HANDOUTS

Grief Therapy

A Meaning-Reconstruction Approach

Presented By

Robert A. Neimeyer, Ph.D.

AGENDA

Thursday

Loss, Grief, and the Disruption of Meaning

9:00 Trajectories through Bereavement
- Chronic Grief and Depression
- Recovery and Resilience

10:20 Break (coffee and tea)

10:35 **Self Narratives and their Disruptions**
- Human Beings as Meaning-Makers
- Narrative Disruption and the Chapters of our Lives

12:00 Lunch (on your own)

1:30 **The Biology of Bereavement**
- Symptoms of Separation
- Neurophysiology and the Lessons of Loss

2:45Break (coffee, tea, soda, snack)

3:00 **Traumatic Loss:**
Conceptualization and Diagnosis
- Complicated Bereavement and the Assault on Meaning
- Diagnosing Complicated Grief

4:30Adjournment
(pick up one-day certificates)

Friday

Grief Therapy as Meaning Reconstruction

8:30 Loss and the Reconstruction of Meaning
- Assumptive Worlds and Continuing Bonds
- Constructive Coping and Post-Traumatic Growth

9:50 Break (coffee and tea)

10:05 **Re-Authoring Life Narratives: Therapeutic Strategies**
- Loss Characterizations and the Life Imprint
- Analogical Listening and Personal Ritual

11:30 Lunch (on your own)

12:45 **Process Interventions in Grief Therapy**
- Articulating, Symbolizing, and Renegotiating Meanings of Loss
- Discursive Strategies for Therapeutic Change

2:00 Break (coffee, tea, soda, snack)

2:15 **The Meaning Reconstruction Interview**
- Entry and Experiencing Questions
- Explanation and Elaboration Questions

3:45 Adjournment
(pick up certificates)

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Lessons of Loss: Grief and Narrative Disruption

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Darla's Dilemma: Symptoms, suffering, and the search for significance

I. Trajectories through Bereavement

5 patterns of symptomatic adjustment to loss

Prospective study of 276 older bereaved couples across first 18 months (Bonanno, Wortman & Nesse, 2004):

"Common" grief (11%): depression increases, then decreases; associated with good coping, positive memories

Resilient (46%): low depression throughout; little search for meaning; low avoidance, good adjustment overall

Chronic grief (16%): depression peaks after death and remains high; intense search for meaning, regret, history of dependency

Chronic depression (8%): depression precedes loss and continues; high avoidance, many life difficulties, low comfort, poor coping

Depressed-improved (10%): prior depression remits after loss; low avoidance, good coping, benefits of widowhood

A call to clarity

There is no single set of stages or tasks in adapting to loss, but instead qualitatively distinct paths through bereavement that call for a closer understanding of both patterns of complication and resilience.

II. Expanding the Frame: Human Beings as Meaning-Makers

A. The constructed nature of the human life

We infuse our perceptions with our hopes, anticipations, philosophies, emotions, and convictions. We are "hard wired" to impose order on

even apparently random events, and to discern patterns in the world around and within us. We are “condemned to meaning”.

B. The effort after meaning

Human distress can be viewed as a struggle for beliefs that enable, or against beliefs that restrict a constructive engagement with life.

C. A positive focus

A concern with the constructive functions of belief implies a positive psychology, not one exclusively focused on pathology

III. The storied nature of human life

A. Beliefs as “building blocks” or themes of a life story

1. Cognitive science has demonstrated that we organize events using “story schemas” or “extendures” (Barsalou, Mandler), imposing a plot structure on them with a beginning, middle & end.

2. Self-narrative: “an overarching cognitive-affective-behavioral 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)

3. Voices of bereavement: Beyond the pain of sundered attachment, there is:

   - The need to process a disequilibrating life transition
   - The need to grieve not only the death of a loved one, but also the changed life of the survivor
   - The need to reestablish a life worthy of passionate reinvestment
   - Disruption of continuity of the fabric of a life woven together with that of another
   - Recruitment of support for a recognizable self
   - Acknowledgement of alternative pathways through loss, some straightforward and rapid, others more tortuous and extended

B. Narrative disruptions are of three types (Neimeyer):

1. disorganized narratives and the loss of coherence (e.g., trauma)
2. dissociated narratives, silent stories (e.g., incest, suicide)
3. dominant narratives and stories that constrict (e.g., depression)

***Clinician's Toolbox*: Chapters of our lives**

As a therapeutic assignment or as a form of personal exploration, writing the "chapter titles" of our autobiographies can be a way of appreciating the complexity and richness of our self-narratives. Taking several minutes to phrase or punctuate the flow of your life into discrete chapters or sections, formulate a title for each, and write them on a sheet of paper. Then reflect in writing (as in a personal journal) or conversation (with a therapist or partner) on any of the following questions that interest you.

- How did you organize the flow of your self-narrative? Chronologically, or according to some other organizing structure?
- How did you decide when one chapter ended and a new one began? What role, if any, did significant loss experiences (deaths, relationship dissolution, geographic displacement, serious illness of self or significant other, loss of job) play in marking or symbolizing such transitions?
- When did you begin your self-narrative? If at birth or in early childhood, how might you develop a context for the work by adding a "foreword" describing the context of your family or your parent's relationship before you arrived on the scene?
- When did you end your self-narrative? How might it look if you were to project ahead from the present, envisioning titles for future chapters to the point of your death, or beyond?
- As you look back on how your story has developed over time, does the change seem to be more evolutionary and gradual, or revolutionary and sudden?
- If your self-narrative were a novel, would it be a comedy, tragedy, history, mystery, adventure story, or romance? Or would different chapters represent "short stories" of different kinds? If so, which of them would you like to expand?
- Looking at the story, what are the major *themes* that tie it together? Do you notice any minor themes that pull in a different direction? If so, how might the story be different if they were really to have their say?
- Who do you see as the primary author of this self-narrative? Are their any important co-authors who deserve credit (or blame!) for the way the story has unfolded?
- Who is the most relevant audience for this self-narrative? Who would enjoy the way it is written, and who would want to "edit" it?
- If you were to give a title to this part of your self-narrative, what would it be? Or would the gist be better conveyed in a few illustrations, what might these look like?

IV. The Biology of Bereavement

A. Symptoms of separation

At a very basic level, human being evolved as social creatures, bound by profound bonds of attachment to others in family and group (Bowlby). Bereavement disrupts these bonds, producing both psychological and physiological effects. Psychological symptoms include:

- "pangs" of grief in early weeks, periodically thereafter
- anxiety, panic (Jacobs: 40% of spouses reach clinical levels)
- depression
- yearning and searching

Common symptoms stem from sympathetic arousal to stress:

- Shortness of breath
- Tachycardia (racing, irregular heartbeat)
- Dry mouth
- Sweating, frequent urination
- Digestive disturbance
- Choking sensations
- Increased muscle tension
- Restlessness and insomnia

B. Neurophysiology of Grief

Gundel's fMRI study of acute grief suggests that both *words* and *images* activate:

posterior cingulate cortex: autobiographical memory; verbal episodic memory (in contrast to depression)
cerebellum: coordination of cognition and affect

…words uniquely activate *precuneus*: conscious recall of imagery

…and images uniquely activate:

inferior temporal gyrus: processing of familiar faces
insula: processing of viscero-motor information

"Grief is mediated by a distributed neural network that subserves affective processing, mentalization, episodic memory retrieval, processing of familiar faces, autonomic regulation, and the modulation/coordination of these functions."

C. Lesions of Loss

Although majority of people show resilience in the wake of loss, impact can be severe for many. Risks include:

- *Cardiovascular disease,* esp. myocardial infarction & congestive heart failure)
- *Impaired immune function*, with risk of infections & cancer
- *Cirrhosis of liver*, resulting from alcohol abuse
- *Suicide*, 10 times higher in women in first week of bereavement, over 60 times higher in men (Kaprio et al.)
- *Mortality risk 40-70% higher in first 6 mos. of spousal loss*

V. Traumatic Loss: Conceptualization and Diagnosis

A. The biology of traumatic memory (van der Kolk)

1. extreme arousal associated with trauma floods brain with neurotransmitters, "stamping in" vivid sensory memories of event

2. memories frequently take the form of fragmented or dissociated iconic images, sensations, or emotions (e.g., sight and smell of blood, screams of victim, terror and associated somatic reactions)

3. stimulus configurations in the present that evoke a portion of this emotion activate the entire emotion schema, producing vivid "reliving" of the previous trauma episode in the present

4. this emotional memory system is housed in the amygdala, and operates independently of conscious intervention in the neocortex

5. although adaptive in evolutionary sense, this rapid-appraisal system can become dysfunctional when activated by slight cues of repetition of the trauma, in the absence of a true "match" with original event

6. hyperarousal of the limbic system can produce a sustained fear response and hypervigilance to threat

B. The narrative structure of traumatic memory

1. Traumatic memories constructed under conditions of high arousal are "pre-narrative," consisting of unintegrated sensations & perceptions.

2. These emotionally vivid memories persist in virtually unaltered form for years, and even decades, resisting incorporation into declarative (conscious, organized) memory

3. Lack of symbolization of these primitive "unmetabolized" emotion schemas renders them difficult to understand

4. Integration of traumatic memories requires their arousal, reprocessing, and narration in treatment, bringing them under neocortical control

5. Becoming conscious of symptomatic arousal (e.g., building panic) permits self-soothing, emotional regulation, and construction of a more adequate account of the experience for both self and others

C. Accommodation to traumatic loss

1. The insistent search for meaning (composite data)

   a) As losses become less normative (more violent, more "off time" in the family life cycle) the search for meaning intensifies

   b) Compatible with the view that violation of the assumptive world drives a quest for meaning, and a struggle to accommodate the self-narrative to integrate the loss

   c) However, those who don't search for meaning experience low levels of distress, equal to or lower than those who find meaning

D. Meaning-Making and Complicated Grief

Holland, Currier & Neimeyer's study of 1,050 college students in first two years of bereavement demonstrated that:

- neither sense-making (e.g., finding existential or spiritual meaning in the loss) nor benefit-finding (e.g., developing greater empathy, maturity or strength) was predicted by passage of time
- sense-making was best predictor of adjustment in both first and second year of loss
- those survivors who could neither make sense of the loss nor find benefit in it displayed most complicated grief symptoms
- finding some benefit in the loss mitigated grief, predicting better adjustment
- least complicated grief symptoms reported by those who found great meaning in the loss, but few personal benefits—a profile of "altruistic acceptance?"

E. Chronic sorrow: A living loss (Roos)

   a) *Normal* response to unrelenting losses arising from catastrophic injury, progressive disease, birth of developmentally impaired or autistic child, severe mental illness, HIV/AIDS, missing loved one, etc.

b) *Definition*: Pervasive, profound, and continuing grief responses resulting from loss of aspects of oneself or another living person to whom there is a deep attachment. Exacerbated by unforeseen stress points, and contributing to overall attenuation of affect, both positive and negative.

c) Unlike in ordinary grief, positive memories become a source of ambivalence and distress rather than comfort. Requires continual relinquishment of goals, hopes, and fantasies. Dreams do not die well or easily.

d) Intensity is a function of how loss is interpreted, to what extent it disrupts and dominates the "nuclear script" of life narrative, leaving one "marker bereft," or triggers collapse of meaning, structure, and purpose. "Role captivity" as caretaker can constrict identity. Existential confrontation with reality of human vulnerability, aloneness, and death challenge unconscious defenses that sustain our world.

F. Toward a new diagnosis: Complicated Grief (Jacobs & Prigerson)

1. Grief represents a form of separation distress following disruption of significant attachment through death (Bowlby)

2. Complicated Grief:

   a) includes unidimensional cluster of symptoms of

      - yearning & searching for deceased
      - excessive loneliness
      - intrusive thoughts about deceased
      - feelings of numbness & disbelief
      - fragmented sense of security, trust and meaning

   b) is associated with impaired functioning, sleep disturbance, ruminations and dreams of deceased (Hardison, Neimeyer & Lichstein)

   c) is independent of both depression and anxiety symptoms; does not respond to interpersonal psychotherapy or antidepressants

   d) over and above depression, predicts subsequent risk of:
      - cancer
      - cardiac disorders
      - increased alcohol and tobacco use
      - suicide ideation

3. 2 Triggers for Complicated Grief:

   a) sudden, violent death that assaults person's assumptive world, even for person without pre-existing vulnerability

   b) any significant loss for person with vulnerabilities in attachment style, models of self and world

4. Pathways through grief: Neimeyer, Prigerson & Davies

***Clinician's Toolbox*: Diagnostic Criteria for Complicated Grief Prigerson & Maciejewski (2006)**
Criterion A: Chronic and persistent yearning, pining, longing for the deceased, reflecting a need for connection with deceased that cannot be satisfied by others. Daily, intrusive distressing and disruptive heartache. **Yearning/longing/heartache -** `Do you feel yourself yearning and longing for the person who is gone?'
Criterion B. The person should have four of the following eight remaining symptoms at least several times a day or to a degree intense enough to be distressing and disruptive: 1. **Trouble accepting the death** – `Do you have trouble accepting the loss of ___?' 2. **Inability to trust others** –`To what extent has it been hard for you to trust others since the loss of ___?' 3. **Excessive bitterness or anger related to the death** - `Do you feel angry about the loss of ___?' 4. **Uneasy about moving on** – `Sometimes people who lose a loved one feel uneasy about moving on with their life. To what extent to do you feel that moving on (for example, making new friends, pursuing new interests) would be difficult for you?' 5. **Numbness/Detachment** - `Do you feel emotionally numb or have trouble feeling connected with others since ____ died?' 6. **Feeling life is empty or meaningless without deceased** – `To what extent do you feel that life is empty or meaningless without ___?' 7. **Bleak future** – `Do you feel that the future holds no meaning or prospect for fulfilment without ____?' 8. **Agitated** – 'Do you feel on edge or jumpy since ____ died?'
Criterion C. The above symptom disturbance causes marked and persistent dysfunction in social, occupational, or other important domains.

Exercise: **Is this grief complicated?**

Recommended Readings

Attig, T. (2000). *The heart of grief*. New York: Oxford. [Practical philosophical exploration of role of sustained ties to lost loved ones]

Bonnano, G. A., Wortman, C. B. & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging, 19*, 260-271.

Beder, J. (2004). *Voices of bereavement*. New York: Brunner Routledge. [Clinical casebook with research informed discussion of a broad range of bereavement experiences, from death of a disabled sibling to loss of a same-sex partner in a plane crash]

Center for the Advancement of Health (2004). *Report on bereavement and grief research*. Special Issue of *Death Studies*, 28, 6. [Official update and analysis of last 20 years of research on bereavement and health, covering such topics as health and mental health outcomes, impact of loss on health care professionals, efficacy of interventions, and a research agenda for the next decade.]

Davies, B. (1999). *Shadows in the sun*. Philadelphia: Brunner Routledge. [Qualitative research on sibling bereavement in childhood]

Field, N. P. & Friedrichs, M. (2004). Continuing bonds in coping with the death of a husband. *Death Studies, 28*, 597-620.

Klass, D. (1999). *The spiritual lives of bereaved parents*. Philadelphia: Brunner Routledge. [Traces psychological and social transitions by which bereaved parent transforms but retains bond with deceased child]

Lester, D. (2004). *Katie's diary: Unlocking the mystery of a suicide*. New York: Brunner Routledge. [Rare publication of the diary of a suicidal young woman, analyzed by leading exponents of various psychological theories of suicide and psychotherapy.]

Martin, T. & Doka, K. (2000). *Men don't cry…women do*. Philadelphia: Brunner Routledge. [Discusses and transcends gender stereotypes in grieving]

Nadeau, J. (1997). *Families making sense of death*. Thousand Oaks, CA: Sage. [Qualitative research on meaning-making as interactive process in families]

Neimeyer, R. A. (2004). *Constructivist psychotherapy*. Washington, DC: American Psychological Association. [Full length video featuring meaning making interventions in grief therapy with a bereaved mother, complete with conceptual introduction to the approach and post-session discussion.]

Neimeyer, R. A. (2002). *Lessons of loss: A guide to coping*. Memphis, TN: Center for the Study of Loss and Transition. [Written for professionals and patients or lay readers, presents research-grounded new models of grieving and practical applications to grief counseling and psychotherapy]

Neimeyer, R. A. (Ed.) (2001). *Meaning reconstruction and the experience of loss.* Washington, D. C.: American Psychological Association. [Multifaceted scholarly and applied contributions to bereavement theory, research, and practice, including considerations of post-traumatic growth]

Neimeyer, R. A. & Mahoney, M. J. (Eds.) (2000). *Constructivism in psychotherapy*. Washington, D. C.: American Psychological Association. [A broad scholarly presentation of impact of constructivism for counseling and psychotherapy]

Neimeyer, R. A., Prigerson, H. & Davies, B. (2002) Mourning and meaning. *American Behavioral Scientist*, 46, 235-251. [Consideration of meaning making model of traumatic grief and post-traumatic growth]

Neimeyer, R. A. & Raskin, J. (Eds.) (2000). *Constructions of disorder: Meaning-making frameworks in psychotherapy*. Washington, D. C.: American Psychological Association. [Non-pathologizing conceptualizations of psychosocial disorder and their implications for psychotherapy as a meaning-making process]

Parkes, C. M. (1996). *Bereavement*. London: Routledge. [Thorough discussion of determinants and dynamics of grief from a research standpoint]

Rosenblatt, P. (2000). *Parent grief*. Philadelphia: Brunner Routledge. [Qualitative research on impact of child loss on couple, with special focus on the parental relationship]

Stroebe, M. Stroebe, W., Hansson, R. & Schut, H. (2001). *Handbook of bereavement research*. Washington, D. C.: American Psychological Association. [Comprehensive compendium of all aspects of traditional grief research, from issues of assessment to coping literature.]

Tedeschi, R. & Calhoun, L. (2004). Helping bereaved parents. Philadelphia: Brunner Routledge. [Practical handbook for fostering growth through grief associated with loss of a child.]

Appendix: Case description: Wanda B.

Wanda is a 62 year old, Caucasian woman who is seeking assistance in "getting out of the rut" she feels she is in, so that she can once again "get involved in life." She describes her life as a kind of "tunnel" since her job loss 4 years ago, necessitated by an intensification of the intermittent depression and suicide ideation with which she had struggled for some 30 years. Although she denies active suicide ideation at present and has no history of past attempts, she acknowledges struggling with despair and a number of physical symptoms, including cardiac arrhythmia. Wanda's decision to seek therapy now stems from the recommendation of the pastoral counselor who leads the grief support group she has intermittently attended for 3 years without signs of substantial progress. The decision is also supported by her husband, Bill, who has "been patient," but thinks she should be "dealing with her loss" better than she has been. Although antidepressant medication has made it possible to become somewhat more involved in her church, Wanda still has a very constricted range of activities, and has never been able to move back into the sort of mid-level executive position she had occupied capably until the past 4 years.

Five years ago Wanda began to experience a string of losses, beginning with the chronic illness and death (during the holidays) of her father, which resulted in her elderly mother's moving in with them because of her own acute grief and depression. Against the backdrop of a tense and distant relationship history with her mother, Wanda grew to resent the caregiving role, and the situation worsened until Wanda was admitted to a psychiatric facility because of the "violent fantasies" she began to entertain toward both her mother and herself. Shortly after her release, she received a fateful phone call: her only child, Silvia, had been admitted to the hospital for an undisclosed emergency. When she and Bill arrived at her bedside in the emergency room, she heard the doctor telling a nurse he "had done everything he could to treat the aneurysm," at which point Wanda interrupted, "But she'll be all right, won't she?" She has frequent intrusive memories of the doctor's seemingly angry reply, "Of course she won't! She's dead!" Catching a deeply etched image of her daughter's face--eyes and mouth frozen open as she lay on the gurney--Wanda fainted.

More losses came in the months that followed, including the sudden death of Wanda's beloved physician of many years, who had "really understood" her depressive struggles over the decades. His death precipitated a deep melancholy that her new physician decided to treat with ECT. Wanda was left with significant gaps in her memory, but was compensated by some remission of the depression.

Now, three years later, Wanda still feels "no direction in life," and finds she is still "ruminating" about Silvia's death and her doctor's. She describes feeling "embittered" at God, which fuels her ambivalence about returning to church, and manages to just do the "minimum required to stay alive."

Grief Therapy and the Reconstruction of Meaning

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Reauthoring Life Narratives: Grief Therapy as Meaning Reconstruction

From a constructivist standpoint, grieving entails reconstructing a world of meaning that has been challenged by loss (Neimeyer). Heuristics for meaning-making in the wake of loss:

A. Find or create new meaning in the life of the survivor, as well as the death of the loved one.

1. Relationships with intimate others provide a repository of shared memory (Kundera), and their loss undermines our self-narrative, and with it, our identity. Grieving therefore entails "relearning the self", as well as "relearning the world" (Attig).

2. Identity reconstruction in the wake of loss: Qualitative study by Neimeyer, Anderson & Gillies of 350 bereaved persons

3. Therapeutic techniques: Loss characterization, future self letter

B. Seek strands of continuity in the relationship to the deceased, as well as points of transition.

1. Maintaining the thematic integrity of the survivor's self-narrative often implies cultivating a continuing bond with the lost loved one (Silverman, Klass), rather than "saying goodbye" or seeking "closure."

2. Keeping the connection: Marwit & Datson's study of the sense of presence

3. Therapeutic techniques: Life imprint, biographies of deceased or relationship, linking objects

Clinician's Toolbox: Life Imprint (Vickio, with modifications by Neimeyer)

In a sense, we are all "pastiche personalities," reflecting bits and pieces of the many people whose characteristics and values we have unconsciously assimilated into our own sense of identity. This "inheritance" transcends genetics, as we can be powerfully or subtly shaped not only by parents, but also by mentors, friends, siblings, or even children we have loved and lost. Nor are these life imprints always positive: at times, we can trace our self-criticism, distrust, fears, and emotional distance to once influential relationships that are now with us only internally. Take a few moments privately to trace the imprint of an important figure in your life, and then, at your discretion, discuss your observations with a partner.

The person whose imprint I want to trace is: _____

This person has had the following impact on:

My mannerisms or gestures:

My ways of speaking and communicating:

My work and pastime activities:

My feelings about myself and others:

My basic personality:

My values and beliefs:

The imprints I would most like to affirm and develop are:

The imprints I would most like to relinquish or change are:

C. Attend to tacit and preverbal, as well as explicit and articulate meanings.

1. Cognitive accounts are often simplistic, assuming that meaning making is a logical, verbalizable process. But the "deep structure" of any belief system is in principle tacit, requiring recourse to

metaphoric and imagistically rich speech that "stretches" the expressive power of public language.

2. Metaphors and meaning-making: Martin's research on figurative language in counseling and psychotherapy
3. Therapeutic techniques: Poetry of loss, metaphoric stories

Clinician's Toolbox: Analogical Listening

At a deep level, we know more than we can say, so that grief therapists often must assist a client with the delicate process of meaning symbolization. Ironically, this is sometimes true even when we think we know what our client is saying, as when they are using public language to refer to private feelings associated with the loss. At such moments, it can be helpful to attend to preverbal and often somatic sensed meanings that are unique to that person. With two or more partners, take turns inquiring about a "shared" feeling term associated with loss—perhaps sadness, fear, disorientation, guilt—and inquire about it using "analogical" or metaphoric questions. Forget for the moment about objective situations that trigger it, the history of the feeling, etc., and instead listen for what it feels like, now, for the person. Your goal is not to "solve" the feeling or get the person beyond it, but simply to sense its meaning as fully as possible.

Some possible questions to guide you in this process include:

- Can you think of a recent time when you felt _____ keenly? Without describing the situation, can you close your eyes for a moment and go back there, now?
- What are you aware of when you feel _____? If you focus your attention in your body, what do you notice?
- If you can identify a bodily feeling associated with _____, where is it located? If it had a shape, form or color, what might it be?
- Is there a movement, or a clear blocking of movement, associated with ____? Can you let it move forward in this direction a bit? What happens?
- What do you find yourself doing or wanting to do when in touch with this feeling? Are other people aware of how you are responding to it? If so, what do they see?
- What do you need to do to integrate or understand this feeling more fully? What would "help" with it in some way? What would you need from others in this process?

D. Seek the integration of meaning, as well as its construction.

1. All constructions of significance are situated in a unique "ecology of meaning," that is partially organized in hierarchical terms. Thus, the "same" meaning can be relatively peripheral for one bereaved person (or at one point in the bereavement process), but for another (or at another point) can function as a central organizing framework for living.

2. Emergent spirituality: Qualitative study by Richards and Folkman of spirituality and coping with partner's death by AIDS; Neimeyer et al. on "silver lining" in experiences of loss

3. Therapeutic techniques: Laddering technique, biographical grids

E. Facilitate the construction of meaning as an interpersonal, as well as personal process.

1. Meaning-making is a highly interactive process: the significance of a loss can be affirmed or disconfirmed, congruent or discrepant, supported or contested within families and other reference groups.

2. All in the family: Nadeau's study of families making sense of death; Rosenblatt's research on the meanings of the sexual relationship for couples who have lost a child

3. Therapeutic techniques: collective remembering, videography

F. Anchor meaning making in cultural, as well as intimate, contexts.

1. Personal reconstruction draws upon frameworks of meaning that are too large to be confined to a single local network of relationships, and too enduring to be accumulated in a single generation. Grieving individuals routinely innovate upon discourses and rituals of the cultural traditions in which they are situated. By ritualizing a loss in personally and communally significant ways, people symbolically mark their life passages and reintegrate themselves into a changed social world.

2. Redefining ritual: Klass's study of bereaved parents; Braun & Nichols on changing ritual practices in Asian Americans

3. Therapeutic techniques: personal ritualization, ceremonies of integration

4. Example: A tragic accident

<u>Clinician's Toolbox</u>: Ritual and Remembrance

An appropriate ritual of remembrance (funeral, memorial service, or something more private and distinctive) should meet at least three criteria:

1. Situate the loss in terms of terms of personal, communal, and/or transcendent realities, providing a ""reinscription of meaning."

2. Acknowledge the changed identities of those intimately affected by it, providing a "rite of passage" to a changed life.

2. Assist with reorganizing the relationship with the lost person, status, or possession, providing a "ritual of reconnection."

Think of an important loss that you have sustained, or that a client of yours has brought to you for consultation. Then answer the following questions, on paper or in conversation with a partner:

- How adequately was the loss ritualized publicly? Was there a communal ceremony of some kind that acknowledged it? How satisfied were you (or the client) with the ritual? How adequately did it meet the above criteria?

- Was there any sort of *private* ritual that supplemented or substituted for the public ceremony? Was this performed alone, or did it include other persons? If the former, why were others *not* included, and if the latter, what factors influenced the decision to invite just these people? How adequately did this ritual meet the above criteria? If the ritual was not fully satisfying, can you imagine a fitting and meaningful way to ritualize this loss now?

G. Use narrative as a method, as well as a guiding concept, to facilitate affirmation or re-authoring of the self in the wake of loss.

1. Learning the "lessons of loss" is often facilitated by narrative forms of self-exploration and self-expression. Frequently, these can help give voice to a story that is untold, or find a new coherence in a sense of continuity disrupted by profound loss. At other times, reflective writing can represent messages "from ourselves, to ourselves, about ourselves" (Leitner) about what we need now.

2. The "write" stuff: Self expression and healing stories (Pennebaker)

3. <u>Therapeutic techniques</u>: expressive journalling, unsent letters, memory books

Clinician's Toolbox: **Guidelines for Therapeutic Journals**

- Find a private place where you will not be interrupted
- Focus on one of the more traumatic experiences of your life
- Write about those aspects that are most difficult to acknowledge
- Shift between external event and your deepest thoughts and feelings
- Abandon a concern with grammar and syntax: Write only for yourself
- Write 20 minutes a day, for at least four days
- Schedule a "transitional activity" to return to life as usual
- Have a support person or professional available in case of need

Note: if used as an adjunct to therapy, integrate into session through reading selected passages aloud, rather than as material for therapist to read between sessions.

II. Process Interventions in the Course of Grief Therapy

A. Grief therapy as meaning reconstruction (Neimeyer, 2001).

1. In a constructivist view, grieving entails reaffirming or reconstructing a world of meaning that has been challenged by loss
2. Meaning is both personal and social, implicit and existential, reflective and performative; it is not simply a cognitive process. The articulation, symbolization and renegotiation of meaning are central goals of grief therapy.
3. Both in-session and between-session work can help restore a sense of coherence and continuity to life narratives that have been disrupted by bereavement (Neimeyer, 2000b).
4. In the course of therapy, several factors can complicate the tasks of meaning reconstruction, presenting points of possible process intervention.

Clinician's Toolbox:

Process Interventions in Constructivist Grief Therapy

Therapeutic tasks	**Complications/obstacles**	**Process interventions**
Empathic joining	Protective distancing; agenda setting	Mirroring affect, gestures, vocabulary
Affirming personhood of deceased	Silencing of story	Use of pictures, linking objects; responsive witnessing of biography
Integrating narrative of the loss	Avoidance of painful imagery; traumatic disorganization	Companion in "holding the pain;" using explicit language; moviola
Loosening construing	Remaining controlled, logical	Slowing pace of session; visualization
Articulating affect	Being overwhelmed with undifferentiated emotion	Promoting discrimination of feeling and recognition of implied needs
Symbolizing new meaning	Resorting to familiar, safe story	Focusing on felt sense; metaphoric reconstruction
Exploring pro-symptom position	Unconscious resistance to relinquishing symptoms	Radical questioning; symptom deprivation; incomplete sentences
Appropriating "voice" of the deceased	Relational ambivalence; objectification of other; threat to dialogical self	Chair work; "exchange" of letters; imaginal dialogues
Deconstructing the dominant narrative	Hegemony of pathological or painful account	Externalizing conversation; relative influence questioning
Validating resilience and growth	Preoccupation with problem-focused therapy	Sharing positive emotion; celebrating sparkling moments and preferred micronarratives

Clinician's Toolbox: Discursive Strategies in Grief Therapy

- Pursue nuances of client's speech to identify therapeutic tasks
- Match client's processing style and deepen emotional exploration
- Attend to "quality terms" that reveal client's position vividly
- Extend frozen metaphors to scaffold vague experience
- Focus on implicit meanings, promoting self-reflection
- Seek link between symptoms and their significance
- Establish a progressive focus that evolves with the session

B. Video demonstration **Loss of a Child: Suffering and Significance**

Recommended Readings

Attig, T. (2000). *The heart of grief*. New York: Oxford. [Practical philosophical exploration of role of sustained ties to lost loved ones]

Klass, D. (1999). *The spiritual lives of bereaved parents*. Philadelphia: Brunner Routledge. [Traces psychological and social transitions by which bereaved parent transforms but retains bond with deceased child]

Malkinson, R., Rubin, S. & Witztum, E. (Eds.) (2000). *Traumatic and nontraumatic loss and bereavement*. Madison, CT: International Universities Press. [Culturally sensitive sourcebook on losses ranging from POW experiences to traumatic death, and broad coverage of therapies]

Martin, T. & Doka, K. (2000). *Men don't cry…women do*. Philadelphia: Brunner Routledge. [Discusses and transcends gender stereotypes in grieving]

Nadeu, J. (1997). *Families making sense of death*. Thousand Oaks, CA: Sage. [Qualitative research on meaning-making as interactive process in families]

Neimeyer, R. A. (2004). *Constructivist psychotherapy*. Washington, DC: American Psychological Association. [Full length video featuring meaning making interventions in grief therapy with a bereaved mother, complete with conceptual introduction to the approach and post-session discussion.]

Neimeyer, R. A. (2002). *Lessons of loss: A guide to coping (2nd edition)*. New York: Brunner Routledge. [Written for professionals and patients or lay readers, presents research-grounded new models of grieving and practical applications to grief counseling and psychotherapy]

Neimeyer, R. A. (Ed.) (2001). *Meaning reconstruction and the experience of loss.* Washington, D. C.: American Psychological Association. [Multifaceted scholarly and applied contributions to bereavement theory, research, and practice, including considerations of post-traumatic growth]

Neimeyer, R. A. & Mahoney, M. J. (Eds.) (1995/2000). *Constructivism in psychotherapy*. Washington, D. C.: American Psychological Association. [A broad scholarly presentation of impact of constructivism for counseling and psychotherapy]

Neimeyer, R. A. & Raskin, J. (Eds.) (2000). *Constructions of disorder: Meaning-making frameworks in psychotherapy*. Washington, D. C.: American Psychological Association. [Non-pathologizing conceptualizations of psychosocial disorder and their implications for psychotherapy as a meaning-making process]

Parkes, C. M. (1996). *Bereavement*. London: Routledge. [Thorough discussion of determinants and dynamics of grief from a research standpoint]

Rosenblatt, P. (2000). *Parent grief*. Philadelphia: Brunner Routledge. [Qualitative research on impact of child loss on couple, with special focus on the parental relationship]

Stroebe, M. Stroebe, W., Hansson, R. & Schut, H. (2001). *Handbook of bereavement research*. Washington, D. C.: American Psychological Association. [Comprehensive compendium of all aspects of traditional grief research, from issues of assessment to coping literature.]

Worden, J. W. (1996). Children and grief. New York: Guilford. [Research based discussion of impact of parent death on children, with some attention to other forms of childhood loss]

Clinician's Toolbox: Meaning Reconstruction Interview

Entry Questions

- What experience of death or loss would you like to explore?
- What do you recall about how you responded to the event at the time?
- How did your feelings about it change over time?
- How did others in your life at that time respond to the loss? To your reactions to it?
- Who were you as a person, developmentally, at the time of the loss?

Experiencing Questions

- Close your eyes and visualize a scene connected with your loss (take a few moments to find the image). Who or what is in the focus of your attention? Who is on the periphery? What is happening? If you are in the picture, where are you placed?
- What feelings, if any, do you notice in your body as you vivify this loss? What form do these take? Is there movement associated with them? If so, in what direction? If not, is there any blockage of this movement?
- What was the most emotionally significant part of the experience to you?

Explanation Questions

- How did you make sense of the death or loss at the time?
- How do you interpret the loss now?
- What philosophical or spiritual beliefs contributed to your adjustment to this loss? How were they affected by it, in turn?
- Are there ways in which this loss disrupted the continuity of your life story? How, across time, have your dealt with this?

Elaboration questions

- How has this experience affected your sense of priorities?
- How has this experience affected your view of yourself or your world?
- What lessons about loving has this person or this loss taught you?
- How would your life be different if this person had lived/this loss did not occur?
- What metaphor or image would you use to symbolize your grief over this loss?
- Are there any steps that you could take that would be helpful or healing now?