashion between loss and restoration orientations, and does not get stuck at the extremes of either – neither excessive rumination nor rigid denial or repression.

In addition, when grief is working, the adjustment and restoration-oriented processes that are an important part of bereavement coping are activated as grief-related emotions are fully experienced and worked through. Person-centred experiential theorists say that 'every feeling has a need, and every need has a direction for action' (Elliott et al., 2004, p. 24). This axiom is confirmed in grief counselling when clients
have sudden realizations like 'I don't need to make the trip this year to the lake where we scattered our son's ashes' or 'Now that Plan A is not going to happen, I need to make Plan B work for me.' One day, after processing cherished memories of his son on the sports playing field, Bruce resolved to set up a scholarship for other boys in his son's name. This idea for creating meaning through a legacy for Adam was a 'direction for action' emerging directly from Bruce's deep experience of loss.

Insights into this pattern of deeply felt emotion leading to adaptive real-world actions can be found in the work of Pascual-Leone and Greenberg (2007), who studied 'moment-by-moment steps in emotional processing' in therapy with clients in experiential therapy for depression and interpersonal problems. They identified patterns of productive emotional processing and showed how painful and unpleasant emotions can promote healing when they 'propel the client on a healthy self-organizing trajectory that reaches its completion as a meaningful, emotionally differentiated, and integrative experience' (2007, p. 886). This therapeutic endpoint is perhaps similar to the adaptive grief outcome Zisook and Shear (2009, p. 68) term 'integrative' or 'abiding' grief. These detailed explorations of how feeling and meaning unfold in effective therapy can help to unravel the paradox that the pain of loss actually helps to process the loss: that to change grief, you must experience grief.

Facing up to the reality of losing one's child is probably the most difficult of all human experiences, and Bruce's courage in doing so gave me the courage to be his companion on that journey. When the counselling ended, Bruce said that he had at last arrived at a different place, a place where he could hold Adam in his heart without the intense anguish of loss, but with the cherished memories of the son he would always love dearly and never forget.

Empirical evidence

Does grief counselling work?

Although the efficacy of person-centred counselling with bereaved clients has received little direct empirical attention, a review of grief counselling and psychotherapy research in general does provide important perspectives for consideration here, particularly in light of recent controversies in the field.

In the past decade, a pessimistic view of grief counselling has emerged, with claims that it is ineffective or possibly harmful with normally bereaved clients. Critical evaluation of these claims (Hoyt & Larson, 2008, 2010; Larson & Hoyt, 2007a, 2007b, 2009) has led my colleague, William Hoyt, and myself to conclude, first, that there is no empirical or statistical basis for the existence of iatrogenic effects for grief counselling, a conclusion confirmed by other authors (Stroebe et al., 2008b; Worden, 2009). Second, we believe that the generally pessimistic portrait of grief counselling outcomes that pervades the literature has resulted from a lack of ecological validity of the modal research design (that is, interventions and samples are not similar to the real-world treatments and clients) and from misinterpretations of extant meta-
analytic findings. When these issues are corrected for, a relatively optimistic picture is revealed. A major implication of the new perspective is that bereavement professionals can enjoy a more realistic and positive view of their helping efforts.

Encouraging results can also be found in research testing the efficacy of person-centred therapy (see Chapter 31 for a thorough review of research on the person-centred approach). In a large-scale study comparing the cognitive-behavioural (n = 1045), person-centred (n = 1709) and psychodynamic (n = 261) approaches, Stiles, Barkham, Mellor-Clark and Connell (2008) found that all three approaches averaged a dramatic improvement (overall pre-to-post effect size = 1.39) and that the different therapeutic approaches had essentially equivalent outcomes. Significantly, bereavement was one of the 14 presenting problems treated.

In addition, the psychotherapy outcome research literature consistently shows that common factors (for example, the counselling relationship and working alliance, and the person-centred core conditions of empathy, respect and genuineness) appear to be more influential in determining therapy outcomes than are specific factors like therapeutic techniques or models (Wampold, 2001, 2010). In fact, empathy alone has been shown to account for more variance in outcomes than treatments or techniques (Bohart, Elliott, Greenberg, & Watson, 2002; Wampold, 2001). Given these findings, a compelling case can be made for a person-centred approach as the foundation for grief counselling in view of its focus on the therapeutic relationship, its provision of common factors and its fit with the needs of grieving clients.

Who needs grief counselling?

Grief counselling, like other therapeutic interventions, tends to be effective for those who seek it out. At this point, probably the best answer to the question ‘Who should receive grief counselling?’ is provided by Gamino and his colleagues (Gamino, Sewell, Hogan, & Mason, 2009–2010). Reviewing the research, they conclude that grief counselling is appropriate for all those bereaved persons who answer yes to the following two questions: ‘Are you having trouble dealing with the death?’ and ‘Are you interested in seeing a grief counsellor to help with that?’

Conclusion

The person-centred approach provides an excellent foundation for grief counselling. The phenomenological and experiential focus of the person-centred approach and the deeply empathic counselling relationship it promotes match the needs of bereaved clients and allow for flexible responses to their often idiosyncratic reactions. Empathic understanding, exploring, exposure and, most principally, experiencing are at the heart of effective grief counselling and healthy grieving. These elements, brought to life in an authentic and caring helping relationship, with a counsellor who believes in the client’s healing capacities, define the person-centred approach to grief counselling.
Points for reflection

- Is person-centred grief counselling different from classic client-centred therapy? If so, what are the differences?
- How is the healing process of grief the same as or different from the change process in therapy with other client issues?
- How well might this approach to counselling work with other losses, such as divorce, illness or failure?

Key readings

  This classic work offers insights into the psychology of death, dying and loss that can inform all our efforts to counsel bereaved and dying persons and all others.

  This chapter is devoted to an exploration of the person-centred approach in the context of loss and bereavement.

  This book focuses on the self-care, relationship and therapeutic communication skills essential for success in counselling people facing grief, loss and life-threatening illness.

  Stroebe et al.'s text is the most comprehensive and authoritative review of research, theory and practice in the area of bereavement.

  This book is an insightful treatise on the difficulty of facing death and loss, with practical advice for counsellors.

- www.scu.edu/hospice
  This is Dale Larson's homepage, with a range of resources for working with bereaved clients.
References


A person-centred approach to grief counselling


