

Techniques of Grief Therapy: *Creative Practices for Counseling the Bereaved*

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Case Study: *A Therapeutic Opening*

Part I. A Conceptual Frame for Grief Therapy

A. Adaptive Grieving: An Integrative Model

1. When grief moves forward, the survivor gradually integrates the “event story” of the death into his or her life narrative, while drawing attachment security from the “back story” of a loving relationship with the deceased (*Attachment & Meaning Reconstruction*)
2. “Bouts” or waves of anguish alternate with “moratoria” that offer a “time out” from the work of grieving. (*Bowlby & DPM*)
3. As loss is integrated, the person:
 - acknowledges the reality of the death
 - retains access to bittersweet emotions in modulated form
 - revises the mental representation of the deceased and the nature of the bond
 - formulates a coherent narrative of the loss
 - redefines life goals and roles
 - (*Attachment, DPM, Two-Track, Meaning Reconstruction*)

B. Meaning Reconstruction and Loss (Neimeyer and others)

1. Human beings are characterized not only by attachment phenomena shared with other social animals, but also by highly evolved symbolic activity that permits:
 - a. elaborate *meaning attribution* to events
 - b. hypothetical “*as if*” thinking; counterfactual thinking
 - c. *object constancy*, i.e., the ability to imagine something that is no longer physically visible or present

- d. *long-range memory and anticipation*, allowing us to live in the past and future as well as the present
 - e. *self reference*; the capacity to take ourselves as objects of attention
 - f. distinctively *human emotions* such as pride and guilt
 - g. *empathic attunement*, the ability to envision the states of mind of others
2. These capacities give rise to the distinctive human tendency to formulate events in narrative terms, giving them meaning and continuity, so that life is more than a series of random events.
 3. *Definition of the 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, 2006)
 4. Narrative:
 - a. is subserved by several brain systems
 - b. arises from personal attempts to “emplot” events in terms of personally important themes to achieve self-continuity over time
 - c. is sustained and transformed by the telling and retelling of stories in the presence of responsive others
 - d. draws on culturally available themes and beliefs of a secular or spiritual kind
 5. Self narratives can be disrupted when:
 - a. we encounter life events that are fundamentally incompatible with their *plot* structure, as in violent or untimely loss as a result of suicide, homicide, fatal accident or natural disaster
 - b. events contradict basic life *themes*, calling into question our assumptive world (Janoff-Bulman) that life is fair or predictable, that the universe is benevolent, that people are trustworthy, that we are capable
 6. The need to integrate losses into a coherent self-narrative generates a search for meaning, which can take the form of either:
 - a. *assimilation*: fitting experience into existing meaning system or self narrative
 - b. *accommodation*: transforming meaning system or self narrative to more adequately make sense of experience

C. **Integration of Stressful Life Experiences Scale (ISLES)** (Holland, Currier, Coleman & Neimeyer, *Int'l Journal of Stress Management*)

Two dimensions or subscales:

- Footing in the World: *e.g., I haven't been able to put the pieces of my life back together since this event*
- Comprehensibility: *e.g., I have trouble integrating this event into my understanding of the world*

Findings:

- Violent, sudden losses pose a special challenge to comprehensibility
- Greater integration over 3 months associated with:
 - decreased psychiatric symptoms in general stress group
 - less complicated grief in bereaved group

From Principles to Practice: The Quest for Meaning

- In what ways did the tragic death of Christine trigger a crisis of meaning for Tricia and Scott? Are there any signals of how they are attempting to assimilate or accommodate it into their meaning structures?
- If you were their therapist, how might you help them engage the “why” of Christine’s death and the spiritual questions it raised?

D. **The Dual Process Model of Coping with Bereavement** (Stroebe & Schut)

1. In the everyday course of coping with bereavement, people oscillate between the *loss orientation* (struggling with the “grief work” of sorting through troubling feelings and relocating the deceased in their lives) and the *restoration orientation* (engaging necessary instrumental tasks and experimenting with new life roles)
2. Insufficient empathic attunement in childhood compromises maturation of brain centers associated with emotion regulation, complicating construction of a coherent self-representation (Schoore)
3. Emotion regulation is negotiated between family members as well as within them (Hooghe, Neimeyer & Rober)

From Principles to Practice: Emotion Regulation

- How did Tricia regulate her exposure to the powerful waves of grief that would wash over her after her daughter’s death by suicide?
- What permitted Tricia to shift from continual immersion in the loss orientation to some form of intermittent restoration?

Part 2. Processing the Event Story of the Death

A. *The Power of Presence*

1. Therapy begins with who we are, and extends to what we do. Bringing ourselves to the encounter is the essential precondition for all that follows.
2. Empathic attunement, undistracted by other agendas, opens a space for reflection, validation, and change.
3. Meaning reconstruction requires a respectful, collaborative, process-directive style in keeping with a mindful *I-Thou* relationship.
4. Currier, Holland & Neimeyer found that over 40% of grief therapists stressed the quality of the therapeutic relationship was critical in helping clients make meaning following loss

Clinician's Toolbox: Presence and absence

There is more than one kind of silence, such as one that is filled with presence, and one that is merely absence.

First, break into groups of two. Without words or touch, be fully present, and "hold" one another for a few moments in this shared space.... Now from just where you are, be absent... Now present again.... Absent.

- What do you notice in the state of presence? At the level of your attention? Feelings? Bodily sense? Thoughts? During the state of absence?
- Which was more difficult for you? Why? Did this change over time?
- Practice again, one person present, the other absent. Now switch roles. How was this for each of you in the two respective roles?
- How might speaking affect your sense of either state? How might it be affected by each state, in turn?

B. *Assessing Complication*

1. Research indicates that anything that interferes with integration of loss can complicate bereavement, including factors related to the mourner, the relationship to the deceased, the character of the death, and (often) the illness and circumstances that preceded it.

2. Relevant bereavement symptomatology to evaluate includes depression, anxiety, and complicated grief that is intense, unremitting, and disruptive of central life roles and relationships for 6-12 months or more beyond the death.
3. Assessment of the need for therapy should recognize that 75% of the bereaved are resilient (Bonanno) or will grieve adaptively over a period of a few months (Currier, Neimeyer & Berman) without professional therapy.

***Clinician's Toolbox: Pre-loss Risk Factor Checklist for Complicated Grief
(Neimeyer & Burke, 2012)***

What factors, observable during the end-of-life period, place a person at elevated risk of complicated or intensified grief following the loss? Research suggests that the following characteristics of the individual or family, the death itself, and the treatment context are associated with poorer adjustment in bereavement.

Background factors

- ✓ Close kinship to the dying patient (especially spouse or child loss)
- ✓ Female gender (especially mothers)
- ✓ Minority ethnic status (in the United States)
- ✓ Insecure attachment style
- ✓ High pre-loss marital dependency

Death-related factors

- ✓ Bereavement overload (multiple losses in quick succession)
- ✓ Low acceptance of pending death
- ✓ Violent death (suicide, homicide, accident)
- ✓ Finding or viewing the loved one's body after violent death
- ✓ Death in the hospital (vs. home)
- ✓ Dissatisfaction with death notification

Treatment-related factors

- ✓ Aggressive medical intervention (e.g., ICU, ventilation, resuscitation)
- ✓ Ambivalence regarding treatment
- ✓ Family conflict regarding treatment
- ✓ Economic hardship created by treatment
- ✓ Caregiver burden

Clinician's Toolbox: Screening for Complicated Grief

How can a clinician quickly screen for possible bereavement complications, to see whether a more systematic assessment for complicated grief is indicated? The following are a few suggestions arising from clinical practice, each of which can help reveal whether a client is “stuck” in life-limiting grieving.

- ✓ *Symptom Snapshots*: Because the integration of loss is usually gradual, adaptation can be difficult to observe, even for the client. To help with this, ask something like, “What would I have seen or heard if I had met with you 3 months ago compared to meeting with you today?” Having a concrete comparison across a few months can make the direction of change, or its absence, clearer.
- ✓ *Investigate Integration*: As you ask the client to engage event story of the death or the back story of the relationship in concrete, evocative detail, observe signs of blocking or incongruence between verbal, co-verbal and nonverbal channels of communication that suggest avoidant coping.
- ✓ *Credulous Questioning*: The psychologist George Kelly once remarked that “If you want to know what is wrong with a person, ask him. He may just tell you.” In keeping with this advice, consider asking, “How are you doing with your grieving?” The response can provide guidance as to whether more than simple support and listening is needed.

Note that these screening questions can be used in combination. For example, you could begin with curious questioning or exploring symptom snapshots, while remaining vigilant for signs of incomplete integration, and following with questions to reveal resistance if such signs occur, or if the client presents an image of frozen adaptation or deterioration. Such screens do not substitute for a more complete assessment for CG, but they can help indicate whether such an assessment could be useful.

C. Intervening in Meaning

1. Concrete *rules* may regulate behavior in simple circumstances, such as posting speed limits for residential streets. But when circumstances are complex and ambiguous, as is commonly the case in psychotherapy, abstract *principles* provide better guides to practice.
2. The principle of assisting clients with processing and integrating the event story of the death can be pursued using any of numerous techniques, which can be selected depending on the client's specific needs, strengths, and preferences, as well as the therapist's unique competencies.

Clinician's Toolbox: Processing the Event Story of the Death

Clinicians can draw on a broad range of methods to assist clients struggling to find meaning in the event story of the death, as well as their life story in its aftermath. The following representative sample of techniques is derived from the manual of creative practices for grief therapy compiled by Neimeyer (2012), which provides detailed instructions for each, illustrated by case studies.

Technique	Purpose
<i>Retelling Narrative of the Death</i>	Slow-motion review of the loss story to promote mastery, coherence and emotion regulation rather than avoidance
<i>Chapters of Our Lives</i>	Situating the current loss in the landscape of previous experience and experiment with new meanings
<i>Virtual Dream Stories</i>	Creative writing about loss themes to facilitate their exploration
<i>Playing with Playlists</i>	Tracing the trajectory of love and loss in musical memoir on iPod
<i>Figurative Sand Tray Therapy</i>	Constructing symbolic stories of loss and transition using figurines in sand world
<i>Analogical Listening</i>	Focusing on bodily felt sense of grief and giving it expression to discern tacit needs
<i>The Body of Trust</i>	Depicting impact of the death story in mixed media on body image in individual or group setting
<i>Directed Journaling</i>	Diary work to consolidate sense-making and benefit-finding using specific prompts
<i>Loss Characterization</i>	Narrating overall impact of loss on one's sense of self from a "self-distancing" perspective
<i>Rituals of Transition</i>	Symbolically validating life changes occasioned by loss, either privately or with selected others

3. Narrative forms for processing the event story of loss range from highly explicit procedures that of greatest relevance to early (or avoided) bereavement, to more literary and metaphoric procedures that assist with long-term integration.

D. Retelling the Narrative of the Death

1. Narrative processes (Levitt & Angus)

- a) External narrative: The objective or factual story
- b) Internal narrative: The emotion-focused story
- c) Reflexive narrative: The meaning-oriented story
- d) Foster narrative elaboration by tacking between them

2. Revisiting the story of loss (Shear)

- a) Grief facilitation technique related to PTSD exposure treatments
- b) Encourages retelling the story of loss in evocative detail
- c) Engages external, internal and reflexive narrative
- d) Goal is to foster integration of the event story of the loss, and revision of mental image of the deceased
- e) Systematic retelling typically lessens emotional arousal and restores wholeness
- f) Compatible with recommendations for restorative retelling in homicide bereavement (Rynearson) and suicide (Jordan)

3. Complicated Grief Therapy: CGT (Shear)

- a) Based on Dual Process Model of Stroebe & Schut, which emphasizes both loss-oriented and restoration-oriented coping
- b) 95 complicated grievers assigned to CGT or IPT
- c) 16 sessions focusing on:
 - d) revisiting the story of loss
 - e) reconnecting through memory and imaginal conversation
 - f) restoring life goals
- g) CGT approximately twice as effective as IPT in producing remission

Clinician's Toolbox: Retelling the Narrative of Death

Guiding revisiting

1. Retell story of the loss slowly for at least 10-15 minutes, starting when death is imminent or announced, and ending when initial contact with deceased is over, or at end of first day.
2. May use closed-eyes visualization or photos to invite strong emotion
3. Therapist can de-brief by:
 - focusing on self-appreciation
 - fostering reappraisal
 - setting story aside for later revisiting
 - planning transition or rewards
4. Can use as re-entry to restorative retelling, seeking meaning and a more empowered, healing narrative in story of violent dying (Rynearson)
5. Can promote further mastery of narrative by listening to recorded narrative between sessions, but only after careful negotiation of a safe "container" for the experience.

Clinician's Toolbox: Working with "hot spots"

1. Use SUDS scale to track intensity of painful emotion throughout retelling
2. Repeat recounting of persistent "hot spots" at least 3 times
3. Frequently fills in "narrative gaps" in event story
4. Provides powerful tool for habituation
5. Promotes spontaneous reorganization and integration of event story

E. Directed Journaling

Efficacy of Narrative Interventions: A Randomized Controlled Trial
(Lichtenthal & Cruess, *Death Studies*)

Assigned 68 bereaved young adults to one of 4 conditions:

- ✓ Emotional disclosure (ED)
- ✓ Sense-making (SM)
- ✓ Benefit-finding (BF)
- ✓ Control (writing about room)

Improvement was observed in all three therapeutic conditions, reducing complicated grief and other symptoms

Gains not only held, but also increased over next three months

Benefit-finding narratives seemed especially healing

Clinician's Toolbox: Guidelines for Therapeutic Journals (Pennebaker)

- ✓ 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

Clinician's Toolbox: Directed Journaling (Lichtenthal & Neimeyer)

Consider tailoring questions addressed to client's need:

Emotional exploration:

- What do you recall about how you responded to the event at the time? Put yourself back there, now.
- How did your feelings about it change over time?
- What was the most emotionally significant part of the experience to you?

Sense making:

- 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 coping? How were they affected by it, in turn?
- Are there ways in which this loss has affected your direction in life? How, across time, have you dealt with this?
- How, in the long run, do you imagine that you will give this loss meaning in your life?

Benefit finding:

- In your view, have you found any unsought gifts in grief? If so, what?
- How has this experience affected your sense of priorities?
- What qualities in yourself have you drawn on that have contributed to your resilience? What qualities of a supportive kind have you discovered in others?
- What lessons about loving has this person or this loss taught you?
- Has this difficult transition deepened your gratitude for anything you've been given? If so, to whom might you express it?

Variations:

Dream journals

Dialogues with self

Letters to a "friend" with a similar loss

Gratitude letters

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. The client's perspective on the journaling may shift depending on whether client or therapist does the reading.

Clinician's Toolbox: Chapters of our lives (Neimeyer)

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, as well as the role of loss in them. 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 on at least 6 of the following questions, sampling from different categories.

Organization questions

- ◆ How did you organize the flow of your self-narrative? Chronologically, or according to some other organizing structure?
- ◆ 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?

Developmental questions

- ◆ 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?
- ◆ 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?

Thematic questions

- ◆ Looking at the story, what are the major *themes* that tie it together? Did different life events challenge these basic thematic patterns, and if so, how did you respond?
- ◆ 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?

Authorship questions

- ◆ Who do you see as the primary author of this self-narrative? Are there any important co-authors who deserve credit (or blame!) for the way the story has unfolded?
- ◆ How might your chapters have looked different if they had been formulated from the standpoint of the person you were 10 years ago? Or from the standpoint of the person you will be 10 years from now?

Audience questions

- ◆ 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?
- ◆ Are there any “silent stories” in your life that have no audience, that cannot be told? How would your life be different if these were integrated more thoroughly into your public self-narrative?

Framing questions

- ◆ If you were to give a title to your self-narrative, what would it be? If the gist were to be conveyed in a few illustrations, what might these look like?
- ◆ If your self-narrative were a full-length book, 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?

G. *Virtual Dream Stories: Transcending the Obvious*

- Expressive arts therapies demonstrate that stories can be told in imagery, symbol, music and performance, as well as in words (Thompson & Neimeyer)
- Art can arise when our everyday views of reality are broken open by great beauty or tragedy, as well as by conscious intent.

Clinician's Toolbox: Virtual Dreams (Neimeyer, Torres & Smith)

Stories told in language can be figurative as well as literal, freeing people from the tyranny of the obvious.

Not everyone has access to dreams, but all of us can construct dream-like stories that can convey, explore, integrate and extend meanings of analogical relevance to our own losses.

Assign a set of six elements (settings, figures and objects) of the virtual dream, having the writer construct a story that includes them, tailoring the elements to the loss that has been suffered. For example, a virtual dream concerning the death of a child might include an empty room, a broken toy, an overheard song, a wise woman, a faded photo, and a clearing in the wood. In contrast, one bearing on the death of a spouse might include an empty bed, a thunderstorm, a tarnished ring, a mysterious stranger, an inner voice, and a remote beach. Other illustrations of elements are offered below.

Limit writing to 8-10 minutes to promote spontaneity and to keep task manageable.

Optionally, share stories in small groups, exploring group observations and insights.

You can further process the virtual dream story by:

- ✓ Writing down 3-5 feeling words associated with each element (e.g., an empty bed: lonely, comforting, safe)
- ✓ Constructing a practical goal that addresses one or more of these feelings and a plan to reach it (e.g., I will reduce my loneliness by taking weekly walks with a friend).
- ✓ Identifying the most sympathetic or most troubling virtual dream element and re-writing the story from its perspective.
- ✓ "Interviewing" the virtual dream element about its role in your life, why it is visiting you, and what it has to teach you.
- ✓ Enacting a two-chair dialogue between two elements that seem to be in some conflict or that have something to say to each other.

Sample Virtual Dream Elements

Situations/Settings	Figures/Voices	Objects
A wasting illness	A wise woman	A rose
A violent storm	A mysterious stranger	A burning fire
A troubled sea	A booming voice	An ancient chart
An early loss	A choking sob	An ambulance
A long journey	An angel	A mask
A secret room	A dove	An empty bed
A cool brook	A serpent	A closed door
An unearthly light	A wrinkled elder	A coffin
A precipice	An overheard song	A naked sculpture
A cave	A strong man	A treasure box

H. Analogical Listening: Raids on the Unspeakable

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 in more emotional and embodied directions.

Clinician’s Toolbox: Analogical Listening (Neimeyer)

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?

**As a follow-up to this analogical work and an aid to consolidation, the client can be encouraged to give form to the felt sense in an expressive arts medium, such as a drawing or painting, in or between sessions.*

From Principles to Practice: Darla’s Dilemma

- What principle did the therapist follow in deciding to shift from literal to dialogical listening in connection with Darla’s pain?
- What deeper sense of implicit meaning emerged from the resulting imagery?

Part 3. Accessing the Back Story of Relationship to Deceased

A. Attachment theory (Bowlby)

1. Human beings have evolved as social beings whose extended dependency on caregivers primes us for deeply rooted attachment bonds, not only in infancy, but also throughout our lives.
2. Basic attachment phenomena are observed in other species, especially mammals, and particularly other primates.
3. The attachment behavioral system serves two primary functions:
 - a. A *safe haven* at times of threat

b. A *secure base* for exploring the world

4. *Securely attached* children tend to develop *working models* of relationships in which others are viewed as available and dependable, and the self is viewed as resourceful and resilient.
5. *Insecurely attached* children (e.g., those with anxious, ambivalent attachments, often as a response to parental unavailability, loss, neglect or abuse) tend to develop *working models* of relationships as precarious or dangerous, and corresponding patterns of dependency or compulsive self-reliance.
6. Disruption of attachment in later life through the loss of a security-enhancing relationship through death arouses *separation distress*, which triggers characteristic symptoms of grief.
7. Type of response to separation distress will depend on dominant attachment style. Two major dimensions (Fraley, Mikulincer):

Attachment anxiety: Negative model of self, positive model of others; often expressed as dependency and over-activation of attachment system. In grief, linked to trouble acknowledging loved one's unavailability.

Attachment avoidance: Positive model of self, negative model of others; expressed as deactivation of attachment system and emotions in general. In grief, linked to conscious avoidance of loss and failure to reconcile internal model with deceased's absence.

Illustration: Mother loss and attachment anxiety and avoidance

8. Study of attachment and coping with bereavement (Meier, Carr, Currier & Neimeyer)

Study 1: 626 bereaved adults in first two years of loss assessed for attachment security and complicated grief (CG) symptoms. Results: beyond age, relationship to the deceased and cause of death, attachment anxiety predicted CG.

Study 2: 191 survivors of violent death loss (to suicide, homicide or fatal accident) matched to 191 non-bereaved people with non-traumatic life stressor. Results: beyond gender and cause of death, anxious attachment was related to poorer mental health for both groups. Moreover, avoidant attachment predicted poorer physical health, but only for the violently bereaved sample.

Conclusion: Anxious attachment may predict poor outcome across a range of losses, whereas avoidant attachment may become problematic only under conditions of severe threat.

B. Two-Track Model of Bereavement (Rubin)

1. Adaptation to bereavement proceeds along two tracks simultaneously:
 - a. *Biosychosocial track:* psychological symptomatology (anxiety, depression), somatic concerns, family relationships, self-esteem, work
 - b. *Relationship to deceased:* imagery, memory, positive and negative affect re deceased, preoccupation with the loss, idealization, conflict, attachment issues, memorial practices
2. Disorders and difficulties unique to grief occur mainly on this neglected second track.

C. Continuing Bonds (Field, Klass and others)

1. Continuing attachment bonds with the deceased, rather than severing them, is a primary process in bereavement, as a great deal of qualitative research indicates.
2. Maintaining continuity in our life narratives implies sustaining connection to those who were a living part of our life story.
3. Reconstructing rather than relinquishing the bond can restore the attachment security challenged by death.

D. CB coping in the death of a spouse (Field & Friedrichs)

1. 15 early (4 mos.) and later (2 years) widows cued several times daily to record mood and whether their thoughts centered on their deceased husbands. Results:
2. Overall, more bonded widows showed greater grief, in keeping with attachment theory.
3. However, an interaction effect also emerged, so that for later widows only, more CB coping was also associated with more positive mood.

E. Binding vs. Bonding

1. Maladaptive CB is associated with highly dependent attachment and intense separation distress in several studies
2. Adaptive CB:
 - ✓ based more on a sense of psychological closeness than on physical proximity seeking (Field et al.)

- ✓ associated with less self- and other-blame (Field & Bonanno)
- ✓ reinforced by high levels of meaning-making (Neimeyer et al.)
- ✓ culturally supported (e.g., more adaptive in Chinese than in an American context) (Bonanno & Ho)

Clinician's Toolbox: "Is it okay for you to be okay?" (Rando)

Reflect on Resistance: When a person seems mired in protracted grief or other forms of distress, Therese Rando suggests that the simple question "Is it okay for you to be okay?" can help reveal reasons the client may resist change, such as out of loyalty to the deceased. These obstacles often need to be dealt with before the client will permit improvement to occur.

Clinician's Toolbox: Introducing our Loved Ones (Hedtke)

One counseling practice that is equally relevant in bereavement support for adaptive grief and in grief therapy for complications involves inviting stories of the relationship with the deceased. This not only is compatible with the goal of affirming or reorganizing a secure attachment with the loved one (by giving attention to the relational track through bereavement and oscillating between loss and restoration), but it also draws on narrative, meaning making processes to restore coherence and continuity in the midst of unwelcome change. As a clear alternative to "letting go," introduction suggests the possibility of bringing forward relational connections rather than relinquishing them.

Possible questions to initiate such a conversation could include:

- ✓ Could you introduce me to _____?
- ✓ What did knowing _____ mean to you?
- ✓ Are there particular times, places or ways in which you recall _____'s importance to you?
- ✓ Are there any special stories about _____ that (s)he would want others to know?
- ✓ What kind of things did _____ teach you about life, and about how you could manage the challenges you now face?
- ✓ What might _____ say (s)he appreciated about you? What strengths did _____ see in you?
- ✓ In what ways might you strive to grow closer to _____ across time, rather than more distant?
- ✓ What difference might it make to keep _____'s stories and memories alive?

Clinician's Toolbox: Correspondence with the Deceased (Neimeyer)

Write to someone you have loved and lost, or to someone you will soon lose.

Write with the intention to say "hello again" (Michael White), rather than a final goodbye.

Speak deeply, from the heart, about what is important in the relationship.

Consider what the other has given you, intentionally or unintentionally, of enduring value.

Address the words that remain unspoken, the questions that remain unasked.

If stuck, could prompt with:

What I have always wanted to tell you is....

What you never understood was....

What I want you to know about me is....

What I now realize is....

The one question I have wanted to ask is....

I want to keep you in my life by....

Optionally, consider drafting a response in the words of the other, perhaps initiating an ongoing correspondence of connection.

F. Imaginal Conversation and Chair Work (Shear, Greenberg & Elliott)

1. reaffirms the continuing bond, providing a sense of attachment security
2. facilitates resolution of concerns about the death or relationship, such as survivor guilt or self-blame
3. frees the bereaved to pursue personal goals of autonomy, effectiveness and relatedness
4. serves as a key part of empirically supported Complicated Grief Therapy

Clinician's Toolbox: Imaginal Conversations

- ✓ Commonly involves enactment of dialogue with the deceased, with the griever playing both roles.
- ✓ May use empty chair or two-chair work to facilitate shift in perspective, as in Emotion-Focused Therapy, choreographing to amplify intensity of contact.
- ✓ Spoken in present tense, with therapist prompting for depth and honesty, while staying on the sidelines of the conversation.
- ✓ Typically vividly emotional, clarifying and affirming, placing premium on the experience, followed by commentary to consolidate learning.
- ✓ Variations can involve interviewing the deceased, a needy aspect of the self, etc.

Case Study: Dialogue with a Dead Mother

- What did Deborah discover in our in-session interview with her dead mother?
- How did this segment extend the narrative homework with which it began?

Clinician's Toolbox: Life Imprint (Vickio, 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:

Variations and extensions:

- *Documentation:* As homework, have person write a paragraph about each to reaffirm the connection
- *Letters of gratitude:* Write a “thank you” letter to deceased for the “gift” they have given us
- *Survey:* Interview several other people about the imprint of the deceased on them to deepen appreciation of his or her life
- *Directed telling:* With the dying or using empty chair for the deceased, directly express the impact of their life on your own

Recommended Readings

- Berger, J. (2006). *Music of the soul*. New York: Routledge. [Sophisticated and practical discussion of music therapy in end-of-life and bereavement care.]
- Bonnano, G. A., Wortman, C. B. & Nesse, R. M. (2004). Prospective patterns of resilience and maladjustment during widowhood. *Psychology and Aging, 19*, 260-271.
- Buckle, J. & Fleming, S. (2010). *Parenting after the death of a child*. New York: Routledge. [Clinically relevant discussion of in-depth qualitative study of parents who lose one child, but must actively care for another.]
- Currier, J. M., Neimeyer, R. A. & Berman, J. S. (2008). The effectiveness of psychotherapeutic interventions for the bereaved: A comprehensive quantitative review. *Psychological Bulletin, 134*, 648-661. [Systematic review of outcome literature on grief therapy]
- Harris, D. (Ed.) (2011). *Counting our losses*. New York: Routledge. [Broad coverage of grief arising from “non-finite” loss, other than the death of a loved one, such as loss of marriage, ability, beliefs, work and much more.]
- Jeffreys, J. S. (2011). *Helping grieving people [2 ed.]*. New York: Routledge. [Practical handbook for care providers.]
- Jordan, J. & McIntosh, J. (Eds.). (2010). *Grief after suicide*. New York: Routledge. [Thorough coverage of research and practice issues in working with those bereaved by suicide. Comprehensive and readable.]
- Katz, R. & Johnson, T. (Eds.) (2016). *When professionals weep (2nd edition)*. New York: Routledge. [Thorough and thoughtful coverage of “countertransference” issues in end-of-life and bereavement care.]
- Keesee, N. J, Currier, J. M. & Neimeyer, R. A. (2008). Predictors of grief following the death of one’s child: The contribution of finding meaning. *Journal of Clinical Psychology, 64*, 1145-1163. [Documentation of sense-making as leading predictor of intensity of parental grief]
- Kosminsky, P. & Jordan, J. (2016). *Attachment informed grief therapy*. New York: Routledge. [Readable synthesis of attachment and neurobiological research as it bears on bereavement support and therapy, with practical implications for management of the therapy relationship]
- Neimeyer, R. A. (Ed.) (2016). *Techniques in grief therapy: Assessment and intervention*. New York: Routledge. [Compendium of numerous methods for assessing grief and meaning, as well as methods of grief therapy, with

- instructions for each and a case study illustrating its application. NB: this volume provides entirely different content than the original 2012 volume]
- Neimeyer, R. A. (2016). Meaning reconstruction in the wake of loss: Evolution of a research program. *Behaviour Change*, doi 10.1017/bec.2016.4
- Neimeyer, R. A. (Ed.) (2012). *Techniques in grief therapy: Creative practices for counseling the bereaved*. New York: Routledge. [Compendium of 96 methods of grief therapy, with instructions for each and a case study illustrating its application]
- Neimeyer, R. A. (2009). *Constructivist psychotherapy*. New York and London: Routledge. [Practical and readable presentation of meaning-oriented approach to psychotherapy with numerous discussions of strategies and case studies focused on bereavement]
- Neimeyer, R. A. (2009). *New theories of grief: Going beyond Kübler-Ross*. <http://www.adec.org/distance/webinars.cfm> [Online continuing education presentation addressing meaning reconstruction, dual process and two-track models of grief and their clinical implications]
- Neimeyer, R. A. (2009). *The art of longing*. Charleston, SC: Booksurge. [Original contemporary poetry on grief with color illustrations from various artists]
- Neimeyer, R. A. (2006). Re-storying loss: Fostering growth in the posttraumatic narrative. In L. Calhoun and R. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and practice* (pp. 68-80). Mahwah, NJ: Lawrence Erlbaum. [Exploration of interface of PTG and narrative]
- 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 clients 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., Baldwin, S. & Gillies, J. (2006). Continuing bonds and reconstructing meaning: Mitigating complications in bereavement. *Death Studies*, 30, 715-738. [Demonstrates interaction of attachment and meaning making in predicting grief outcomes]

- Neimeyer, R. A., van Dyke, J. G. & Pennebaker, J. W. (2008). Narrative medicine: Writing through bereavement. In H. Chochinov & W. Breitbart (Eds.), *Handbook of psychiatry in palliative medicine*. New York: Oxford. [Review of research on expressive writing paradigm with special emphasis on bereavement]
- Neimeyer, R. A., Harris, D., Winokeur, H. & Thornton, G. (Eds.) (2011). *Grief and bereavement in contemporary society: Bridging research and practice*. New York: Routledge. [Comprehensive handbook on new conceptualizations of grief, with focus on different types of loss, special populations and therapeutic issues and methods; each chapter is coauthored by prominent researchers and practitioners to thoroughly integrate scholarship and practice.]
- Neimeyer, R. A., Holland, J. M., Currier, J. M. & Mehta, T. (2008). Meaning reconstruction in later life: Toward a cognitive-constructivist approach to grief therapy. In D. Gallagher-Thompson, A. Steffan & L. Thompson (Eds.), *Handbook of behavioral and cognitive therapies with older adults* (pp. 264-277). New York: Springer Verlag. [Discussion of research on meaning making with special reference to older adults]
- Neimeyer, R. A., Hogan, N. & Laurie, A. (2008). The measurement of grief: Psychometric considerations in the assessment of reactions to bereavement. In M. Stroebe, R. O. Hansson, H. Schut & W. Stroebe (Eds.). *Handbook of bereavement research: 21st century perspectives*. Washington, DC: American Psychological Association. [Review of general and specialized scales for assessment of grief with an emphasis on their attention to cultural factors]
- Thompson, B. E. & Neimeyer, R. A. (Eds.) (2014). *Grief and the expressive arts: Practices for creating meaning*. New York: Routledge. [Comprehensive handbook detailing dozens of grief therapy techniques using visual arts, music therapy, dance and movement, creative writing and theatre and performance, giving explicit instructions and case examples to illustrate each.]

The Integration of Stressful Life Experiences Scale (ISLES)

Please indicate the extent to which you agree or disagree with the following statements with regard to the death of your loved one. Read each statement carefully and be aware that a response of agreement or disagreement may not have the same meaning across all items.

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
1. Since this event, the world seems like a confusing and scary place.	1	2	3	4	5
2. I have made sense of this event.	1	2	3	4	5
3. If or when I talk about this event, I believe people see me differently.	1	2	3	4	5
4. I have difficulty integrating this event into my understanding about the world.	1	2	3	4	5
5. Since this event, I feel like I'm in a crisis of faith.	1	2	3	4	5
6. This event is incomprehensible to me.	1	2	3	4	5
7. My previous goals and hopes for the future don't make sense anymore since this event.	1	2	3	4	5
8. I am perplexed by what happened.	1	2	3	4	5
9. Since this event happened, I don't know where to go next in my life.	1	2	3	4	5
10. I would have an easier time talking about my life if I left this event out.	1	2	3	4	5
11. My beliefs and values are less clear since this event.	1	2	3	4	5
12. I don't understand myself anymore since this event.	1	2	3	4	5
13. Since this event, I have a harder time feeling like I'm part of something larger than myself.	1	2	3	4	5
14. This event has made me feel less purposeful.	1	2	3	4	5
15. I haven't been able to put the pieces of my life back together since this event.	1	2	3	4	5
16. After this event, life seems more random.	1	2	3	4	5

Note: With the exception of item 2 (which should be reverse scored), all items should be scored using the 1 (Strongly agree) to 5 (Strongly disagree) format presented above. A sum of all items can be taken to compute a total ISLES score. Likewise, items 1, 3, 5, 7, 9, 11, 12, 13, 14, 15, and 16 can be summed to compute the Footing in the World subscale, and items 2, 4, 6, 8, and 10 can be summed to compute the Comprehensibility subscale. The portion of the instructions in parentheses may be altered to make the measure applicable to different groups of interest.

Notes