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Introduction

There is something new to be chronicled every day. Grief is like a long valley, a winding valley where any bend may reveal a totally new landscape. As I've already noted, not every bend does. Sometimes the surprise is the opposite one; you are presented with exactly the same sort of country you thought you had left behind miles ago. That is when you wonder whether the valley isn't a circular trench. But it isn't. There are partial recurrences, but the sequence doesn't repeat. (Lewis, 1961: 47) (*A Grief Observed* by C.S. Lewis © C.S. Lewis Pte. Ltd 1961)

Lewis (1961) described in this word picture the often frighteningly unpredictable journey of grief. The metaphors he used provide a depth to his account of loss which goes beyond the simple use of adjectives. His words – valley, landscape, trench – convey a sense of the vulnerability of the lone traveller making his way through exposed, unknown territory. Metaphor is often used by grieving people (Spall et al., 2001) as a way of 'understanding and experiencing one kind of thing in terms of another' (Lakoff and Johnson, 1980: 5). It generates a richness of conceptual language which captures multiple layers of meaning. This book will use the metaphor of journey to describe and explore the experience of grief. It elaborates on the metaphor by conceptualising theory as a 'compass' and a practice model as a 'map'. These are the tools needed by practitioners as they become fellow travellers on the grief journey with their clients/patients.

Personal stories provide a rich source of knowledge about grief, which is distinct from the research-based theoretical literature on loss and bereavement. Stroebe, Stroebe and Hansson (1993) believe that it is necessary to develop a coherent theory to bring together these different ways of understanding and defining grief, i.e. for the universal and the individual to find a complementary place. This book provides a conceptual model and a practice tool; the model provides a way of identifying broad patterns of loss response and the practice tool is a method of profiling the wide range of individual reactions to loss.

The notion of travelling with loss and mapping grief are introduced in this chapter through the following themes:

Background – the social context of loss and grief

It is important to give brief consideration to the social context in which loss and grief occur within contemporary Western society. The experience of loss is influenced by the ways in which society perceives life and death issues and how it regulates grief. The expression of grief has changed considerably over the last century. The First World War transformed the overt mourning of the Victorian era into one in which expressions of grief were suppressed. The pain of loss was subsumed within the greater national imperative to express pride in the heroism of its young men and the need to sustain national morale and patriotism. Individual grief was often suspended because of the absence of a body. The stiff upper lip was a national response to the slaughter of a generation of men. Private grief was replaced by controlled public remembrance (Walter, 1999).

The need to 'leave the dead behind' was largely confirmed by the rising movements in psychology, particularly the psychodynamic school (Freud, 1957), which saw extended mourning as pathological (Walter, 1999). However, contemporary research and practice has challenged this view, seeing attention to the 'continuing bond' with the dead (Klass et al., 1996) as desirable for the healthy adjustment to bereavement. With the proliferation of counselling and psychotherapy, loss is seen as a personal experience needing personal remedy, and emotion is seen as a component of grief as acceptably present in men as women. The redefining of grief is described by Walter (1999) as the clinical lore of bereavement experts. This clinical lore has influenced a shift in perceptions about grief, and is powerfully exemplified in how we view the impact of war on soldiers: the change from soldiers at the beginning of the century being shot for cowardice, to medical treatment and social compassion being afforded to modern-day soldiers traumatised by war. An understanding of the impact of traumatic loss has become widely integrated into the theory and practice of health and social care practitioners.

The change in how death and loss is seen has been accompanied by the rise in secularism and cultural diversity which has contributed to wide variations in expressions of public and private grief. Ritual may vary from traditional public rites to personally constructed ceremony to mark death or other life-changing loss. In the spirit of the postmodern era, what is individually meaningful has become more important than

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what can collectively be demonstrated. However, the search for meaning may generate a personal sense of ambiguity or ambivalence, as old certainties are swept away by a tide of social change (Machin, 1998).

The interface between scientific/medical advances and life and death perspectives impact on political judgements and private attitudes. Fast-changing ethical concerns shape the context in which contemporary life and death takes place:

- the possibilities for creating life – IVF, selecting embryos for their value (one life to save another), cloning
- the possibilities for extending life – experimental life-saving surgery and medicine, transplant surgery (including stem cell transplants), hi-tech life-support machines
- the possibilities for ending life – abortion, switching off life-support machines, euthanasia.

Dilemmas are produced when the state of knowledge outstrips the capacity to manage the social and legislative consequences of new life and death possibilities. For many people, medical longevity is not met with adequate care provision and continued social inclusion but results in 'social death' (Mulkay, 1993).

Perceptions and understanding about life and death issues reflect the social climate in which they take place. Often, the influence of contemporary psychological, social and ethical perspectives may be unconsciously or unreflectively absorbed into thinking. In order to understand the nature of loss experience(s), it is necessary to recognise the importance of contextual factors.

The broad spectrum of life losses – the landscape of loss

Chapter 2 sets out the diverse situations in which loss might be experienced. Equating grief with death and bereavement often obscures the reality that multiple losses are experienced across the life cycle. Those most readily overlooked are the losses which come with developmental change – starting school, leaving school, moving house, retirement, etc., which may be so absorbed into the fabric of day-to-day life that the impact may hardly be noticed (Sugarman, 2001). However, some of these 'little' losses are rehearsals for more profound encounters with loss and provide a strengthening of the emotional and cognitive capacities for dealing with grief. The ability to cope with loss is likely to be more forcefully tested when relationships or health are damaged or disintegrate, and where deeply held aspirations are thwarted, or unexpected or traumatic death occurs. Where the internal resources and external sources of support are inadequate for the meeting of loss, vulnerability will result (Folkman, 2001; Lazarus and Folkman, 1984). Recognising loss and the vulnerability it may produce is central to the agendas encountered in health and social care.

Within the broad range of loss experiences, the sensitive and expert involvement of practitioners is required at various stages in the grief journey (see Figure 1.1):
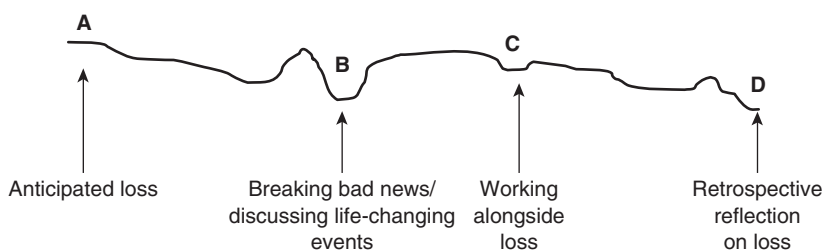
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Figure 1.1   Practitioner involvement at various points in the loss journey

A – Practitioner engagement in anticipation of a loss: supporting people making choices about placing a child for adoption, preparing for an abortion, pre-bereavement support, etc.

B – Breaking bad news or discussing emerging life-changing events/circumstances: imparting a medical diagnosis where the prognosis is poor, emergency services informing people of serious accidents and deaths, etc.

C – Giving support during the process of loss: support for people with a chronic disability who are physically/mentally deteriorating, providing palliative care for the dying, etc.

D – Retrospective support: as the result of abuse, following the break-up of a relationship, following a bereavement, etc.

A knowledge and skill base is essential for the challenges faced by practitioners in this demanding work.

Theoretical perspectives on grief and therapy – establishing theoretical bearings

Grief

Theory provides a conceptual base for understanding loss as part of life-course development, for identifying the characteristics of grief, and for defining practice approaches for working with loss.

The acquisition of psychosocial competence for dealing with life's losses is undertaken from birth. Erikson's account of lifespan development (1980), described in Chapter 2, explores the interface between the individual and his/her social world. He saw maturation as a sequential process, in which there are biological and social challenges to be met, in order to move from the dependence of infancy to a fully functioning, autonomous adult. Erikson's theory has remained influential along with others such as Havinghurst (1972), Levinson et al. (1978), Reese and Smyer (1983), who have used a life-course perspective to understand human developmental social psychology.

Chapter 3 looks at how early experience of positive nurturing provides the psychological and social basis for the development of wellbeing and competence in coping with life changes and losses. Foremost among the theories which have made the link between

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psychosocial development and loss response, is Bowlby's attachment theory (1980). This theory has been foundational in the study of relationships, in defining the quality of human attachment, and in accounting for the consequent reactions to separation and loss. The work begun by Bowlby was taken up by his colleagues, who refined his concepts with further empirical evidence about the nature of styles of attachment (Ainsworth et al., 1978).

Theories of psychosocial development and attachment form the background against which concepts of grief have developed. The characteristics of grief, particularly as they relate to bereavement, have emerged from Bowlby's work, along with other field-leading colleagues like Parkes (1996), who have contributed hugely to the literature on loss. Students of grief and bereavement are familiar with the defining symptoms associated with grief – denial, despair, guilt, anger, hopelessness, etc. – which have been embedded within a structure for understanding the processes of grief. The stage and phase models of grief (Bowlby, 1980; Kübler-Ross, 1970; Parkes, 1996) have been very influential in shaping practice. Whilst the intention of these theorists was never to make grief formulaic or prescriptive, the reality is that many practitioners have applied their work with disregard for the individuality of grief and its fluctuating timetable. The importance of this extensively researched elucidation of the nature of grief should not be overshadowed by its misapplication.

Classical grief theory based on Freudian concepts had been predicated on the belief that grief was a process of disengagement from the deceased, and that severing bonds was indicative of readiness to form new attachments. A gradual recognition that this perspective was an inaccurate reflection of the true nature of grief and unhelpful to practice eventually found recognition with the publication of the book, *Continuing Bonds* (Klass et al., 1996). The sense of continuity both through memory and through a revised inner representation of the deceased (or person or thing which has been lost) becomes a process of reconciling the past with the present in order to move into the future. Many non-Western cultures demonstrate the significance of this continuity through their religious beliefs and rituals (Irish et al., 1993; Klass, 1999).

The notion that a satisfactory outcome in loss or bereavement depends fundamentally upon the emotional expression of grief was implied within the psychodynamic tradition and was a perspective carried into practice. This concept of 'grief work' was challenged by Wortman and Silver (1989) and by Stroebe (1992–93). A significant new theoretical perspective, the Dual Process model of grief, emerged from the research, which sought to test the validity of the grief work hypotheses (Stroebe and Schut, 1999). Stroebe and Schut proposed that adaptation to grief consists of a two dimensional process: loss orientation and restoration orientation. The former attends to the distress of grief and the latter focuses upon diversion from it and attention to ongoing life demands. Successful movement, oscillation, between these two grief modes is necessary for successful adaptation to loss. Theoretical recognition of the restoration aspect of grief alongside a focus on traditional grief work, provides a definition of the multidimensional scope of grief.

Taking a multidimensional view of grief also means that responses to loss which were previously regarded as pathological or abnormal, now fall within a spectrum of normality.

Using culture as a lens for viewing grief also gives recognition to the ways in which symptoms and intensity of grief will be variably understood in different cultures and communities (Rosenblatt, 2001). These factors have contributed to new recognition of diverse ways of grieving. However, persistent/intense grief remains a clinically identifiable condition which may result from unresolved loss issues and/or an ongoing life grief, such as a long-term disability. Roos (2002) describes this as chronic sorrow. The new ways of defining and understanding 'problematic' grief have significant implications for practice in health and social care settings.

Having explored the background theories of grief, those concepts which look at the process of adjustment to loss are considered. In addressing the manner of adjustment Worden (2009) has influenced practitioners since his book *Grief Counselling and Grief Therapy* was first published in 1983 and his tasks of mourning/grief are included in Chapter 3 and also integrated into a pluralistic approach to working with loss, in Chapter 7.

Therapy

Theories of therapeutic intervention are explored in Chapter 4. Fundamental to all counselling/therapy is the creation of a safe base from which the client can disclose concerns and feel free to explore new ways of understanding their troubled situation. Attachment theory identifies the conditions which promote security (Holmes, 1993), and a person-centred approach to counselling/therapy (Rogers, 1961, 1980) provides the principles for the acceptance and valuing of people, which is crucial to engagement with individual grief.

Stories are the means of communicating the nature of distress felt by clients. Angus, Levitt and Hardke (1999) suggest that the stories heard in therapy consist of three narrative elements – the external narrative, the internal narrative and the reflexive narrative. It is a structure which, when working with grief, identifies what has been lost and how (external narrative), its impact upon the teller (internal narrative) and the emerging therapeutic process of making sense of experience (reflexive narrative). The role of the practitioner is to facilitate the telling of the story of loss (construction), to assist in the exploration of the story (deconstruction), and to work towards the 'reconstruction' of the story which has a sustaining meaning for the client (McLeod, 1997). This narrative approach will be used as the basis for exploring the case studies used in Chapters 8, 9 and 10.

A number of therapeutic approaches are pertinent to the process of accepting reality and finding more satisfying ways of understanding the experience of loss. Martin and Doka contend that 'those with the widest range of adaptive strategies are best able to surmount crises' (2000: 144). Achieving a wide range of adaptive strategies needs to be contextualised by a focus on relationships and the nature of communications and functioning within them (attachment theory and transactional analysis [Berne, 1961, 1964, 1975]). Attending to the way in which clients are thinking about the losses in their lives may make use of cognitive and cognitive/behavioural strategies for mastering new

situations and reappraising changed life situations (Beck, 1976; Ellis, 1962, 1989). Meaning-making strategies are concerned with finding a new source of order in the existential chaos of loss (Neimeyer and Sands, 2011). Frankl (1959) saw this as transforming tragedy to triumph. It is a theme central to the reflexive narrative, which seeks to reconstruct a story which can be 'lived by and lived with' (McLeod, 1997: 86).

Chapter 4 predominantly focuses on counselling theory and therapeutic engagement with grief, but the principles of person-centred sensitivity and careful attention to the story of loss, can also be applied by those people whose role is not primarily therapeutic.

A practice model for understanding grief and a tool for its implementation – a compass and a map

Chapter 5 introduces and defines the conceptual premises of a model, the Range of Response to Loss model (RRL) and the associated Adult Attitude to Grief scale (AAG), as a framework for thinking about loss and a measure for profiling individual grief. This approach to understanding grief constitutes a central theme of the book.

Listening to accounts of loss, heard in counselling practice and in research, led the author to a greater understanding of the highly individual nature of grief but it also drew attention initially to three broadly different loss reactions (Machin, 1980, 2001). These were contained within three kinds of discourse:

1. A deeply distressed discourse where grief is experienced as **overwhelming**.
2. A discourse dominated by the need to suppress emotions and remain focused on ongoing life demands – a **controlled** reaction.
3. A balanced account of grief, where emotions are accepted and faced, and the practical consequences of loss approached with realism and a sense of agency – a **balanced/resilient** response.

The categories of difference were conceptualised in the language heard in practice – 'I feel **overwhelmed**', 'I need to be back in **control**', 'I can (want to) feel able to **balance** all that's going on (as a result of the loss)'. These grief reactions were incorporated into a framework – the Range of Response to Loss model. Overwhelmed and controlled reactions are seen as core reactions to grief. They represent the emotional and cognitive tension prompted by an experience of loss. Balance/resilience is seen as an effective coping response to these grief reactions.

Exploring the validity of the notions proposed in the RRL model was undertaken in two ways. First, by looking for conceptual consistency with other theoretical propositions, the RRL categories clearly equated well with descriptions of attachment style in attachment theory (Ainsworth et al., 1978; Bowlby, 1980) and the notions of loss orientation, restoration orientation and oscillation in the Dual Process model of grief (Stroebe and Schut, 1999). Second, a scale, the Adult Attitude to Grief scale (AAG), was devised

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as a research tool to test the validity of the RRL concepts. It consists of nine self-report statements, which reflect three perspectives for each of the three categories in the model (see Appendix 1). In a study of bereaved clients, the responses to the AAG scale were statistically analysed alongside other psychometric tests. Factor analyses indicated that the AAG scale provided a good measure of the three categories proposed in the RRL model (Machin, 2001). However, what also emerged from that study was that the AAG scale could provide a profile of individual grief, visible in the complex blend of participant responses to the overwhelmed, controlled, balanced items in the scale. This suggested that the AAG scale might be used as a practice measure to access a picture of individual loss experiences and perspectives.

Further study to test this proposition supported the use of the AAG scale in practice settings (Machin, 2007a; Machin and Spall, 2004). The AAG scale was used effectively as a measure of assessment, as a tool for the exploration of the grief dynamic, as a cue for therapeutic dialogue and as a measure of change. Both clients and practitioners affirmed its face validity as a tool pertinent to the therapeutic focus on grief and as a measure readily integrated into the wider practice repertoire.

Continued reflection on the theoretical characteristics of the RRL model has led to the incorporation of another important dimension. From the outset resilience had been a concept central to the model, and this reflects the contemporary emphasis on the human capacity to manage life losses successfully. However, the opposite position is one in which coping is ineffective or problematic and can be defined as vulnerability. Vulnerability, became a fourth category and was incorporated in the RRL model which is now made up of two interconnecting processes (see Figure 1.2) core grief reactions (overwhelmed to controlled) and coping responses (vulnerable to resilient).
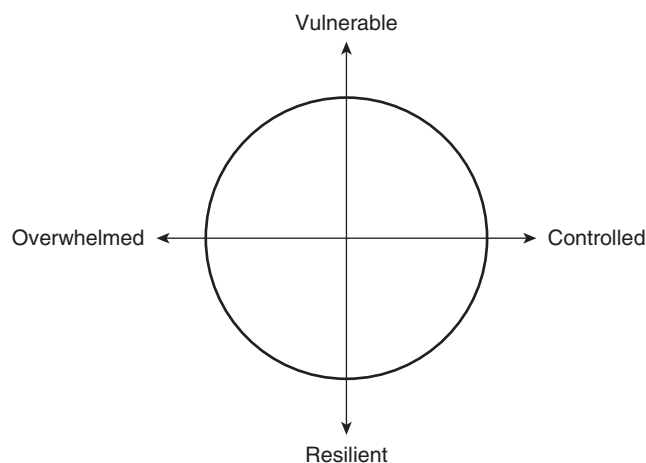

Figure 1.2 'Compass' showing core grief reactions (overwhelmed and controlled) and mediating coping responses (vulnerability and resilience)

The challenge was whether the AAG scale could be used to identify vulnerability, a component not separately included in the scale. This became the focus of research and practice exploration. The proposed method for using the scale to compute an indication of vulnerability was to combine the scores for the overwhelmed and controlled items, i.e. those which represent reflexive grief reactions, and deduct the resilient scores in order to calculate an indication of vulnerability (see Table 5.2).

$$O + C - R = V$$

By testing this hypothesis against other psychometric measures, the AAG scale was found to be a psychometrically effective tool for identifying vulnerability (Sim et al., in press).

The RRL and AAG in practice

In listening to the story of loss, the practitioner can begin to identify the detailed characteristics of their client's overwhelmed and controlled grief reactions (O↔C) and gauge the level of resilience or vulnerability (R↔V) in their coping responses. Distress alone is not a measure of vulnerability. It is important to distinguish between strong feelings which are understood and accepted and distress which persists and is symptomatic of an inability to accept the loss and its consequences. Similarly, control may be used effectively to counter the powerlessness of grief or it may be an anxious and ineffective struggle to master overwhelming distress. For the practitioner, the RRL model provides a structure for appraising the client's grief reaction, and gives focus to the helping process. The RRL and AAG are being used increasingly in practice as a way of appraising the grief of clients and deciding the appropriate therapeutic response to their needs. In practice this has also been the basis for assessing bereavement needs in the context of family support in palliative care (Relf et al., 2010) and led to the development of a new tool, the Range of Response to Loss Bereavement Assessment tool, which is made up of paired statements reflecting resilience and vulnerability. This tool is currently being piloted.

Chapter 6 provides case examples to illustrate the use of the RRL model and the new assessment tool in practice. A six-stage process is detailed for using the AAG as a clinical 'mapping' tool. Stages one and two give equal recognition to the quantitative and qualitative responses made by clients to the scale. Stage three provides guidance to the practitioner in interpreting and understanding the dynamic of grief presented by their client and in identifying their level of vulnerability. Stage four invites an exploration of the social context in which the client lives out their loss and the social and cultural influences which shape the experience and the expression of grief. Stage five addresses intervention and the selection of approaches which appropriately match the grief needs of individual clients (Chapter 7 addresses this in detail). Stage six invites a return to the first three stages as a process of review within which change and outcome might be identified. Two case studies illustrate the use of the AAG, one a widow and the other (using a modified version of the AAG) the mother of a child with a life-limiting illness.

Therapeutic ways of working with the RRL model and AAG scale: the territory of loss and the journey through grief

Chapter 7 outlines a way of working with grief which integrates the concepts of grief in the RRL model with a range of therapeutic approaches. It uses a pluralistic perspective (Cooper and McLeod, 2011) which holds that different clients need different sorts of counselling orientations at different times. Both the RRL and therapeutic pluralism maintain diversity as central to their frame of reference. The overall therapeutic objective is to restore a sense of balance/resilience in full collaboration with the client. Underpinning this approach is the assertion that a person-centred way of being with the client is crucial and that a narrative approach provides a facilitative way of hearing, understanding and reconstructing their 'story' of loss. Other therapeutic methods are used: for example, a cognitive approach may be used to counter the powerlessness of grief by restoring a sense of agency; encouraging the client to think and act outside the emotional distress generated by grief. Alternatively, where control is dominant and feelings are suppressed, attachment theory, based on a psychodynamic perspective, may be used to explore the background to the development of feelings and their regulation. Examining the personal and circumstantial factors which might produce vulnerability or resilience provides an assessment of those things which impede or enhance positive coping with loss. Identifying those aspects which are an impediment to coping well is a pre-requisite to engaging with narrative reconstruction, i.e. finding a new version of the 'story' of loss and finding meaning in the experience of loss. Chapters 8, 9 and 10 use case studies to illustrate this approach to grief counselling.

In Chapters 8, 9 and 10, detailed case examples (names and identifying features have been changed) demonstrate the application of the RRL model and the AAG scale. Chapter 8 focuses on the essential characteristics of the grief story brought to counselling/therapy by looking at the external narrative – what happened – and the internal narrative – the impact on the narrator. In listening to the initial account of loss, a person-centred approach enables the client to be heard, accepted and understood (Howe, 1993). This provides the climate in which the loss story can be developed and sensitively explored. Chapter 9 uses case studies where grief reactions and coping responses exemplify vulnerability. The limitations which this puts upon the practitioner need to be recognised and more restricted therapeutic goals may have to be set. In Chapter 10, the focus is on the nurturing and promotion of resilience which is the goal as client and counsellor/therapist explore the loss narrative and the opportunity for change and growth.

Practitioner perspectives – travelling with grief

In focusing on loss, and providing a theoretical model and tool which can be taken into practice, this book attempts to make the process of engaging with grief one that can readily be undertaken by a wide range of practitioners. Roles in health and social care

are variable but the demands of working with another person's grief are potentially challenging at all practice levels. Openness to a client's emotional pain can be a reminder of personally experienced losses, or may generate anxiety about what life might hold in the future. Achieving a balance between being the objective 'professional' and a subjective human being is central to providing useful and sensitive care to grieving people. This is only possible where the value put on those who seek care is matched by recognition of the need for practitioner support, and by putting in place strategies to sustain resourcefulness. Good collaborative teamwork embedded in supportive supervision is essential to the maintenance of good practice. A restoring balance of relationships and activities outside work are vital for practitioners to function with resilience.

Conclusion

Loss is not always recognised as central to the fabric of human experience. Theories of grief, therefore, have tended to focus on indisputable life losses – death, dying and bereavement. While the application of these theories to all other losses might not be appropriate (Sapey, 2002), they are broadly pertinent to an understanding of loss and change. Theoretical perspectives on grief have evolved during the twentieth century. However, the growth in research-based knowledge has been slower to develop methods for applying theory to practice (Neimeyer and Harris, 2011). This book seeks to make a clear connection between theory and practice by providing a practice-generated model, conceptualised as the Range of Response to Loss model, and a tool, the Adult Attitude to Grief scale, to operationalise the notions contained within the model.

The book provides practitioners with a way of looking at the nature of loss across the life cycle and identifying ways in which support might be given to those who are grieving. The valley of grief, spoken of by Lewis (1961), is a route which can be undertaken with courage and optimism, when the innate ability for healing is recognised and the nurturing care of others is available. The role of practitioners in health and social care plays a crucial part in supporting travellers on this journey.

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