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To cite this article: Elizabeth Piazza-Bonin, Robert A. Neimeyer, Daniela Alves & Melissa Smigelsky (2016): Innovative Moments in Humanistic Therapy II: Analysis of Change Processes Across the Course of Three Cases of Grief Therapy, *Journal of Constructivist Psychology*, DOI: [10.1080/10720537.2015.1118713](https://doi.org/10.1080/10720537.2015.1118713)

To link to this article: <http://dx.doi.org/10.1080/10720537.2015.1118713>



Published online: 13 Jan 2016.



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Innovative Moments in Humanistic Therapy II: Analysis of Change Processes Across the Course of Three Cases of Grief Therapy

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The current study is an extension of a complementary investigation examining links between process and outcome within six-session psychotherapies in which three eminent psychotherapists each worked with a bereaved client, using person-centered, existential, and constructivist approaches, respectively. The Innovative Moments Coding System (IMCS) was used in both studies to examine processes of change in the moment-by-moment unfolding of grief therapy. The initial study's findings help inform theory regarding the relevance of humanistic interventions when working with bereaved clients, particularly those that help promote meaning making in the wake of loss. The current investigation extends the original by offering a fine-grained analysis of the progression of innovative moments (IMs) in the context of good-outcome grief therapy, linking specific therapy procedures with positive indicators of client functioning, while providing case illustrations of each therapy dyad. Findings highlight the promise of humanistic approaches in grief therapy, and suggest directions for further research in this area. Implications for future use of the IMCS in psychotherapy process and outcome research are also discussed.

The experience of loss is ubiquitous to the human condition and can present a formidable task for mourners in rebuilding a world without the deceased. Although this challenge can prompt mourners toward growth and change, it can also precipitate a crisis of meaning when they are faced with a seemingly unrecognizable world in the aftermath of death, one that can challenge their self-organization at levels ranging from daily patterns of activity through emotional self-regulation to overarching existential issues and spiritual commitments. Given that psychotherapists are often called upon to aid bereaved individuals, researchers have begun investigating the components of

Received 2 November 2015; accepted 2 November 2015.

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grief therapy that best serve grieving individuals (Shear, Boelen, & Neimeyer, 2011). As one significant outcome of this effort, meaning making following loss has been shown to predict positive outcomes for bereaved individuals across numerous studies (Neimeyer, 2015), and humanistic therapy approaches naturally lend themselves to meaning-making interventions. Furthermore, although grief is a universal response to loss, it unfolds in highly individual ways; therefore, the process-oriented, creative methods of humanistic approaches (Cain & Seeman, 2002; Neimeyer, 2009)—as opposed to ones that are highly manualized or technique driven—are well suited to serve the needs of bereaved individuals.

The present study complements and extends a companion investigation (Piazza-Bonin et al., in press, this issue) of psychotherapy process and outcome of person-centered, humanistic-existential, and constructivist therapies, in which three eminent psychotherapists (David Cain, Kirk Schneider, and Robert A. Neimeyer, respectively) worked with bereaved clients as part of the *Psychotherapy in Six Sessions* video series by the American Psychological Association. In an effort to inform theory of the mechanisms of change in grief therapy, we used the Innovative Moments Coding System (IMCS; Gonçalves, Matos, & Santos, 2009), a transtheoretical coding system designed to identify novel moments of change within the psychotherapy process (a full description of this coding system and its application to the current case studies is provided in the companion article; Piazza-Bonin et al., in press, this issue). This moment-by-moment measure of client change was used in conjunction with the Global Assessment of Functioning (Aas, 2010 [GAF]), to assess each client's objective functioning on a session-by-session basis, with aims of investigating the interplay between therapy process and outcome.

Findings from the companion investigation reinforced other good-outcome grief therapy studies in the literature (e.g., Alves, Mendes, Gonçalves, & Neimeyer, 2012; Alves et al., 2013; Alves, Fernandez-Navarro, Ribeiro, Ribeiro, & Gonçalves, 2014), highlighting the salience of reconceptualization (RC) and reflection IMs in grief therapy, and their role in contemporaneous and prospective predictions of client functioning. The constructivist therapy was found to be particularly striking in this regard, with very high levels of overall innovative moments and particularly reflective and RC IMs relative to the other two cases. Conceptually, these IMs are most closely implicated in meaning-making processes and appear to be of importance in good-outcome grief therapy cases. Other IMs—performing change (PC), action, and protest—occurred with low salience in the current cases. Again, these findings are consistent with the literature on IMs in grief therapy, and further elaborations on theory linked to these findings are provided in detail in the companion article.

Within the broader aims of the study, we also investigated the role of the alliance within the therapy dyads in 5-minute intervals using an objective alliance measure (*S-WAI-O*; Berk, Safran, Muran, & Eubanks-Carter, 2010), and each was found to have consistently high ratings—perhaps unsurprising given the emphasis on therapy alliance in humanistic therapy as a fundamental mechanism of change in therapy. Given the uniformly high alliance ratings, they were not incorporated into the current manuscript, but details about this measure and findings from the original study can be located in the companion article.

Whereas the initial study focused on associations of IMs with client functioning and the therapy alliance, the current study offers a more in-depth, contextual understanding of the unfolding of IMs across each respective six-session course of good-outcome humanistic therapy following bereavement. Such an analysis permits a ground-level, idiographic portrayal of the linkage

between particular therapeutic procedures (e.g., chair work, narrative exercises, embodied meditation) and the production of change, laying the groundwork for future larger scale research that could identify especially promising interventions. Illustrating in detail concrete links between the in-session activity of highly expert therapists and moment-to-moment client changes also helps close the gap between research and practice that occurs when only abstract trends in process and outcome are discussed (Neimeyer & Harris, 2011). Therefore, each therapy case will be presented separately to elucidate the interplay between client functioning, IMs, and therapy procedures, with specific examples of client-therapist exchanges provided for greater context. Notable similarities and differences between a given case and others in the current study will be included as warranted.

THE CASE OF TINA

Tina entered therapy with Cain after the recent loss of her father, which occurred when Tina was nine months pregnant with her first child. Of the three therapy clients, she presented with the highest level of functioning at therapy initiation, as indicated by the GAF of 80, indicating only transient symptoms. However, the loss of her father was a significant challenge for her as she attempted to reconfigure her role in the family, with attempts to relinquish the burden of responsibility she had carried with her since childhood. She also worked with Cain to synthesize the conflicting views she held in regard to her father being both an “angel” and a “monster.” By the end of therapy, Tina exhibited minimal to no symptoms (GAF = 85.0) and was demonstrating effectiveness in several domains of functioning (e.g., succeeding in graduate school, parenting, interpersonally).

Tina’s therapy case paralleled Anita’s in many ways. Despite the specific differences between the two, they shared many problematic narrative patterns (e.g., fear/anxiety, grief, anger/resentment, relationship/boundary difficulties, being overly responsible for others in the family; see Piazza-Bonin et al., in press, this issue). Also, the salience of each IM category across the six sessions of therapy was strikingly similar, in which the progression of IMs differed on a session-by-session basis but the overall salience of each category presented as nearly the same. Figure 1 represents the textual salience of each IM category across the six sessions of Tina’s therapy, with the exception of action and PC, given their low salience.

Session 1

Despite the recent loss of her father, Tina entered therapy with the highest functioning of the three therapy cases and the lowest overall IM salience in the first session, primarily composed of reflection IMs and very low salience action IMs. Tina discussed her father’s quick deterioration and death following a cancer diagnosis, explaining that she was nearing the end of her pregnancy at that time and was tasked with numerous responsibilities related to her father’s end-of-life care, and she had not “had time to deal with the grief.” As Cain tried to help Tina stay with her percolating experience of sadness in the session, she struggled with this task, and said she was going to “put it [sadness] in a jar and save it for later.” Her grief was made more complex by her conflicting and unresolved views of her dad as an “angel” to her and “a monster . . . to others.” She explained that her father had molested her older sister, and Tina had pondered if the same had

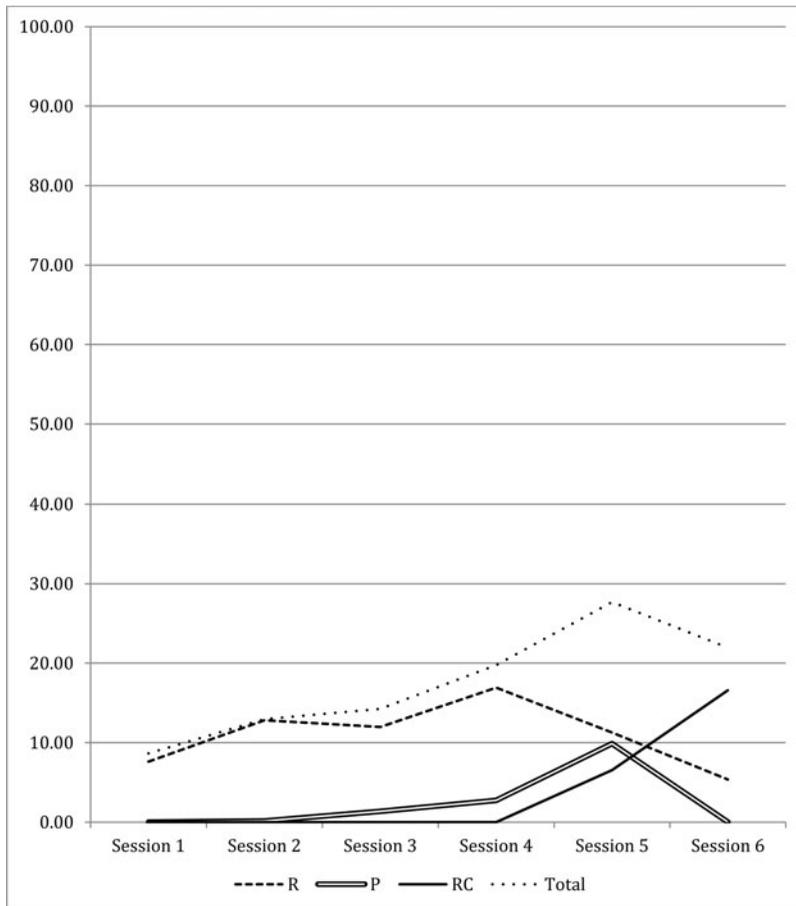


FIGURE 1 IM salience across Tina's therapy.

happened to her. She had spent time in therapy throughout her life trying to answer this question. Tina also witnessed her father “beat” her mother, who struggled with addiction. Her mother left Tina to be raised by her father, presenting feelings of abandonment from her mother and feelings of gratitude for the role her father played in raising her.

Concrete, action-oriented IMs in the first session revolved around Tina's coping with emotional pain and grief (e.g., “I do grieve. . . . I cry a lot when I'm driving”; “I have to let go and let God [take over]”). She also talked about keeping a reminder of her father in the car he purchased for her (e.g., “I pasted his picture on the dashboard . . . of him when he was smiling”) and imagining her father in heaven. Tina also began elaborating reflection IMs, primarily around ways she was coping and making meaning in the wake of her father's death. For example, she spoke about remembering positive aspects of her father, connecting with him spiritually and physically in the form of music and things they enjoyed together, and focusing on ways to accept the conflicting

views of her father. She also elaborated on ways these efforts brought her comfort and hope in her bereavement.

Session 2

Tina's functioning remained the same as in session 1, but there was a slight increase in overall IM salience, with a slight increase in reflection IMs and the introduction of protest IMs, although at a low salience. In this session, Tina opened with a reflection IM, generated around her intention to resolve her conflicting views of her father to "get rid of the guilt and anxiety" by understanding "it's something out of my hands . . . just learn to accept it, and move on." She continued to generate reflection IMs around connecting with her father spiritually, bringing her comfort. Many of the IMs in this session revolved around Tina trying to relinquish responsibility in her family (e.g., "I can't keep babying her [Tina's sister]. She'll never get out there and learn responsibility if I keep doing that") and reducing her own stress (e.g., "If I don't stress as much, I can get rid of my headaches. . . . Then I can function better"). She even elaborated on using her internalized voice of her father to remind herself to "calm down" when anxious, and she began to find positive similarities between her newborn son and her father.

Session 3

Tina's functioning stayed the same as in the previous two sessions, and IM salience was comparable to session 2, but with a slight increase in protest and action IMs. Reflection IMs in session 3 were thematically similar and occurred with similar salience as in session 2. Tina continued to describe using her spirituality as a source of coping and as a connection with her dad. She also continued elaborating on reducing stress and setting boundaries in her family, while strengthening her resolve to "be my own person." In one such example, Tina reflected on strategies she implemented, despite her father's wishes before death:

He [dad] told me not to give Deborah any of her money that he left her. But I knew that if I did that, I would continue to baby her, she wouldn't learn responsibility, and I'd be managing everything like I'm doing now. And I didn't want to do that, so I gave her the responsibility to take care of her own money. "You [are] grown."

Cain furthered the exchange:

Therapist (T): But maybe a more important part is you sort of freed yourself from Dad's desire about how you should handle these things.

Client (C): Mmhmm, mmhmm

T: So it looks like you can, you have some evidence that you can

C: Mmhmm

T: . . . go beyond what you think Dad expects of you and do things your own way, a way that you think is right.

C: Exactly, exactly. Because I know that what Dad was doing when he was alive was stressing him out.

She later explained:

C: Yeah. I'm learning to just pull back. Before I open my mouth and say, "I'll do it!" Just sit down and see what happens.

T: You don't always have to be the first person to raise their hand and say, "I'll take care of it."

Tina elaborated on criticisms of the problematic narrative and efforts to assert herself in a new way. In one such example, Tina described her father's "dictating" that she make decisions regarding his end-of-life care, despite Tina being near the end of her pregnancy. She protested in regard to her family, "Why wouldn't you volunteer to do something, please?!" and in regard to her father:

C: Why would you give that responsibility to me?! What makes you think I want that responsibility? . . . How would I be able to live with myself saying, "I don't know what God's plan was, but my plan was to pull his cord because he asked me to." I mean, it's horrible.

Tina also elaborated a reflection IM about the therapy process, indicating, "I think it helps to hear myself and then when you . . . come in and intervene and notice the conflict, then I notice it like, "Well that doesn't make any sense!" She concluded, "It's very helpful."

Session 4

Tina's functioning continued to remain the same as the previous sessions, but this session brought an increase in overall IM salience, with increasing reflection and protest IMs. Tina continued to elaborate on developing positions of being more confident in setting healthy boundaries with her family, and specifically in this session, with her mother. In regard to her mother, she asserted, "I won't buy cigarettes, I won't buy booze. . . . If it's anything that's going to hurt you, I ain't buying it."

She later elaborated, "I am not your drug dealer on the corner that you need to manipulate, I'm your daughter."

Tina also narrated ways in which she had relinquished some responsibility at school, and was considering asking for help in a class she anticipated would be difficult for her. At the end of the session, Tina remarked, "I think I've come a long way."

Session 5

Tina's functioning increased for the first time in therapy. This was paired with a substantial increase in overall IM salience, which included a marked increase in protest IMs, in addition to the first elaboration of RC IMs. In this session, Tina continued to explore boundary setting and said it felt "liberating." She also elaborated on an "eye-opening experience" in which her younger sister "took care" of her by lending her a significant amount of money. Tina reflected, "My first instinct was to try to remember what I learned in therapy and try to accept it." She also later elaborated on a recent experience in which she said, "The question popped into my head . . . 'Are we taking on too much responsibility again?'"

Tina's protest elaborations peaked in this session when she disclosed the need to talk with an aunt who Tina saw as being insensitive to her bereavement due to a conflicted relationship her aunt had with her father. Tina engaged Tina in a two-chair experiential dialogue between Tina and her aunt, in which she asserted in an IM, "There are things that you do that hurt, and I'm not

sure if you're aware of it. . . . I think it's about time that I step up and tell you what's going on, because I want to put an end to it."

This intervention yielded several protest IMs, including one regarding her aunt's disclosure to Tina at a young age about her father's sexually abusive behavior toward Tina's sister. Tina expressed, "I was only 14. I was a kid . . . that should've been none of my concern. And you just don't talk bad to a kid about their parent. It's just really mean and immature to do that." These empowering stances were part of Tina's new identity forming in the aftermath of her father's death.

The empty chair exercise between Tina and her aunt later yielded an RC IM in which Tina reflected on a similar family relationship she had previously navigated, and how she was able to become more trusting, and the process that allowed this shift to occur (e.g., "I had to . . . let down my guard . . . and try to give her a chance to make up for the wrong she did."). Tina began elaborating intentions about applying this same interaction style with her aunt, at which point Cain noted, "You just shifted from being just angry at her [Tina's aunt] to taking in the larger picture, being more understanding."

Tina elaborated, "Yeah, when you're angry, it's really hard to do that because all you can focus on is what they did to you. . . . You don't stop and look at the other things. . . . There's always a story." Tina spoke about the process of how understanding another's life story can combat anger and resentment, another problematic narrative.

Session 6

Tina's functioning remained the same as in session 5, and although overall IM salience remained high, there was a slight decrease. However, RC IMs peaked in this session, and comprised the majority of the overall IM salience. Tina elaborated on several new positions (e.g., trusting others, being emotionally vulnerable, and allowing others to take responsibility) along with the processes underlying these changes. In one RC example, Tina spoke about the reasons behind her lack of trust in others, and the process that helped her move beyond this. In this example, Tina was speaking to Cain about a recent experience she had in allowing herself to become emotionally vulnerable with classmates in a group exercise, when she cried in front of others and spoke about her life story. Within this RC, she explained:

C: Just like I told them, I said, "With a father who is a molester and a mother that's an alcoholic, the people I'm supposed to trust, why would I trust anybody? . . .

T: mhmmm

C: So . . . it took awhile for me to . . . move that aside . . . and not stereotype, not put that on everyone else just because that's all I've known or that's all I've seen. Because, there are good people out there.

Tina also reflected on the process and shift between her previous behaviors of being overly responsible for others:

C: But I'm even more self-aware because the responsibility thing . . . and how I take on so much responsibility and don't let other people to do their part . . . that's like in my face now. . . . So I've learned to . . . let them do what they need to do to give the responsibility so they can do it. . . . Then it's not such a burden on myself.

Tina also spoke about the therapy process, and developing a more balanced view of her father:

C: And I'm so glad that I did this thing, talk to you about my father

T: Yeah

C: and how on one end, I love him, I worship him, but on the other end, I still have thoughts in my head like, "Well, he did this."

T: Yeah

C: And that was so hard for me. It was like, "What if he's looking down at me?" . . .

T: Yeah

C: . . . thinking that I'm thinking bad thoughts about him. But I had to get that out there and I had to express what was really going on in me. I can't sugar coat it and make it seem like everything was perfect.

Cain also invited Tina to reflect on the therapy process in this final session, and she spoke about ways in which therapy had been successful (e.g., "I felt like our relationship helped me too"; "I appreciate everything you've given me . . . you put the responsibility on me to help work out my own problems . . . and that's important").

THE CASE OF ANITA

Anita's case differed from Deborah's and Tina's in that she did not enter therapy with grief as a primary focus, and her functioning, as measured by the GAF (72.5), was only slightly impaired. Anita's initial problematic narratives patterns were, however, linked to the death of her mother when Anita was a child, and the lasting impacts this had on her developing sense of self (e.g., fear of intimacy, boundary difficulties, resentment; see Piazza-Bonin, Neimeyer, Alves, & Smigelsky, *in press*, this issue). The theme of grief became more central as she tried to make meaning of the violent death of her brother, which occurred between Anita's second and third therapy sessions with Schneider. Her functioning decreased following this loss (GAF = 70) until the fifth session (GAF = 75), and she finished therapy with only transient symptoms (GAF = 80). Figure 2 represents the textual salience of IM categories across the six sessions of therapy, but does not include action, protest, or PC, as they all occurred at < 3% overall salience.

Session 1

Anita entered therapy with slight impairments in functioning. She elaborated on her fears of losing her independence, as she prepared to move in with her boyfriend of eight years. She described the context of her struggle, including a childhood fraught with chaos, loss, and physical, verbal, and sexual abuse. As a child, Anita's mother died unexpectedly, and she helped parent her younger brother, who eventually struggled with mental illness, addiction, and numerous suicide attempts. Anita explained how her past linked to her own addition to alcohol (although she was currently sober for 16 years), physical decline, extreme feelings of guilt and responsibility, and involvement in unhealthy and sometimes abusive relationships with men. She viewed her current romantic relationship as healthy; however, her history of abuse and loss prompted feelings of fear as she took steps toward sharing a home with her partner. She also described her struggle in interacting assertively with men in her job as an electrician, a "man's field" in which she often felt meek and easily intimidated.

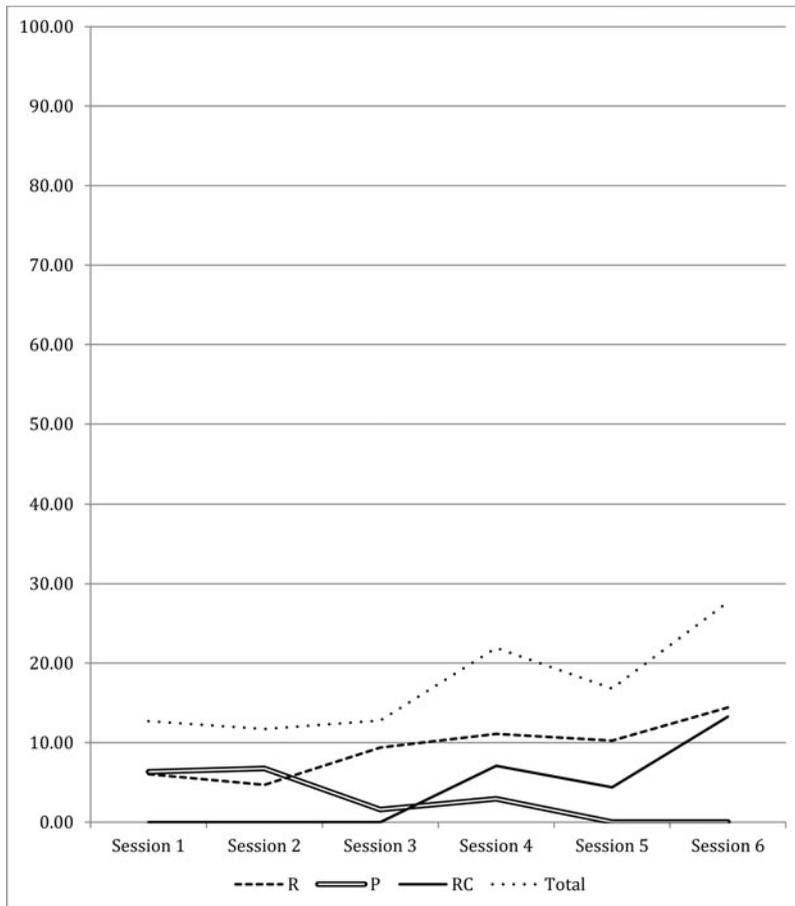


FIGURE 2 IM salience across Anita's therapy.

Within her problematic narrative elaboration, Anita also began to express exceptions in the form of—and in nearly equal parts—protest and reflection IMs. Action IMs appeared, but with extremely low salience. Protest IMs connected to Anita repositioning herself toward her problematic narrative of lacking assertiveness and confidence, and occurred in the context of her past as a child being forced to take care of others (e.g., “I never wanna repeat that cycle again . . . that child who’s taking care of somebody . . . because then I teach somebody that they can do that to me”), and in the contemporary context of her lacking assertiveness with her boss and her son. Schneider invited Anita to engage in an experiential role play with her boss, in which she continued to elaborate an assertive position, generating further protest IMs. Anita also began to express reflection IMs, particularly around her desire to live a fuller life. In one such example, she expressed, “I’ve come a long way . . . but . . . I don’t want to just exist and I don’t wanna just have survived and just be strong. I want to go above that. . . . I want to take charge.”

Session 2

Anita presented with the same levels of functioning and nearly identical expression of IM salience across reflection, protest, and action as in the previous session. Most innovative elaborations revolved around her desire to be more assertive and set clearer boundaries with her son, who was struggling with addiction and employment problems. Anita's guilt had prevented her from taking steps toward changing this dynamic with her son, and she explained her ultimate fear was that her son would die by suicide. However, in this session Anita elaborated on new positions of assertiveness and relinquishing responsibility and guilt over her son's choices. Schneider facilitated a role play, enacting Anita's son, while Anita practiced her new position, prompting reflection IMs (e.g., "I have to tell myself I'm not responsible for his choices") and protest IMs (e.g., "I'm not bailing you out this time. You're on your own"; "You meet with me, otherwise you don't get another dollar from me"). Anita's new position grew stronger by the end of the session, and Schneider prompted her to consider how this would translate into action. Anita committed to talking with her son in the upcoming week about setting healthier boundaries.

Session 3

Anita incurred the tragic and violent loss of her brother. She explained that he was armed and perceived as dangerous by police after placing a suicide call, and he was subsequently killed. As Anita tried to make sense of this tragedy, she showed minimal changes in functioning from the previous sessions. Overall IM salience remained nearly the same, but protest IMs decreased substantially, whereas reflection IMs increased.

In the wake of this tragedy, Anita was faced again with feelings of guilt for setting boundaries with her brother, and reflection IMs involved elaborations of how she could not be responsible for her brother's choices (e.g., "He was on a destructive path . . . there wasn't anything that any one of us could've done"; "I know really that I'm not guilty"). She and Schneider also elaborated on adaptive self-instructions to fight a recurrence of depression in the face of her loss (e.g., "I want to be fully free and not terrified of that dark spot"; "I don't want to live in that lifestyle of trying to find the sunshine and not being able to find it"). She explored positive strategies implemented in order to gain support from others (e.g., "Usually I'll cry by myself, and I was like, I don't have to cry by myself today . . . I'll call up my friend"), and she was able to reference feelings of well-being when thinking fondly of her lost brother and the "peace" he found in death (e.g., "I feel now he knows he's complete").

Anita paralleled her experience of setting uncomfortable but necessary boundaries with her brother (prior to death) to her evolving boundaries with her son. In one reflection IM she explained, "I had to be totally tough with him, and listen to none of his excuses . . . putting the responsibility in his field . . . so that brings up . . . the same thing with my son." She explained that she had spoken with her son, as planned in the previous week. She continued to elaborate on how she would like to "respected" and not "intimidated" personally and professionally.

Session 4

As Anita's bereavement progressed, she experienced a decrease in functioning, explaining the week of grieving had been "horrible" but that she had been "forcing" herself to "show up in life."

In this session, Anita explained, “Today I feel . . . much stronger.” In this session, overall IM salience increased substantially, and RCs were introduced for the first time. In one such example, Anita talked about her changing grief, and the process of emotional expression that promoted this shift:

C: I feel like it’s getting better

T: That feels important. How is it that it’s shifted?

C: I think . . . because I allowed myself to cry . . .

T: Uhuh

C: . . . and more importantly, allowed myself to cry with others. I never did that before. I would cry silently.

However, Anita continued to elaborate on feelings of guilt about her “tough” stance with her brother, and feeling guilty for how she encouraged her father to enact the same role. In attempts to reconcile her grief with her changing sense of self, reflection IMs in the session revolved around meaning she had created from her brother’s death (e.g., “I had to be so tough with him . . . otherwise . . . he would take over my life.”), including a renewed sense of strength to face challenges. Schneider also engaged Anita in an imaginary role play with her father, prompting innovative elaborations of intentions to speak with her dad about her feelings of guilt in her brother’s death.

Anita and Schneider continued to explore counteracting Anita’s narratives of guilt and insecurity. Following a protest IM, empowering Anita and her developing sense of worth, Schneider asked Anita her reaction to him expressing to her that “Anita is worth it.” Anita elaborated an RC IM on a shifting narrative of “I feel like I’m graduating” and “I feel empowered to hear somebody else say that.” She then presented a metacognitive understanding of this process change:

C: Maybe there’s like these two voices at war and when you say that, it overpowers that voice that says to be submissive, to put my head down, that I’m guilty, it’s your fault. When I hear you say that, it almost validates the other voice that says, he made his own choice . . . you know, I’ve done a lot of hard work.

Session 5

Anita’s functioning reached its highest since beginning therapy. There was a slight decrease in overall IM and RC salience, and reflection and action IMs remained comparable to the previous session. A PC IM presented for the first and only time during Anita’s therapy, in which she explained a new position of being more connected with her son within the context of setting clearer boundaries, which related to an RC IM about the process underlying this shift, which connected to lessons learned from her brother’s death and her need to pair “tough love” with vulnerability.

Anita’s communication with her father prior to the fifth session brought about new intentions to continue decreasing her unhealthy sense of guilt (e.g., “The conversation went really well. . . . I just reminded my father that . . . no matter what road we took, it was the decisions of my brother that continued to drink the way he did, or to take pills . . . and the two just don’t mix”), and to generalize this insight into her interactions with her own son (e.g., “I gotta make sure that he understands how much I love him . . . not to forget the love out of the tough love process . . . if that’s one thing I could take out of my brother’s death”). Anita and Schneider refocused

on developing Anita's desire for closer relationships and connecting fully with life (e.g., "I really try to stay in the moment. . . . I have a great boyfriend, I have a loving son"; "I want to be in tune with those things . . . and . . . not be lost with all this worldly stuff"). Anita also reflected on her "comfort" within the therapy relationship with Schneider.

Session 6

In Anita's final session, her functioning increased, and there was a substantial increase in overall IM salience, as well as in specific categories of reflection and RC. Schneider invited Anita to engage in an embodied meditation, in which she gained compassion and "patience" for herself, as she spontaneously visualized herself as a small girl hiding in a closet. She said that this shift released some of the anger she held toward herself, explaining, "I need to . . . warm her out of that closet to come out, out of that darkness," further noting, "I was angry at first, but then I became patient and empathetic to the point of stepping inside." She elaborated on a new developing sense of soothing and caring for herself and intentions to cope with problems in the future by elaborating ways to engage in self-comfort (e.g., "I can get myself back into journaling . . . concentrating on that little girl . . . talking to myself about not being afraid"). Anita explained a tangible way she intended to care for the "little girl" she encountered in the meditation by nurturing the developing relationship with her granddaughter, saying, "I feel almost excited now too, now that I have this [little girl] who wants me to hold her . . . to pat and kiss her head . . . if I could, when I do that with her . . . I can do it to me . . . at the same time . . . to allow that to be therapeutic for the little girl inside me."

THE CASE OF DEBORAH

Deborah's case is distinct in that she entered therapy with poorer functioning than the other therapy case participants, with an initial GAF of 57.5 indicating significant impairment in her daily functioning. Upon therapy termination, however, Deborah's functioning had substantially improved, with a GAF score of 80.5, indicating transient symptoms with minimal to no impairments in functioning. Her case also differed in that the dialogue between her and her therapist yielded more IMs both overall and in all specific IM categories, with the exception of protest IMs. Figure 3 illustrates the progression of IMs across six sessions of constructivist therapy, but it does not include action and protest IMs, given their low salience.

Session 1

Deborah and her therapist began to uncover the ways in which her mother's death two years prior had impacted her life. This exploration entailed describing the ways in which the loss had left her emotionally, cognitively, interpersonally, and functionally "getting worse, and not better," to the point that she was unable to fold laundry and put it in the appropriate drawer or organize a few simple materials for a class she was taking at a local community college. Nevertheless, despite Deborah's monotonic and tearful demeanor throughout the session, action, reflection, and protest IMs began to appear, although with low salience. At the end of this session, taking a cue from Deborah's anguished yearning for her mother over two years following her death,

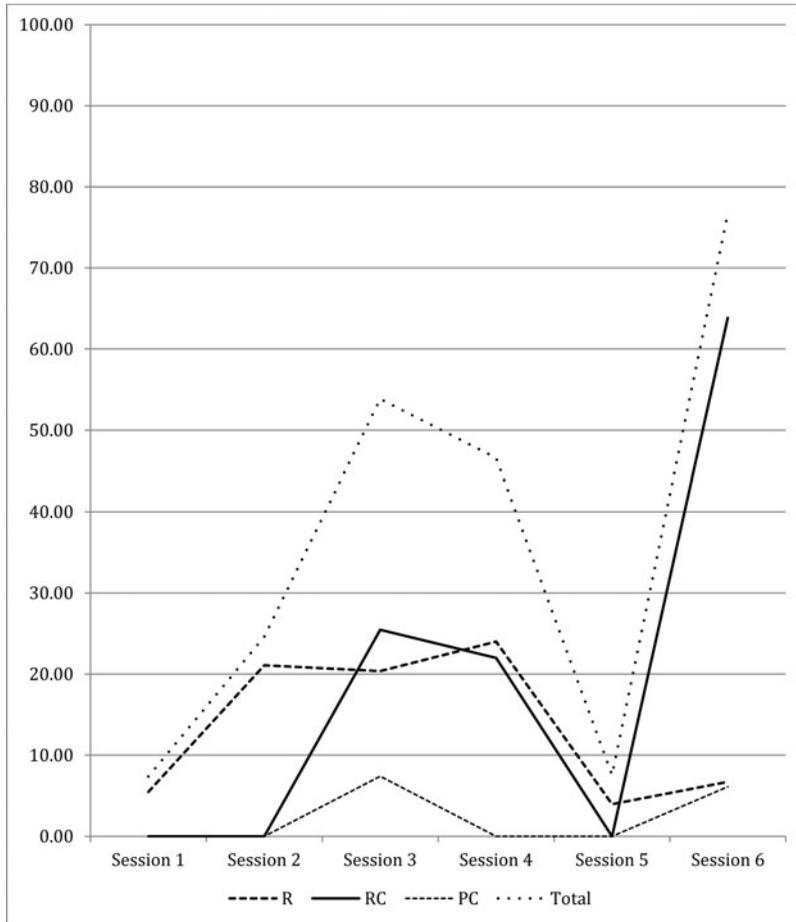


FIGURE 3 IM salience across Deborah's therapy.

Neimeyer suggested a writing exercise to “reopen the conversation with her that was closed by her death,” in which Deborah was invited to write a letter to her mother about her needs in the wake of loss. Although initially daunted by this prospect, Deborah collaborated with Neimeyer by dictating the first two sentences of the letter in session through a veil of tears, and concluded with the hopeful statement that “writing the letter sounds like a good idea. . . . It could give me a chance to reconnect with some of her positive thoughts.” Accepting the opening lines transcribed by Neimeyer, she committed to completing it as between-session homework.

Session 2

As was immediately apparent in her affect, eye contact, vocal modulation, and even her way of dressing, Deborah's change in functioning, as measured by the GAF (score of 68), increased

dramatically from the first to the second session, as did overall IM salience, with a particular increase in reflection IMs. Deborah reflected on the changing relationship between her and her deceased mother after writing several iterations of the letter over the previous week. She described adaptive ways of understanding her mother's death and her success in releasing lifelong resentments held toward her mother, stemming from childhood neglect. Reading the letter aloud to her mother in session at Neimeyer's invitation, Deborah elaborated on these movements toward reconnection: "I know you are in a better place and I will see you again. . . . My prayer is that . . . I am able to concentrate on the gift God gave me of having a mother like you for 43 years."

In reconnecting with her mother, Deborah began creating distance from the problem of being immersed in debilitating grief. These initial changes prompted her to question and gain insight into her own interactions with her family, reconsidering how the loss of her mother had led her to adopt her mother's managerial role in relation to her (resistant) older siblings, some of whom, like Deborah, continued to live in the family home with their father. Deborah expressed intentions to "let that go, and just let them be them," but she expressed a hesitation to do so, which at her therapist's inquiry, seemed to require her mother's permission. Neimeyer therefore invited Deborah to engage in an additional homework exercise to communicate with her mother about this need, which ultimately included Deborah's adaptive self-instructions to "return my mom's legacy to herself." She elaborated new understandings and adaptive thoughts, saying, "I'll always have her wisdoms instilled in me, but I don't have to keep trying to push it down everybody else's throat. . . . Life is different now. . . . She's not the holder of all things and the answerer to all questions."

As Deborah explored ways to relinquish the responsibility for her family that her mother used to carry, a new position of empowerment emerged, as she protested, "You know [the family's] refrigerator is full of fast food containers and, um, it just sickens me. . . . I've always been the one to clean out the refrigerator, and I said 'I'm not doing it anymore.'" This position related not only to her disengaging in her mother's role as caretaker but also to Deborah's repositioning against her struggle with obesity and her desire to maintain changes she had made in her weight.

Session 3

Deborah's functioning remained the same as in the previous session; however, she entered the session with increased clarity about the impact of the writing exercise on her reconnection with her mother's spirit and disengagement from the task of fulfilling her mother's role. Overall IM salience increased substantially, and RC and PC IMs emerged for the first time. This evolution took place despite the occurrence of the monthly anniversary of her mother's death, which Deborah described as a typically difficult time, but which now, for the first time in 26 months, she experienced merely with "nostalgia."

In this session, Deborah elaborated the contrast between her current emerging self and the former version of self that represented her mother's role. She emphasized the importance of her letter writing in stimulating change, and described the transformative process of learning to connect with her own self-identity without enacting her mother's role in her daily life. She further elaborated the process of change underlying the shift, and explained that writing "was a way of . . . identification. First, I had to identify that I was doing these things. . . . As I typed them and acknowledged them and made them real, it gave me an understanding that I could let them go."

In this session, Neimeyer invited Deborah to read the letter she had crafted to her mother. This exercise prompted novel conceptualization and adaptive self-instructions:

C: I am returning your legacy to you. . . . I cannot help somebody unless they ask for help. I need to let go of other people's difficulties and understand that in order to help others I need to let go of my own negativity in order to progress. . . . Mom, I'm asking your permission to be me.

Deborah continued to elaborate on a new position with a contrast to her former self in the absence of her mother, saying about her family, "We're all adults. . . . I've seen them pick up and kind of move into their own. . . . I wasn't doing that, and this week's been a lot of that."

She also began to reflect on how this new positioning of self would impact the dynamic in the relationships she had with her own daughter, and she reflected on a "transition between us that needs to be made" that would allow her to relinquish some of the responsibility of her adult daughter.

As Deborah further explored her reignited sense of self, PC IMs emerged, elaborating her assertively seeking an employment interview from a casual acquaintance who was managing an organization providing support to seriously ill children, which was a behavior that would have been impossible when Deborah was consumed with debilitating grief. She explained, "She [the employer] was telling me that she needed someone that was a good typist and had great organizational skills, and I said, 'Why not me?' [laughing]." Deborah later explained the meaning she derived from this job:

C: It's just a really beautiful, beautiful thing to be able to give back to society.

T: So at personal levels but also for larger, altruistic, social motives, it feels right. And it feels almost like rather than having to *look* for people or . . . perceive needs in them in the family . . . here the needs are *real*.

C: And it fills a real need for me too. It gives me a salary. . . . It makes me feel productive.

In response to Deborah's shifting identity, Neimeyer later invited her to engage in an experiential exercise in which she took the perspective of her deceased mother as he interviewed her about the changing person Deborah was becoming. This intervention allowed Deborah to articulate new instructions to herself, but through her mother's perspective, which gave final clarification that Deborah now could move forward in her life as an individual, without enacting the narrative of taking over her mother's role. Neimeyer wrote these prescriptions from Mom (e.g., the courage to stand on her own decisions, permission to relinquish being the family caregiver) and provided them to Deborah at the end of the exercise, to which Deborah, with tears of gratitude, reflected on ways she would use these in the future, saying, "These are words of wisdom . . . a good practicing tool for me. When I want to hear her words, then I have them."

Session 4

Overall and categorical IM salience remained comparable to session 3; however, Deborah's functioning continued to improve. She noted how her grief had changed tremendously, and explained the "peace" that had been brought by her acceptance of her mother's death, explaining her previous position: "There were times . . . I would actually be thinking that she would come back," and her current position, "It was so unrealistic. . . . There's nothing I can do to change it anyway, so I might as well come to terms with what is." She continued to describe how her

sleep, anxiety, and stress levels changed because of this acceptance, and also anticipated ways to proactively identify problems if they arise in the future.

Deborah continued to describe a decreased need to be the caregiver in her family, and her intentions to “figure out what’s mine and what’s Mom’s” as her identity evolved. She narrated in this session the ways in which her grief had previously dominated her life and described a “void” that was left in the wake of her mother’s death. Neimeyer worked experientially with Deborah in this session to connect to any current physical experiences of this void. This exploration created a sustained period of reflective IMs, as Deborah described connecting with a “beacon of light” that was “embracing” her and bringing her “comfort,” “wisdom,” and “understanding.” Deborah ultimately named this experience “a hug from heaven” that helped her contact the “peace” she was finding in her grief. She elaborated on her intentions to revisit the void in the future to “write down some of the void, some of the things I’m missing from her.”

Session 5

Deborah’s functioning remained the same as in the previous session, although IM salience levels dropped precipitously. She explained that in the time between sessions 4 and 5 she had been physically ill, and was also feeling increasing pangs of grief as her mother’s birthday approached. Within this session, Deborah digressed into telling a story unrelated to her presenting issues. This material might partially account for the decrease in IMs. As the session came to a close, Neimeyer invited her to spend time reflecting on changes that had occurred during the weeks of their therapy together, which Deborah agreed would be useful.

Session 6

In the final session, Deborah’s functioning peaked to its highest level throughout therapy (GAF = 80.5), as did overall IM salience, with well over half of the therapy session involving the elaboration of RC IMs. She and Neimeyer spent a significant portion of the session discussing the changes in her grief and functioning, and the fundamental processes underlying these changes. Early in session six, Deborah explained her contrasting past and present grief, saying, “I’ve gotten a big wrap on my emotional status. . . . I have sadness, but I used to have outbreaks to where I would go blank, and not even know what to do next . . . it’s just not happening in my life now.” She explained the process underlying this transformation:

C: I didn’t even really realize that I was trying to step into my mother’s shoes when we started out. . . . When we shined that light a little deeper, I seen that I was trying to . . . keep my mother alive by being what she was to people in my family.

She later further elaborated, “I think I was blocking . . . a healing process . . . cluttering it up with this trying to become her.” She explained, again, the importance of the letter writing in her change, stating, “I really haven’t felt, since we began after the first letter, I haven’t had that mental blankness that I used to get. And . . . my sleep patterns are better.”

Deborah continued to explore her contrasting narratives:

C: I would always be crying . . . getting upset. . . . That’s hard to be around for two years. . . . I’m more open and able to accept things and to, um, have a more happy note just in life itself.

In the remaining minutes of their final therapy session together, Deborah and Neimeyer elaborated on a meta-change she experienced regarding her perception of death. She explained this change process occurred by “allowing myself simple pleasures . . . and not to be wound up so tight.” She also identified, again, the importance of releasing the role her mother had created, and the numerous changes that occurred from this process, including her views of death:

C: I definitely have a better outlook on this and I think [about] death in general and as well as my mom being gone, um, differently.

T: Could you say something more about that? That really intrigues me, the idea that in this, your very view of death has changed.

C: Yeah . . . I don’t see it, you know, as an ending as I did, as a sharp, critical ending . . . but just a starting place . . . it leaves space for somebody else. . . . And that also, at any moment, life is just for a season. And any moment that you have with someone who, um, blesses you and allows you to feel love, is just such a great thing. And that it doesn’t end there, you know, just because my mom’s not here anymore, the greatness that I was able to be loved and able to love . . . is just phenomenal. . . . To have had that experience . . . death doesn’t take all that away. . . . It just secures it.

Neimeyer encouraged Deborah to provide feedback about the therapy process in working with him, and she explained, “I think that everything you did for me was perfect for me.” She commented on Neimeyer’s flexibility in his approach, saying, “You gave me an option. I think as human beings we need that. It wasn’t ‘We’re going to do this.’ . . . It was . . . opened, and I . . . think that was good.” She concluded, “I’m kind of astounded about the whole thing and the way it transpired.”

DISCUSSION

This research allowed for a unique opportunity to study bereaved clients working with eminent humanistic therapists who are leaders in the field, demonstrating their areas of expertise in a brief-therapy format. Various experiential interventions were implemented across the current cases and appeared to yield innovative elaborations. Such interventions included narrative writing assignments (e.g., Neimeyer, Burke, Mackay, & van Dyke-Stringer, 2010), imaginal conversations (e.g., Shear et al., 2011), empty chair dialogues (e.g., Elliott, Watson, Goldman, & Greenberg, 2003), and visualization and embodied meditation (e.g., Schneider, 2008). These interventions were implemented within the context of reflective listening and empathic attunement—foundational elements across humanistic therapies. Given previous research supporting the role of meaning-making interventions in grief therapy (MacKinnon et al., 2015; Neimeyer & Young-Eisendrath, 2015), with emphasis on also helping clients articulate the processes that led to changes, we hypothesize that humanistic methods like those in the current study hold promise in grief therapy and warrant further empirical investigation to document their efficacy in controlled studies. Importantly, this work has already begun (Lichtenthal & Cruess, 2010; Shear, Frank, Houck, & Reynolds, 2005).

Beyond highlighting a spectrum of promising procedures, however, the present study also suggests the conceptual and practical value of linking clearly defined therapist procedures—such as the various forms of experiential role play, visualization, and first- and second-person writing assignments described above—with possible mediating processes (e.g., various forms of innovative moments) and ultimately with proximal (session-by-session) and distal outcomes (at the end of

therapy and at follow-up). For example, a close analysis of naturally occurring therapy sessions in or beyond the humanistic orientations studied here could first identify specific therapist-initiated activities or interactions, and then evaluate what, if any, IMs they generated, which could in turn be linked with self-report or observer ratings of symptomatic improvement or behavior change. If conducted across a sufficiently large sample of practicing therapists, various techniques could be compared for their relative contribution to outcome, and the mediating role of innovative moments could be assessed more reliably.

Alternatively, rather than studying extemporaneous forms of therapy practiced by therapists in the field, researchers could design prototypic structures for the provision of therapy, which might be especially feasible if all clients in a given study shared a similar presenting problem (e.g., complicated grief). Under such circumstances, relevant broad strategies might be offered in a logical sequence (e.g., visualizing and retelling the “event story” of the loss and then segueing to exploring the “back story” of the ongoing relationship to the deceased; Neimeyer & Thompson, 2014), with specific interventions (e.g., outlining the “chapters of one’s life,” including significant losses, engaging in imaginal dialogues, or letter writing to self or others; Neimeyer, 2012; 2016) nested in particular sessions to advance these goals. With multiple therapists then following this general protocol with multiple clients, it could then be feasible to identify how reliably particular techniques spurred the production of IMs, and with this, associated improvement in behavioral or symptomatic indicators of outcome.

As more researchers use the IMCS to investigate change in grief therapy, the current study also yields a few methodological considerations to guide these efforts. First, the results of this and other studies using humanistic therapy approaches in working with bereaved individuals suggest the importance of reflection, RC, and PC IMs. Although action and protest IMs are more salient in work with other problematic narratives (e.g., depression, intimate partner violence), when studying grief therapy the former IMs appear to warrant more attention. However, insofar as these findings arise within humanistic approaches, replication of this finding with other therapy orientations (e.g., CBT, psychodynamic, family systemic) is warranted. In other methodological considerations, the current study also collected temporal and textual salience across each therapy case, in an effort to determine how they might be measuring different parts of IMs. However, we found these measures to be highly correlated, suggesting that they do not yield meaningful distinctions, and that future investigators could use either transcript or video coding, at the preference of the researcher.

The current study design permits generalization of conclusions toward theory, but not to other cases by the same therapist, much less across different therapists or modes of therapy. These were nonmanualized interventions, and the therapy clients had differences among their presentations (e.g., in their functioning and time since loss), demographics (e.g., ethnicity and age), and their cultural backgrounds, further limiting their direct comparison with one another. Furthermore, the current study only included female, adult clients. Future research might consider examining use of the IMCS in therapy with children, adolescents, or families, in addition to including male participants, any of whom might show different patterns of IM production than did the clients in this study. Given these limitations, we are unable to generalize conclusions about the form and frequency of IMs and changes in functioning found in the current study, or to argue that the present approaches should be definitional of grief therapy. Another potential limitation is the researchers’ professional relationship with one of the therapists in the study (Neimeyer);

therefore, the researchers enlisted external auditors to review IM coding to decrease potential bias by the researchers.

Despite these limitations, this study is relevant to the growing body of literature on process outcome links in humanistic grief therapies and was able to provide support for the utility of studying IMs in the context of grief therapy. Furthermore, this study allowed for a rare opportunity to investigate eminent therapists in the field and the moment-to-moment unfolding of humanistic therapy with clients adapting to life in the wake of profound loss.

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