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BACP Research Conference 2016

**Meaning-making in bereavement counselling: clients' assimilation of grief experiences**

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**ABSTRACT**

Inspired by the work of Parkes (1971), Neimeyer (2001) and Attig (2001), who posit that grieving is a process of meaning-making and adaptation, the authors aimed to observe how clients make effective use of bereavement counselling. Adopting a theory-building case study approach (Stiles, 2007), the authors began with a testable theory; that grief resolution requires learnt adaptation to loss, which in turn involves an observable process of assimilation. The authors suggest that this is analogous to constructivist learning seen in children (Piaget, 1952), a view supported by the psychology of personal constructs developed as a model of psychotherapy by Kelly (1963), and further investigated by Neimeyer (2009) and Janoff-Bulman (1992).

An observational protocol was devised which reconciled scientific positivism with relativist methodologies (Wilson, Gabriel, & James, 2014). The counselling sessions of five bereaved clients were recorded and transcribed. The transcripts, supported by the lead researcher's immersion in the session recordings, were subjected to assimilation analysis (Varvin & Stiles, 1999). Because the lead researcher was also the counsellor, inter-rater reliability measures were used to mitigate observer bias.

The initial theory was borne out. Each client was observed assimilating his/her life changes. In collating transcribed extracts, three categories were identified: managing the grief, accepting the circumstances of the death, and developing a continuing bond (Klass, Silverman, & Nickman, 1996). Using Stiles' (2001) Assimilation of Problematic Experiences Scale as a template, the authors arrived at an eight point scale which described a sequence of adaptation to loss and grief.

**Keywords:** Bereavement, grief, assimilation, meaning-making, adaptation.

**Our testable theory**

Bereavement disrupts an individual's physical and emotional equilibrium. The greater the number of complicating factors, the greater the extent of the disruption to the individual. Our position is that grief is the process by which a human restores this disrupted equilibrium. She/he attempts this by making sense of the complications she/he faces. The process can be seen as cognitive, emotional and behavioural adaptation to change. Most importantly to the client, to the therapist and to the researcher, the process of change is observable

Our theory is based on Constructivist Psychotherapy; notably on the work of George Kelly (Kelly, 1963) and Robert Neimeyer (Neimeyer, 2009)

Constructivism employs the concepts of assimilation and accommodation. When a person is unable to accommodate a new situation into existing schemas, she is thrown into disequilibrium. The solution is for her to assimilate new schemas. When this is done, equilibrium is restored: Piaget (1952), Janoff-Bulman (1992), Neimeyer (2001, 2006a, 2006b), Stiles (1999; Stiles et al., 1990).

**The theory in relation to bereavement counselling**

Each human constructs a personal reality of the world that serves to ensure biological survival. From early childhood the individual constantly tells and retells her own story in the construction of a self-narrative (Neimeyer, Prigerson, & Davies, 2002). When we experience a loss or a traumatic event such as bereavement, this narrative is disrupted and new understanding must be accommodated in a revised version (Attig, 2001, 2011). Grief counselling can offer an empathic engagement with the client's disequilibrium of lost attachment which purposefully facilitates the client's relearning of this disrupted personal world. Changes to the self-narrative of grief will be articulated in the therapeutic dyad, both in conversation with the counsellor and conversation with the self.

### **The search for a research tool**

As a bereavement counsellor and former constructivist science teacher, the presenter had become aware of the similarities between helping children acquire scientific understanding and helping bereaved adults to understand the complexities of their bereavement. By 2009 he was putting together a research proposal for a PhD, and in the process met Bill Stiles at a counsellors' workshop at the University of Leicester (Stiles, 2009).

The Assimilation of Problematic Experiences Scale APES (Stiles, 1999; Varvin & Stiles, 1999) involves listening to clients carefully during the counselling session and over again, with immersion in the sound recording and transcription of the key moments of assimilation. Therapeutic change is observed against a scale. The client is viewed as a "community of voices" (Stiles 1999). A client's voices can be heard in grief work. Examples are coming to terms with the reality of the death, and overcoming guilt.

APES (diagram 1) is a descriptive sequence from 0, when the client is *warding off or dissociating* from the problematic experience, to 1: when *unwanted thoughts* begin to intrude, then 2: as a *vague awareness* of the nature of the difficulty begins to emerge, followed by the ability to 3: construct a *problem statement*. Once there is 4, *Understanding and insight*, the problem can be 5 *worked through*, towards 6: a *problem solution*. Some clients eventually achieve 7: *Mastery* over the problem, and can apply more generalised solutions to fresh situations. None of the clients in this study reached stage 7 during their counselling.

0	Warded off/ dissociated	Client is unaware of the problem; the problematic voice is silent. Affect may be minimal, reflecting successful avoidance.
1	Unwanted thoughts	Client prefers not to think about the experience. Problematic voices emerge in response to therapeutic interventions or external circumstances and are suppressed or avoided. Affect involves unfocused negative feelings: their connection with the content may be unclear.
2	Vague awareness/ emergence	Client is aware of a problematic experience but cannot formulate the problem clearly. Problematic voice emerges into sustained awareness. Affect includes acute psychological pain or panic associated with the problematic material.
3	Problem statement/ clarification	Content includes a clear statement of a problem – something that can be worked on, Opposing voices are differentiated and can talk to each other. Affect is manageable, not panicky.
4	Understanding/insight	The problematic experience is formulated and understood in some way. Voices reach an understanding with each other (a meaning bridge) . Affect may be mixed, with some unpleasant recognition but also some pleasant surprise.
5	Application/ working through	The understanding is used to work on a problem. Voices work together to address problems of living. Affective tone is positive, optimistic.
6	Problem solution	Client achieves a successful solution for a specific problem. Voices work together to address problems of living. Affect is positive, satisfied.
7	Mastery	Client automatically generalizes solutions; voices are integrated, serving as resources in new situations. Affect is positive or neutral (i.e. this is no longer something to get excited about).

**Diagram 1 Assimilation of Problematic Experiences Scale (APES) (Stiles 1999)**

**APES for grief**

By 2010 the presenter was considering the possibilities of APES as a non-invasive clinical measure as well as a possible research tool. He published this paper:

Wilson, J. (2011). The assimilation of problematic experiences sequence: An approach to evidence-based practice in bereavement counseling. *Journal of social work in end-of-life & palliative care*, 7(4), 350-362.

**Methodology**

The 5 case studies (Diagram 2) were compared through a theory-building approach (McLeod, 2010; Stiles, 2007) and through adopting replication logic (Yin, 2013) . In replication logic the qualitative researcher predicts differences in outcome based on differences in each case in order to test if the theory is generalisable.

The study maintained a pluralistic approach which addressed both the reality of observer bias and the positivist reality of the observations. We have named this *Cautious positivism* (Wilson, Gabriel & James 2014).

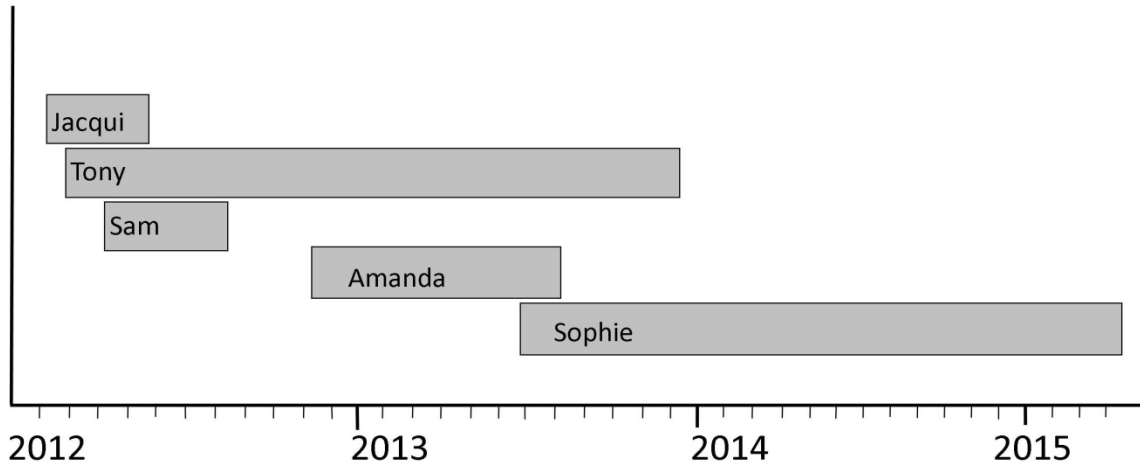
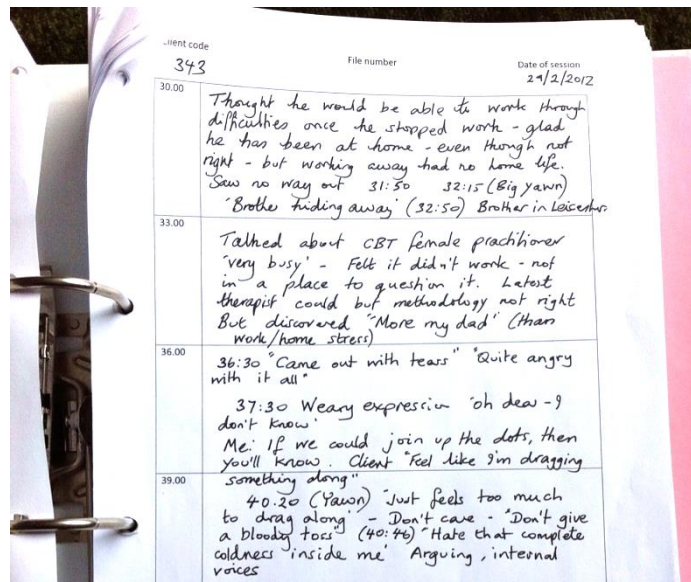


Diagram 2 Case study timeline

### Transcribing the recordings

To transcribe every spoken word proved to be an onerous task. 800,000 words were recorded in total. In practice, much of what is said in counselling sessions includes social interaction and the client relating events. It became possible with practice, to listen to recordings in real time and hand-write significant moments on a time segment template. Using play-back software and dictation software the process of selective transcription was greatly enhanced.



**Assimilation analysis**

Sections of each client's transcript were matched against the APES scale. For example:  
*Sophie recognises that she sometimes feels guilty if she has a night out with friends, and this can lead to her avoiding some social situations.*

**APES 3 Problem statement/ clarification:** Content includes a clear statement of a problem – something that can be worked on, Opposing voices are differentiated and can talk to each other. Affect is manageable, not panicky.

**Triangulating the results**

The original intention had been to invite each client to review the completed case study and discuss whether they regarded this as a valid record of events. This was met with reluctance and only Sam was willing to revisit the counselling. Amanda did not respond to the invitation, Tony and Sophie were explicit that they did not wish to go back over the experience, and Jacqui had tragically, died two years after her counselling was completed. Her cause of death is still unknown to the researcher.

In place of the intended interviews, the presenter was able to enrol colleagues who are all experienced bereavement counsellors. At a specially arranged meeting, 7 colleagues listened to extracts of Tony's counselling and reached a consensus on the APES scale for each extract. There was a high level of consensus (Diagram 3)

Session	Group consensus	Researcher
Assessment	APES 2.5	APES 3.0
Session 2	APES 2.0	APES 3.0
Session 4	APES 3.0	APES 3.5
Session 5	Strongly towards APES 4.0	APES 4.0
Session 9	APES 4.0	APES 4.5
Session 10	APES 4.0	APES 4.5
Session 11	Between APES 4 & 5	APES 4.5
Session 23	Well into APES 5.0	APES 6.5
Session 24	Cusp of APES 6.0	APES 6.7
Session 37	APES 6.0 towards 7	APES 7.0

**Diagram 3 Rating exercise:  
7 counsellors listening to 10 sound clips of Tony's counselling**

**Confidence in the results**

On the basis of the consensus exercise, the presenter now felt sufficiently confident to adapt APES for grief: The working title for this new scale is The Assimilation of Grief Experiences Sequence, AGES (Diagram 4 below). It is based on the transcripts taken from the counselling sessions of the 5 case studies.

AGES differs from APES in that initial avoidance and later on periodic avoidance is construed as helpful rather than maladaptive. This is recognised in the grief literature.

## **The Assimilation of Grief Experiences Sequence, AGES**

### ***Stage 0 Warded Off***

#### **Managing the pain of grief**

The client is in a state of numbness; dissociating from grief and associated reminders of the deceased.

#### **Circumstances**

The client avoids the circumstances surrounding the death. Clients frequently refuse to talk about what has happened.

#### **Relationship to the deceased**

The client dissociates from the reality of a physically ended relationship. Clients report reluctance to leave the body, or wanting to prevent the burial/cremation from taking place. In some instances, the client may refuse to talk about the deceased, and reminders of the loved one, e.g. wardrobe contents, are hastily packed away or disposed of. Clients do not generally present for counselling at this stage, but may report these events retrospectively.

### ***Stage 1: Unwanted thoughts***

#### **Managing the pain of grief**

Reminders which intensify the grief are avoided. Some clients manage this by "keeping busy". The client is often unaware of the full extent of her grief, although it is obvious to friends and family, who may begin to worry and suggest professional help.

#### **Circumstances**

Client shows extreme difficulty in talking about the circumstances of the death. If pressed to do so, the account is short and brief. The client avoids reminders, e.g. music, photographs etc. As she approaches stage 2 she becomes more willing to talk about the events with others, but does not easily raise the topic. She may become upset and tearful.

#### **Relationship to the deceased**

Client clings to pretence that the loved-one is still alive. They talk as if the loved one was still there, e.g. greeting them on returning home from being out. The house remains unchanged, including the possessions of the deceased. Places associated with the deceased are often avoided. The client may express difficulties with being away from home, because they feel they are abandoning their loved one. Client may cry out in anguish, calling to the deceased. There may be regular, even daily visits to the grave or place where ashes are scattered. The client sometimes displays searching behaviour which may be desperate and distressing.

### ***Stage 2: Vague awareness***

#### **Managing the pain of grief**

This is the most distressing stage, and counselling tends to hasten its onset; such that clients feel worse before they feel better. The client may talk of a loss of identity and purpose: "I am nothing without them. My life is over". She is likely to dwell on the loss.

#### **Circumstances:**

Client becomes able to introduce a conversation about the death although she is likely to become upset. Guilty feelings and unfinished business surrounding the death are discussed. Voices are often confused: 'I don't know what to think/feel/believe'. Reminders of the deceased become more tolerable.

#### **Relationship to the deceased**

Client 'knows' the loved one has died, but may still expect them to return. The client may look for signs and messages from the deceased – e.g. butterflies, white feathers, noises in the house and unexplained phenomena. They may contemplate (or even go through with) a visit to a medium at this time. The client may be drawn to places which remind her of the deceased, including the hospital /hospice ward where the loved one died. Thoughts about the lost loved one are seldom, if ever far away. The client can feel guilty if she is distracted from her grief, or if she catches herself laughing. Anger towards the deceased is largely avoided. The client may spend significant amounts of time talking to the deceased. She may seek out the

smell of the lost loved one, e.g. on a dressing gown or in the wardrobe. Frenetic searching behaviour begins to diminish.

### ***Stage 3: Problem statement/clarification***

#### **Managing the pain of grief**

Early in stage 3 the client still spends much time centred on her grief. Tears and low mood appear as if from nowhere, fixating the client on the loss. For some clients this includes both extrinsic, environmental triggers, and intrinsic factors such as personality traits, e.g. resilience. As she moves through this stage she experiences periods of respite and she begins to notice the extrinsic triggers to her grief; including anticipating difficult times, e.g. anniversaries. Some clients talk of guilt at finding grief respite; interpreting it as a sign of 'not loving enough'. For these clients, ruminating on the grief may become a sign of loyalty to the deceased.

#### **Circumstances:**

Events surrounding the death are described in an unhurried and detailed narrative. Client identifies areas of guilt and unfinished business they wish to work on. They may begin to recognise the irrationality of some of their guilt, as voices become less confused and begin to work together. Reminders, e.g. photographs, even if upsetting, begin to be an aid to healthy grieving.

#### **Relationship to the deceased**

Client's conversations with the deceased begin to lose aspects of magic and pretence and start become symbolic rituals. She articulates human feelings towards the deceased. Examples include, "I am angry with you for leaving me". and. "A fine mess you've left me in!" Client starts to become comfortable with some happy thoughts about the deceased. Searching behaviour becomes less frequent, and more symbolic, such as online searches for references to the deceased, e.g. social media pages.

### ***Stage 4: Understanding/insight***

#### **Managing the pain of grief**

Through this stage there is an increased acceptance of the grief. The client is able to "go with the flow". The client articulates an awareness of being able either to avoid grief or to contact tears when it feels appropriate. She has identified coping strategies; for example, restoration activities such as hobbies and social events. These may help the client to get temporary respite from the loss and grief. Client may seek out the experiences of other bereaved people in order to understand normalise grief. This may include talking to others with similar experiences, reading internet pages and browsing online forums. Grief is embraced as fear diminishes, although feelings of guilt may be associated with successfully managing the grief.

#### **Circumstances**

Voices come together in accepting the cause of the death and discussing the events coherently. The client is generally comfortable with deliberately evoking memories of the deceased (for example, looking at photographs, listening to music). Searching behaviour diminishes. Negative affect may at times begin to decrease as pain gives way to a quieter sadness.

#### **Relationship to the deceased**

Talking about the deceased becomes sad rather than painful. Client begins to rationalise personal objects and becomes selective over which of the deceased's possessions hold significant meaning. Magical thinking such as finding white feathers becomes less important. Guilt at 'being happy' is diminishing. The client is able to gain comfort, even enjoyment from photographs and videos of the deceased and is comfortable with the memories they elicit. She is able to locate a symbolic place for the person they have lost. This may be a physical place ('I can feel them near when I am in my study'), and/or a spiritual/religious place ('Heaven'). Most clients develop a sense of holding the loved one within the self ('in my heart').

### ***Stage 5: Application/working through***

#### **Managing the pain of grief**



The client has learnt to oscillate comfortably between spending time dwelling on the loss and engaging in restorative activities. Thus periods of grief avoidance become helpful. The client becomes more accepting of her 'up and down' moods. Feeling 'down' becomes less frightening. Feelings of guilt at 'moving on' become successfully managed and sadness is no longer identified as essential for continued love loyalty towards the deceased. The interludes of grief and sadness become accepted and integrated into daily life: 'That is how it is, and how it will be for some time yet.' This stage can be summed up as 'Keep calm and carry on'.

**Circumstances**

Client begins to reach a new understanding and acceptance. She articulates, perhaps with prompts and open questioning, that she can make sense of the circumstances surrounding the death. She may articulate a religious or spiritual meaning in which the client says they find comfort. Examples include, 'She is at peace now' and 'He died so as to be there in heaven for his grandson'. At this stage there is often an acceptance that grief will be here to stay for a while, but pain is being replaced by sadness.

**Relationship to the deceased**

Visits to significant places, e.g. the graveside, become less importance and have less significance. Client is increasingly comfortable about being happy in relation to the deceased. Relationship to the deceased is negotiated and renegotiated towards a symbolic form. 'Magical' expectations that they can ever physically return become increasingly rare and fleeting. Client can find meaning in the life of the deceased, including shared experiences. Examples of things the client says include, 'He had a good life', 'We did so much together' and 'She achieved so much in her life'.

**Stage 6: Problem solution**

**Managing the pain of grief**

Client finds new meaning in post-loss life. She begins to establish a new identity. She articulates future plans as part of post-loss adaptation. This may include new hobbies and interests, new (or rekindled) friendships, house moves and job changes. Guilt at moving forward diminishes. Painful memories fade and happier memories take their place, although anniversaries may continue to be difficult for many years. The client is able to return to engagement with everyday life and the need for either grief or grief avoidance fade away. The client may experience having grown as a person, sometimes reporting feeling more compassionate and understanding of others.

**Circumstances:**

Client accepts the reality of the death and may even have found a meaning: e.g. "He would not have wanted to be disabled or dependent". Religious and spiritual meanings may comfort some clients at this stage. Affect becomes positive. Guilt and other unfinished business is largely or completely resolved. Where no meaning can be found, for example following the death of a child, the client articulates a conscious decision to cease searching for meaning.

**Relationship to the deceased**

Client has formed a symbolic continuing bond with the deceased through objects which they find comforting. This may include items of clothing, photographs, items of jewellery and personal possessions with imbued meaning. Sad memories are tempered with happier ones. The client may contemplate new close relationships.

**Stage 7: Mastery**

**Managing the pain of grief**

The client is able to use her experience of grief and the strategies acquired to better cope with future losses.

**Circumstances:**

Loss is integrated into a past which can be talked about reflectively with minimal negative affect. Any search for meaning has ceased. Client acquires a resilience which prepares her for future losses.

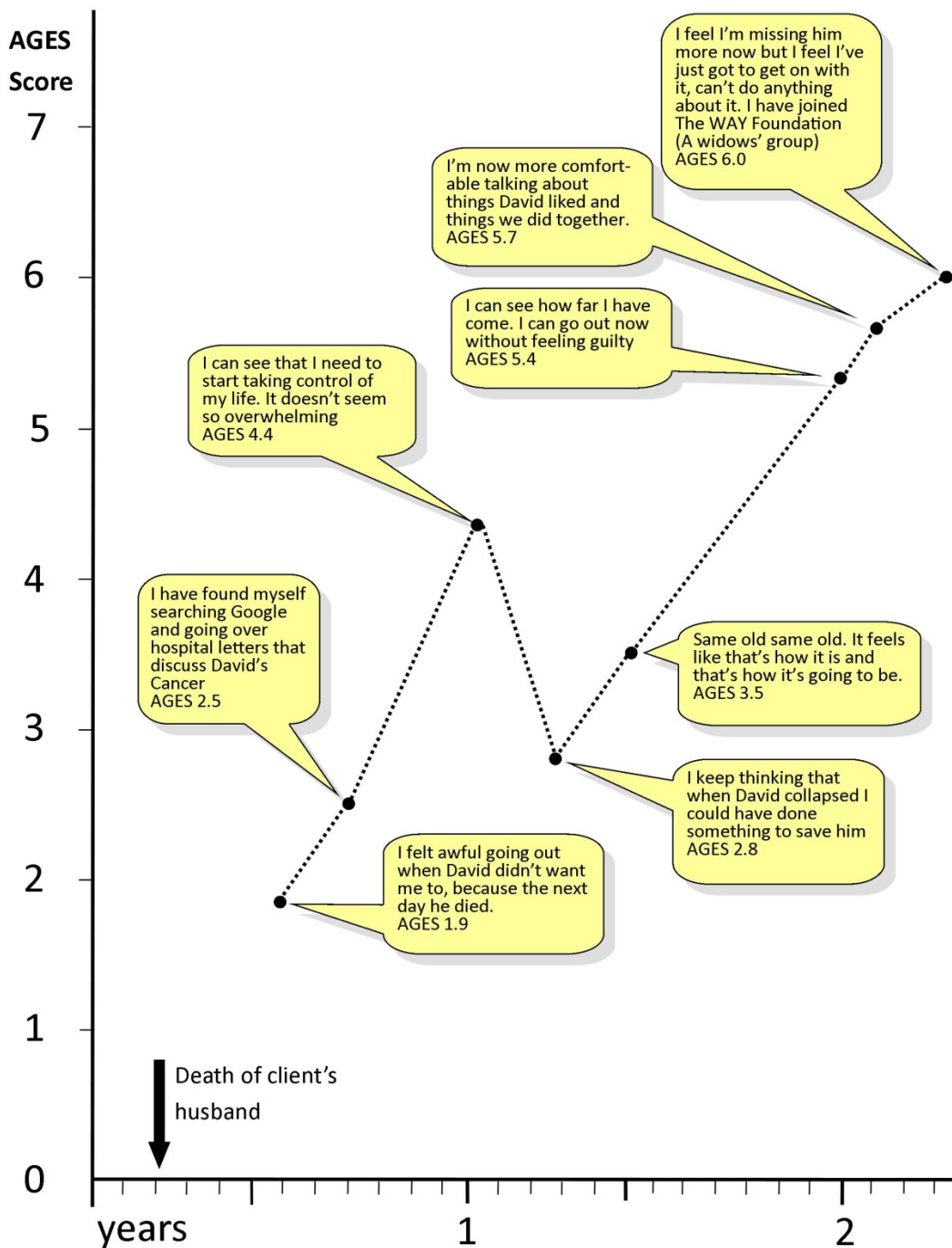
**Relationship to the deceased**

A symbolic and lasting bond with the deceased becomes integrated into the life of the client and is free of negative affect for nearly all of the time. The client becomes open to new close relationships whilst holding their lost loved one in their heart.

**Triangulating the results of AGES**

To test the reliability of AGES, 18 counsellors rated 20 randomly selected statements made by Sophie against the scale. Reliability was excellent: Cronbach's alpha 0.9.

**Diagram 5 below illustrates Sophie's progress through her counselling**



### Principal findings

Clients reach a problem solution once they can:

- i) accept the reality of the death,
- ii) make sense of the death,
- iii) acquire and practice coping strategies. (Distraction and avoidance can play an important part in this),
- iv) accept that for a time, sadness will be 'as good as it gets',
- v) find meaning in a life without the deceased,
- vi) anticipate a positive future . This may include an individualised and creative continuing bond with the deceased: moving forward in a continuing *symbolic* relationship.

### Limitations of the study

Whilst five case studies are inadequate to draw firm conclusions, a theory-building methodology allows each new case study to add a small degree of confidence to previous findings.

### Implications

There are some exciting possibilities for further research. A reliable and valid Assimilation of Grief Sequence would provide clinical evidence of psychological change and could be developed into a questionnaire which could be used as a non-medical outcome measure. There is a widely recognised need for this in the field of bereavement counselling, particularly in the UK.

Wider use of constructivist counselling/ psychotherapy may have a place in bereavement work. If practitioners are trained to stimulate and foster assimilation of the client's post bereavement world outcomes may be improved.

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