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Helping Clients Find Meaning in Grief and Loss

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THIS CHAPTER DISCUSSES

- The role of a quest for meaning in adapting to bereavement and loss
- A narrative frame for pluralistic practice, focusing on the ‘event story’ of the death and the ‘back story’ of the relationship with the loved one
- Numerous specific clinical procedures that promote integration of the loss
- The evidence base that supports these methods

The death that ends the life of a loved one also punctuates, and frequently perturbs, the life stories of intimate survivors as well. When this disruption is profound and prolonged, and especially when the character of the death or the relationship with the deceased is complicated or problematic, mourners frequently seek professional therapy. They commonly do so hoping to find someone who can hear their accounts of love and loss without providing pabulum reassurance, and who can help them find some means of negotiating a life whose terrain has been made alien by their bereavement. Unfortunately, until recently most therapists were equipped with only rudimentary resources for engaging these accounts, in the form of simplistic stage models of adaptation that carried few practical suggestions beyond the putative value of expressing anguished affect and ‘normalizing’ the experience. When complicated grief was addressed at all, it was commonly reduced to another diagnosable disorder whose treatment procedures had at best inexact relevance to the unique separation distress at the heart of this condition, and the myriad ways in which this can find expression in the mourner’s psychosocial world (Prigerson et al., 2009). In the past 15 years, however, this situation has shifted substantially, as models and methods of grief therapy have proliferated and increasingly garnered research support.

GRIEF AND THE QUEST FOR MEANING

Viewed in a constructivist perspective, grieving entails as a central process the *attempt to reaffirm or reconstruct a world of meaning that has been challenged by loss*. That is, a fundamental feature of human functioning is to seek order, pattern and significance in the events of our lives, and in the course of doing so to construct a *self-narrative*, defined as ‘an overarching cognitive-affective-behavioural structure that organizes the “micro-narratives” of everyday life into a “macro-narrative” that consolidates our self-understanding, establishes our characteristic range of emotions and goals, and guides our performance on the stage of the social world’ (Neimeyer, 2004: 53–54). Simply stated, we seek to live a life that we can make sense of, and that can make sense of us. The difficulty, of course, is that this quest for coherence poses a constantly moving target, as the conditions of impermanence and unwelcome change repeatedly unsettle our best efforts to scaffold a story with consistent themes, goals and – perhaps most importantly – intimate collaborators in the events of our lives (Neimeyer & Young-Eisendrath, 2015). The death of key attachment figures, especially under conditions that are premature, sudden, violent, or unjust, therefore can massively challenge our assumptive world and its grounding in principles of predictability, beneficence and control. Faced with an anguishing discrepancy between our core presuppositions and the reality of such loss, we are launched into a quest to re-establish abiding life themes or to rework them to find significance in our changed existence. Over the past decade a good deal of evidence has accumulated to support the propositions of this meaning reconstruction model (see Neimeyer & Sands, 2011, for review).

Viewed through a narrative constructivist lens, the acute pursuit of meaning making in loss concentrates on (1) *processing the ‘event story’ of the death*, and its implications for our ongoing lives, and (2) *accessing the ‘back story’ of our lives with the deceased loved one*, in a way that restores a measure of attachment security (Neimeyer & Thompson, 2014). Each of these dialectics articulates with a range of contemporary bereavement theories and associated therapeutic practices, in a way that helps organize recent models and methods that can inform pluralistic practice.

PROCESSING THE EVENT STORY OF THE LOSS

When mourners struggle with making sense of the death and its implications for their lives, they may contend with questions like: *What is my role or responsibility in what has come to pass? What part, if any, did human intention or inattention have in causing the death? What do my bodily and emotional feelings tell me about what I now need? How do my religious or philosophic beliefs help me accommodate this experience, and how are they changed by it in turn? Who am I in light of this loss, now and in the future? How does this shape or reshape the larger story of my life? Who in my life can understand and accept what this loss means to me?* (Neimeyer & Thompson, 2014). In other words, the ‘effort after meaning’ can unfold on any scale from the focal (about a feature of the death itself

or an internal feeling) to the global (about one's broader self-narrative or spiritual/existential concerns), as the mourner seeks to integrate the loss, and reconstruct his or her life. Two contemporary theories of grieving that dovetail with this perspective are Boelen and colleagues' (2006) cognitive behavioral model and Stroebe and Schut's (2010) Dual Process Model of Coping with Bereavement.

From a CBT perspective, grief becomes complicated when mourners *fail to integrate the reality of the death into their autobiographical memory*, in effect, when they are unable to update their schemas to take in the painful circumstance of their loved one's absence (Boelen, van den Hout, & van den Bout, 2006). This situation is often compounded by various forms of *experiential avoidance*, as when mourners attempt to mitigate intense grief by evading memories of the dying, or by no longer engaging in activities that were once associated strongly with the loved one. In operant conditioning terms, such constriction is positively reinforced by a reduction of distress in the moment, but only at the cost of an increasingly untenable posture of suppressing full recognition of the loss and circumscribing the survivor's life.

A second conceptualization that conjoins with a meaning reconstruction approach is the Dual Process Model (DPM), which posits two fundamental orientations in coping with bereavement (Stroebe & Schut, 2010). On the one hand, mourners engage the *loss orientation*, in which they reflect on the death, experience and attempt to modulate grief-related feelings, attempt to reorganize their bond to the deceased, and withdraw from the broader world to seek the support of a few trusted confidants. At other points, they engage in the *restoration orientation*, as they distract themselves from their grief by immersing themselves in work and other activities, step into new responsibilities, and ultimately explore new roles and goals required by their changed lives. Thus, according to the DPM, mourners *oscillate* between these two means of coping with the loss, neither of which is viewed as dysfunctional in itself. Instead, only an inability to engage in one or the other orientation signals concern, though people differ in their degree of engagement with each as a function of personal disposition, gender and culture.

Common to these models is the view that complications in grieving arise when mourners are unable to 'take in' the reality of the loss, and integrate its implications for their ongoing lives. Accordingly, a number of evidence-based procedures have been developed to promote doing so, which are featured in a variety of CBT, eclectic and narrative constructivist therapies, as summarized below.

Restorative retelling of the event story of the death

Survivors of a difficult loss typically seek a context in which they can relate the story of their loved one's death, but rarely do they give voice to its most painful particulars: their mother's gasping for breath at the end of life, their own recurrent helplessness in the face of their child's advancing cancer, the picture of their partner hanging from a pipe in the basement, eyes bulging in a purple face following the suicide. Instead, these often fragmentary images live only as 'silent stories' in their own thoughts and nightmares, persisting as a haunting and unspoken subtext to the highly edited stories shared with others.

In *restorative retelling*, Rynearson and his colleagues (Rynearson & Salloum, 2011) first establish a safe relational ‘container’ for re-entering the detailed story of the dying, and ground the mourner in a more secure context (e.g., discussing what family members meant to one another before the loss, and what philosophic or religious beliefs they have relied on to deal with difficult times), before inviting a step-by-step recounting of the narrative of the dying, as remembered or, as is commonly the case in violent death, imagined. Like Shear’s protocol for *situational revisiting* of the story of the death (Shear, Boelen, & Neimeyer, 2011), Rynearson’s procedure encourages the mourner to ‘walk through’ a slow-motion replay of the events of the dying, often repeating the process on multiple occasions as the person fills in details, modulates difficult emotions with the therapist’s assistance, and gradually gains greater mastery of the painful narrative. In both cases the goal is to help the mourner integrate the story of the death in the presence of a compassionate witness, ultimately across several sessions being able to revisit the story with less avoidant coping, less emotional reactivity and greater meaning.

Data from an open trial on restorative retelling are encouraging in suggesting its efficacy in reducing traumatic arousal (Saindon et al., 2014), and Shear’s Complicated Grief Therapy (CGT), in which revisiting the situation of the death is a cardinal procedure, has outperformed evidence-based therapy for depression in treating bereaved people in two major randomized clinical trials (e.g. Shear, Wang, Skriskaya, Duan, Mauro, & Ghesquiere, 2014). Related CBT protocols featuring prolonged exposure to difficult details associated with the loss have also garnered support in RCTs (e.g. Bryant et al., 2014).

Directed journaling

Written as well as spoken narratives that bear on the loss experience can promote integration and meaning-making, and have the advantage of being used either as free-standing interventions or as homework to augment the effectiveness of face-to-face therapy. A good deal of evidence supports the use of emotional disclosure journaling, in which writers are encouraged to deeply immerse themselves in the emotions and thoughts connected to a traumatic event for 20–30 minutes over a series of typically three distributed writing sessions. However, research has been less clear about the benefits of this emotionally immersive writing in the context of bereavement, leading clinical investigators to suggest specialized procedures for processing grief (Neimeyer, van Dyke, & Pennebaker, 2009).

Two such forms of *directed journaling* foster *sense-making* and *benefit-finding*, respectively (Lichtenthal & Neimeyer, 2012). In the former, clients who are some months or years into bereavement are encouraged to focus on questions about how and why the loss occurred, and what it portends for their lives. Prompts might include: *How did you make sense of the loss when it occurred? How do you interpret it now? How does this experience fit with your spiritual views about life, and how, if at all, have you changed those views in light of the loss? How has this loss shaped your life, and what meaning would you like it to have for you in the long run?* In contrast, benefit-finding journaling could

be prompted by questions such as: *In your view, have you found any unsought gifts in grief? If so, what? How has this experience affected your sense of priorities? Your sense of yourself? What lessons about living or about loving has this loss taught you? Has this experience deepened your gratitude for anything you've been given? Is there anyone to whom you would like to express this appreciation now?* A randomized controlled trial of both forms of directed journaling compared to a standard emotional disclosure paradigm and a neutral control writing condition has established its efficacy and the maintenance of improvement over a three-month follow up, with the impact of such writing being particularly impressive in the benefit-finding condition (Lichtenthal & Cruess, 2010). It is likely that these variations represent only the first of several creative narrative procedures for promoting meaning-making regarding loss, a field that invites greater research to document their efficacy. For example, a recent open trial of a Buddhist-inspired workshop for loss and unwelcome change integrated exercises in deep-listening, hearing one's loss story related to the group by a partner, brief interludes of mindfulness, and imaginative writing about themes of loss from a make-believe, self-distancing viewpoint to promote perspective-taking (Neimeyer & Young-Eisendrath, 2015). Group participants not only reported significantly diminished grief-related suffering, but also greater integration of the loss experience on a validated measure of meaning-making.

Journaling played an important role in the pluralistic grief therapy I conducted with Gayle in the months that followed the death of her teenage son, Max, in an automobile accident. At various points our in-session work included prolonged retelling of the event story of her learning of the accident, her experiences in the critical care unit of the hospital to which he had been taken, the fateful moment of his dying, and the funeral service that memorialized his life. At other points the therapy was punctuated with imaginal dialogues with Max and with discussion of Gayle's poignant struggle to make sense of her son's sudden and untimely death and her life in its aftermath. Journaling about the loss from a practical, emotional and spiritual perspective between our sessions continued and deepened the work begun together. Increasingly, as time went on, it also eventuated in surprising insights and outcomes, such as her drafting a moving letter of gratitude to the hundreds of people who had attended Max's memorial service, and her drawing on her writing in the years following the loss to offer hope to other bereaved parents.

Behavioral activation

Although reflective processing of the loss experience obviously has a central place in a meaning reconstruction approach to grief therapy, so too does active reinvention of the client's ongoing life. As recognized by the DPM (Stroebe & Schut, 2010), coping with bereavement entails not only loss-oriented strategies for attending to grief-related feelings, but also restoration-oriented behaviors such as renewing movement in the direction of personal goals, and re-engaging the worlds of work and relationships.

Behavioral activation (BA) addresses this latter imperative by using activity scheduling to challenge ruminative and avoidant behaviours that disconnect mourners from valued sources of reinforcement that are unique to each client. It also entails identification of roadblocks to the completion of such activities and the shaping of more effective behaviours for overcoming them. A randomized open trial comparing an immediate start group to a delayed start group documents the clear feasibility and acceptability of BA as a treatment for complicated grief, and suggests its efficacy in reducing prolonged grief, depressive and PTSD symptomatology in bereavement (Papa, Sewell, Garrison-Diehn, & Rummel, 2013).

When Mark and Sylvia experienced the SIDS loss of their seemingly robust baby, Wallace, they were disconsolate. Despite their devastation, however, they processed the associated emotions and meanings of the tragic loss remarkably well, drawing on Sylvia's emotionally attuned expressiveness as a creative writer, and Mark's unusually reflective, if slightly more reserved, demeanour as a business consultant. But practical adaptation to the loss proved harder to them, as they had fled their small home, so saturated with the very present absence of the third tiny life it had only recently held, to seek refuge in the large home of a generous friend. Now, as weeks merged into months, they began to recognize that they needed to move, at least temporarily, back into their own home and all of the memories it held, until they could make critical decisions about whether they would move to another house and 'try again' for a family.

To approach this forbidding task, we first reviewed the goals they shared about having space of their own and launching a family. We then considered 'baby steps' in that direction in the form of driving, then walking by the house together, being present for each other as they later approached the door and stepped inside. Meaningful dialogue in-session scaffolded these mutually negotiated activities scheduled as literal 'homework', until they were able to remain in the house overnight. Ultimately Mark and Sylvia supported one another through the tearful re-entry into Wallace's room, and through painful but necessary discussions of which of his furniture, toys and clothes they would put in storage until they were ready to try to conceive another child. Though difficult, restoring a 'world of their own' brought with it a sense of healing and hope, even if it also required a graduated confrontation with and mastery of the grief and anxiety that they had long been avoiding.

ACCESSING THE BACK STORY OF THE RELATIONSHIP

In meaning reconstruction terms, bereaved people seek not only reaffirmation or rebuilding of a self-narrative challenged by loss, but also reconnection to the life narrative of their deceased loved one. In sharp distinction to the cultural prescription to 'move on' and 'withdraw energy from the one who has died to invest it elsewhere', such an approach endorses the normative goal of reconstructing the bond to the deceased rather than relinquishing it. When mourners seek to access the 'back story'

of their relationship with the loved one, they grapple with implicit questions like: *How can I recover or reconstruct a sustaining connection with my loved one that survives his or her death? What memories of the relationship bring pain, guilt or sadness, and require some form of redress or relieve now? What memories of the relationship bring joy, security or pride, and invite celebration and commemoration? What lessons about living or loving have I learned during the course of our shared lives? What would my loved one see in me that would give him or her confidence in my ability to weather this hard transition?* (Neimeyer & Thompson, 2014).

A narrative therapy perspective, anchored in the work of Michael White and David Epston, subscribes to a similar view of the continuing bond as a potentially adaptive resource. From this perspective, the dominant cultural narrative that views death only through a lens of loss and presses for ‘closure’ and ‘letting go’ does violence to the relational web that sustains love and community, even beyond the physical presence of the other. Thus, rather than advocating ‘saying goodbye’ as the dominant metaphor for grief work, the goal of bereavement support becomes to ‘say hello again’, in a sense restoring (and re-storying) a ‘conversation’ with and about the loved one that was interrupted by death (Hedtke & Winslade, 2004). Support groups conducted along these lines therefore concentrate not solely on expressing and coping with painful grief-related affect associated with those who were lost, but instead on fostering *re-membering conversations* that celebrate the continued relevance of the relationship to the deceased in the lives of survivors. From this vantage point, group facilitators might well prompt members with invitations to ‘introduce their loved ones’ to the group, using questions such as *Who was _____ to you? What did knowing _____ mean to you? Do particular stories come to mind that _____ would want others to know about his life? What did _____ teach you about life, and perhaps about managing the circumstances you face currently? What difference might it make to keep her memory close to you?* From this perspective the mourner is encouraged to retain a vital connection to the loved one, carrying forward his or her symbolic and social presence in the mourner’s own life story.

Imaginal dialogues

In a sense, grief therapy can be considered family therapy *in absentia*. Just as couples or family work typically invites both or all relevant parties into the therapy room for direct work on their relationship, so too can bereavement interventions foster direct work on the relationship of the mourner(s) with the loved one who has died. Invoking an alliance with the deceased in a triadic, rather than merely dyadic, relationship between therapist and client can take many forms, including ‘corresponding’ with the dead about the mourner’s present state, unanswered questions and relational needs (e.g., for forgiveness or the affirmation of love) and guided imagery to conjure the loved one’s presence. One particularly potent intervention along these lines draws on *chair work* procedures developed within emotion-focused therapy (Greenberg, 2010), in which the client is encouraged to place the deceased symbolically in an empty chair facing the client’s own, and address concerns in the relationship in a first- and second-person, present tense voice (e.g., *I feel so lost since your death ... You were the only one who really understood and cared.*). In most cases the client is then encouraged

to switch chairs, loan the loved one his or her own voice, and respond as the deceased might to the client's statements. The therapist choreographs the continuing exchange, prompting the client toward emotional immediacy, honesty and depth in each chair, and directing a change of positions at poignant moments in the dialogue.

Research on empty chair monologues by bereaved spouses documents the intimate link between themes of self- and other-blame in the chairing and a variety of adverse outcomes (e.g., guilt, depression, anger) (Field & Bonanno, 2001). Moreover, Complicated Grief Therapy, which uses imaginal dialogues with the deceased as a mainstay intervention to resolve such issues, has proven more effective in the treatment of prolonged grief disorder than evidence-based therapy for depression in two randomized controlled trials (e.g., Shear, Wang, Skriskaya, Duan, Mauro, & Ghesquiere, 2014).

Now in his early 40s and a successful lawyer, Rob had entered therapy to sort out his life, an effort that had in the last two years moved him to adopt a deeply Buddhist perspective on the role of loving kindness in all relationships. This was a sharp departure from the fundamental religiosity of his parents, with its strong emphasis on sin and the very real threat of eternal damnation. 'Like a wild horse breaking free', Rob recalled jettisoning both his faith and family as he pursued his university and ultimately law school studies with a fierceness and 'ego' that seemed the clearest alternative to the sanctimonious atmosphere of his home. Now, however, Rob realized that his cut-off from family left his little brother, Jimmy, without a 'buffer' from a deeply unhealthy and alcoholic home environment. As Jimmy slipped into an adolescence saturated in substance abuse, Rob recalled that 'I judged him ... and he felt it.' Ten years after Jimmy's ambiguous overdose, Rob now felt deep remorse but was stymied how to address it, 'like an itch I can't scratch'.

Having established a strong working alliance in the preceding three sessions, I asked Rob if these were things he would feel ready to address with Jimmy now, were his brother able to join us in the session, fully ready to hear what he had to say. Bravely but uncertainly, Rob nodded his head. Gesturing to the empty chair positioned opposite him, I asked him to close his eyes for a moment and envision Jimmy there, describing to me how he would be dressed (casually), seated (leaning forward, elbows on knees) and engaged (meeting Rob's gaze). I then invited him to open his eyes and using I-you language, speak to the broken heart of their relationship. Rob did so, his eyes growing moist: 'I'm sorry I didn't help you ... As 10 years have gone by, my perspective has changed so much. I'm sorry for judging you ... I hope my love for you now helps carry you forward. You were always good to me, never judged me. I want to pay that forward with my own children.' 'Try telling him,' I suggested, 'I am loving my kids for you.' Pausing and nodding seriously, Rob repeated this, and responded, 'Yes ... Your memory, your essence, are still part of my family; you are forever in my life.' 'Try saying,' I offered, 'You are still my brother.' Tears welling, Rob repeated this, then fell silent with private emotion.

I then gestured to Jimmy's chair, directing Rob to take his seat and respond to his older brother's honest and anguished comments, which I ventriloquized in a few phrases as a reminder. Responding as Jimmy, Rob answered lovingly,

reassuringly, convincingly: 'Rob, I've missed you greatly. I feel tremendous regret about my addiction ... I just lost the battle. Grieve me ... I'm happy you found beauty and purpose in your life. Love your children ... thanks for keeping me in their minds and hearts ... I accept your apology.'

Moving Rob to a third chair directly across from me and at right-angles to the two he had used in the dialogue, I asked him from this 'witness position' what he had observed about the conversation that had just taken place. Rob responded that he was struck by the 'earnest sincerity in the relationship, the genuine feeling. The relationship is tremendously significant. I think I carry it with me wherever I go.' As we sat with this recognition, Rob was suddenly flooded with profound emotion, and sobbing deeply, stammered out, 'Of all my family, my brother loved me the best. Now I see so much of my brother in me. Jimmy never had my mean streak, my severity.' Recognizing the seeds of love that his brother had planted in him, which were only now growing and bearing fruit, Rob concluded, 'So now I tell my children every time I see them that I love them just the way they are.' Nine months later, as our therapy drew to a close, Rob reflected on that pivotal fourth session, which seemed to resolve a longstanding sense of guilt, install more securely a brother's love, and begin to prompt greater compassion for even those wounded souls – including his parents – who remained physically present for a deeper dialogue.

Legacy work

Grief has been described as a 'biographical emotion,' insofar as it speaks to the near-universal human impulse to recognize and honour the life story of the deceased. In this view, anything that serves to preserve or extend that life story tends to assuage our anguish about the loss, as research on the construction of the deceased person's identity in eulogies and other forms of commemoration suggests (Neimeyer, Klass, & Dennis, 2014). In the context of grief therapy this impulse can take the form of various photographic, scrapbooking, documentary, dramaturgical, ritual and narrative methods as well as a cornucopia of expressive arts techniques (see recommended reading at the end of the chapter).

Among the biographical methods that can be helpful in giving meaning to the loved one's life and impact is the *legacy project*, which can serve to consolidate and communicate the story of the deceased (as in memorial blogs or biographies), or to draw upon his or her life or death to undertake some useful form of social action. In the latter case, legacy projects can be as simple as a random act of kindness in honour of the loved one, as by the bereaved mother who, sitting alone in a restaurant, discovered that the large party at the next table was celebrating a baby shower and, leaving in tears, prepaid the party's bill in honour of her child. Other legacy projects can take the form of sustained social action, as by families of homicide victims taking a stand against violence through pursuing public speaking, promoting safer communities, or offering support to others suffering analogous losses. Indeed, countless charitable and social justice initiatives have their origins in tragic loss and the impulse of survivors to create a positive legacy that honours their loved ones in its wake.

SUMMARY

The key points of this chapter are:

- The death of a loved one may be the most common and significant life stressor, one that often challenges us to find meaning in the loss and in our lives as survivors.
- Several contemporary models of bereavement greatly extend or replace older models focused on the 'stages' of grief, and offer more specific implications for adaptation to loss in general, and for grief therapy in particular.
- A growing evidence base supports a variety of pluralistic procedures for helping the bereaved orient adaptively to the loss, reorganize their relationship to their deceased loved one, resolve problems in the relationship and make sense of their changed lives.

EXERCISES/POINTS FOR REFLECTION

- 1 **Loss Lifeline:** On a blank sheet of paper, chart the course of your life, indicating the important losses of people, places, projects and possessions that have given your life meaning. Consider using a line graph, where 'higher' ratings on the x axis represent times life was going well, and lower points reflecting times that life was difficult. Then reflect on the role of specific losses in your lifeline, especially those that changed your sense of self or life direction. If you had had access to therapy at any of these points, which of the therapeutic methods described in this chapter might have been most helpful to you, and why?
- 2 **Making sense of loss:** Consider one important loss in your life. Then answer the *sense-making* journaling questions listed under the 'Directed Journaling' section, either writing out your answers or sharing them with a classmate, friend, or family member. How did it feel to re-engage the story of the loss in this way? What might be the advantages of this in therapy?
- 3 **Reflecting on life lessons:** Considering the same loss, answer the *benefit-finding* questions listed in the same section, either in writing or with another person. How did this feel different to addressing the previous questions, and what might the therapeutic value be of prompting such reflections?

FURTHER READING

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Neimeyer, R.A. (Ed.). (2012). *Techniques of grief therapy: creative practices for counseling the bereaved*. New York: Routledge. A compendium of nearly 100 specific techniques of grief therapy, each described in clear detail and anchored in a brief case study.

Neimeyer, R.A., Harris, D., Winokeur, H., & Thornton, G. (Eds.). (2011). *Grief and bereavement in contemporary society: bridging research and practice*. New York: Routledge. Written by collaborating scholars and practitioners, each chapter reviews major models of grief therapy and considers its applications to specific bereavement challenges and populations.

Thompson, B.E., & Neimeyer, R.A. (Eds.). (2014). *Grief and the expressive arts: practices for creating meaning*. New York: Routledge. A compendium of grief therapy techniques providing specific instruction in visual arts, music, creative writing, dance and performance modalities.

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