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A PERSON-CENTRED APPROACH TO LOSS AND BEREAVEMENT

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It seems somewhat contradictory to propose a person-centred approach to loss and bereavement, given that person-centred therapy is a phenomenological and heuristic attitude to the therapeutic relationship. That is, as person-centred therapists, we are interested in a person's experiencing in the world (the phenomenological stance) and wish to facilitate their discovery of that experiencing (the heuristic stance). From this point of view, the experience of loss may be stated as *the feelings, thoughts and physical sensations associated with any change, actual or perceived, in a person's phenomenological world*. A person-centred approach to working with someone facing loss and bereavement can therefore be stated in the following manner: a commitment to understanding and accepting an individual's experiencing (affective, cognitive and physical) of their losses and to entering their world as fully as is possible. This stance is the same as when working with any experience that the client brings. At the same time, a person-centred approach to loss and bereavement needs to find a way to explain why grief affects us in the way that it does and needs to explain why person-centred therapy is effective for those experiencing loss.

The importance of theory is fourfold. First, theory influences how we see the world and, therefore, our way of being. A theory is simply a suggested explanation for the different phenomena that surround us. We could call theories 'working models' and, of course, the explanations we usually find most plausible are those that also reflect our values and beliefs. I have a belief in the actualising tendency. I see evidence for the actualising tendency all around me and, in consequence, I act as though the actualising tendency is a concrete fact rather than a hypothesis. Belief

or disbelief will profoundly affect how I view others in the world (their motives, their trustworthiness) and therefore my way of being in relationships. This is also true of a topic such as loss and bereavement. The values and beliefs I bring to the therapeutic encounter will influence the therapeutic relationship.

Second, if held lightly, theory can help me 'stay in the room' with a client. By this I mean that by having some understanding of what may be happening for a client, I am able to stay centred in myself. Speaking more technically, I am able to remain congruent with myself and therefore more likely to be experiencing unconditional positive regard and expressing that experiencing through empathic responses. It is imperative that theory is 'held lightly'. Rather than pigeonholing a client, my theory should help me stay beside the client. Theory is a general statement about people rather than statements about a particular individual.

Third, clients have often asked me whether or not what they are feeling 'is normal'. Usually, I have only needed to reply with an empathic response. At other times such a reply would have been clearly (on my part) an avoidance and, in that particular moment, an incongruent response. It is obvious that what I believe and understand about reactions to loss and bereavement will influence my response, as I will have some feelings on what is 'normal' grieving. But what if my understanding of loss and bereavement is rooted in a more psychodynamic approach than a humanistic approach and what if I don't even know that there is a difference? If I have not explored the different understandings (theories) of a 'normal' grieving process, I could do my client a great disservice and possibly harm.

Finally, in many ways, loss is the motif that explicitly and implicitly underpins much of our work as therapists. The most explicit content is when someone comes to us because they are bereaved, a relationship is breaking up, they have lost their job, they have moved home or children have left home. I am sure that you can add many more situations. Less obvious issues of loss are present when a client approaches us because they are feeling sad (loss of happiness?), they don't know what to do with their lives (loss of purpose?), life has no meaning (loss of dreams?) or they just don't feel right (loss of ease?). Loss is one of the motifs of life and we should not be surprised that it is a motif of the therapeutic relationship. For these reasons an understanding of loss and bereavement is important in our work as therapists. This chapter is an exploration of such a theory.

Current approaches to loss and bereavement can be described as 'stage' or 'phase' theories. That is, they describe the various points of experience that the bereaved person will go through psychologically. Taking an overview, they usually describe feelings such as numbness, denial, yearning, anger, depression and acceptance. Additionally, they suggest that the 'business' of grief and mourning is to find a way of letting go of the lost object or person in order to be able to move on with existing relationships, to

move forward toward new relationships and generally to re-engage with life. In the UK the most well-known and influential of these theorists have been Colin Murray Parkes, William Worden and Elizabeth Kübler-Ross. All three practitioners based their ideas on their work and research with either those experiencing loss or those facing death. Their achievements in this field are worthy of respect for both their expertise and for the reason that they brought to the fore an aspect of human experience that had previously received little attention. Additionally, these stage theories are useful insofar as they have helped to 'normalise' different reactions to grief in a way that has helped me and others, as therapists, to 'stay in the room'. When I have felt lost or overwhelmed by the process I am witnessing when being with a bereaved person, they have helped me to remain accepting of that person's experiencing and thus deepened my empathic understanding of their situation.

Notwithstanding the support that these stage theories have given to those working with the bereaved (and the bereaved themselves), there are a couple of problems with these approaches to grief. First, a general difficulty arises in the way that these concepts have been interpreted. Parkes (1996: xiii), Worden (1991[2000]: 19) and Kübler-Ross (1973[1987]: Preface) have written explicitly that their theories should be seen as a broad picture of reactions to loss. Further, they have also written that their observations of certain stages should not be interpreted as being statements of fixed phases that the bereaved person must be helped to pass through. They are not static stages that are moved along – one to two, two to three, three to four. Rather, loss should be seen as a process that flows backwards and forwards – for example, two to one, one to three, four to two. It is a process that stops, a process that starts, and should be seen as having a flowing dynamic.

Nevertheless, it is clear that often practitioners do expect their clients to go through these stages and, more worryingly, it is their job to help them through that process.

The Dangers of Theory ...

George's wife had, with no prior warning, committed suicide. Although in many ways devastated by this event, George felt no anger towards her. This was a situation that George's counsellor, Jane, found almost impossible to believe and, in consequence, was having difficulty with her acceptance (and consequently her empathy) of his experiencing. Her stance was that 'everybody will feel anger in this sort of situation'. In supervision she came to the realisation that not only was she feeling angry at George's wife, she also expected that a 'healthy' loss response from George would include anger based on her experience and the theories that she knew.

Because Jane misunderstood the descriptive (rather than prescriptive) nature of the theories, a consequence was that her empathy was blocked.

A second aspect of theories of loss and bereavement is that like all theory, they are culturally embedded. Thus we need to note that the context of the stage theories of loss and bereavement is predominantly white and almost exclusively Western. Emotional expression and the understanding made of that expression are culturally defined. For example, in studies made on this subject it was found that Japanese widows and British widows reacted quite differently to the death of their husbands, at least in behaviour, which is different again to the response to bereavement amongst the Hopi of Arizona (Stroebe et al., 1996: 35). To complicate matters further, it is clear that even within a particular culture, for example white European, reactions to loss and bereavement can be quite different. The point is that we need to be extremely circumspect in accepting any theory of grief and grief reactions as being universal. This is not idle relativism: today's theory becomes tomorrow's practice.

A third difficulty, one more specific for person-centred practitioners, lies at a deeper level: that most theories of the bereavement process are rooted in the psychodynamic tradition. In this scheme of thought, the human being has a finite amount of psychic, or emotional, energy that can be distributed into relationships (both internal and external). When a person experiences a loss, the energy attached to that relationship (be it a person or an object) needs to be withdrawn in order for there to be enough energy for a new relationship. From this position it is logical that the task of mourning, or 'grief work' as it is sometimes known, is a process aimed towards letting go of the lost object or person. We need to let go of the lost object or person (withdraw the energy) in order to be able to reinvest (use the energy) in other relationships; in essence we need to break the bond with the loved person. If we did not do this, given that there is only a finite amount of energy, we would eventually run out of psychic energy for any other relationships.

This hypothesis is breathtaking in its hold on everyday thinking and in the wisdom of psychotherapeutic practice. How many times have you heard someone comment about a bereaved person that they seem to be 'getting over it'? Or perhaps you have heard the opposite – 'they don't seem to be getting over it'.

'Not Getting Over It'

Alice spent many months in counselling struggling with 'trying to let go and get over' a finished relationship. A shift occurred when she suddenly realised that she didn't have to 'let go'. In other words, she realised that not only did she not have to break the bond, but she also identified that she didn't need or want to break the bond. Rather, the relationship would be different and, in her words, 'never-ending'. This

was irrespective of whether or not she would see her ex-partner again. From that point on, Alice was able to grieve for what she had lost, rather than fight against herself in order to let go of the relationship. Instead, she found a way to integrate the relationship and its ending into her present experiencing of the world.

The therapist realised that she had been anticipating that Alice needed to 'move on' with her life. She had expected Alice would have to leave the relationship behind before she would be able to re-engage with life around her. She was also surprised when Alice identified that her healthy reaction was not to let go of the relationship but simply to accept that it was now different.

The crucial point for person-centred practitioners is that Alice had been caught up in the breaking bonds hypothesis (Stroebe et al., 1996) – as, more importantly, had her counsellor – and it was very difficult to see an alternative, so implicit and deeply imbedded were these ideas of breaking the bond.

A Person-Centred Approach to Loss and Bereavement

The person-centred approach is an organismic approach and takes the position that human beings are open, ever-changing and developing systems. This system includes the past, the present and the future. Human beings are fluid creatures moving in many directions. We are multifarious creatures, forever becoming more of who we might be. Person-centred therapy is based on the connection, the communication and the relationship between two people and a trust in that process. What is the way of describing the dynamics of loss and bereavement in a manner that is more organismic and open, a manner that is more compatible to the person-centred approach and more closely describes our work as we experience it?

Sometimes it is worth stating the obvious. Loss hurts. In a perfect world, with a perfect theory and a perfect therapist, loss will still hurt. It may hurt hardly at all, or it may feel intolerable, but, quite simply, it hurts. What we are attempting to understand is some of 'why' it hurts. Knowing what is happening to my skin, veins and bones when I get a bad cut to the arm will not stop the hurt; neither will understanding loss and bereavement stop the hurt. But just as having some understanding of the way that skin, veins and bones interact may help the surgeon to work in a way that is more healing, so too might having some understanding of the processes of loss help me to be more accepting and empathic with the people I work with.

So what we are really asking is why do different people, at different times, have different reactions to loss and bereavement? There are two areas of person-centred theory that begin to give some answers to these questions. They are the notions of the self-structure and of configurations of self.

Self-Structure

Each person's self-structure is unique to them, an outcome of their life experiences (including their cultural background/context) and a result of the levels of unconditional positive regard that they have received during their life – particularly, though not exclusively, in their early life. It is because of the conditional positive regard we receive that we develop conditions of worth and this means that we learn, at a non-conscious level, which parts of our experiencing are acceptable to others and which are not. As one of the overriding needs of human beings is the need for positive regard, we deny or distort our awareness of those aspects of our experiencing that do not gain positive regard – thus developing a condition of worth. It runs something like, 'I will be loved if …' or 'I will not be loved if …'. This is not a thought-out, rational process. It is a process that we are unaware of and one that protects us from the intolerable idea that there are parts of us that are unacceptable to others. Additionally, these parts that are felt as unacceptable to others can often become unacceptable to us.

In Rogers' theory it is inevitable that we will develop conditions of worth. These conditions mean that we have developed incongruence between our organismic valuing system (in this context the psychological aspect of the actualising tendency) and our self-structure. An example may be useful here. In my, white, northern English culture, it could be said as a very general statement that a clear message was 'boys don't cry' (I suspect that this is true of many white English cultures but I prefer not to make that assumption).

A Different Reaction to Loss

Andrew and his sister had been very close as children, spending many hours playing on the farmland that surrounded their childhood home. Despite separations in their teenage years they remained close into their early twenties, Andrew supporting her through periods of mental health problems. In their late twenties and their thirties there was little contact between them, but they re-established their relationship on the birth of his sister's first child. Not long after, Andrew's sister was diagnosed with cancer and died five years later. Throughout the time of her illness, Andrew was her main support and their previous closeness was rekindled. He was knocked for six when she died, grieving both for the loss of her in the present time, and the time that he felt that had been wasted when they had less contact in their youth. His grief took the form of physical symptoms – sleeplessness, aches and pains, lack of appetite.

When faced with this bereavement Andrew had no tears to shed, even though he was feeling distraught and distressed. There are two theoretical possibilities here. First, that although Andrew felt deeply affected by his

loss, his lack of tears was his self-concept in congruence with his organismic experiencing. That is, he did not have a condition of worth which told him that boys don't cry, and his not crying was a psychologically healthy response for him as his organismic valuing did not have tears as an expression. On the other hand, if he did have the condition of worth that boys don't cry, although his organismic experiencing may have included expression through tears, his self-concept would have denied or distorted this expression to awareness. He may just feel sick (distortion) or have not felt tearful at all (denial). This makes the point that the same behaviour in different individuals cannot be taken to mean the same levels of congruence between their organismic valuing system and their self-concept.

So here we have one reason why different people react in different ways. In part it will depend on the individual's self-concept. Quite simply, and maybe quite obviously, our different life experiences will have affected the development of our self-concept, the 'who we are', even if our self-concept is totally congruent with our organismic valuing system. This is an important point in relation to cultural differences and bereavement. We should not make the assumption that the healthy grief reaction known to us through our cultural lens – whatever that lens may be – will be equally healthy for those from cultures other than our own. Or, to put it another way, our reactions to bereavement are culturally embedded, and healthy grief reactions vary substantially across cultures. In part, differing grief reactions will also depend on the unique conditions of worth each individual acquires. If I learned that I would gain more unconditional positive regard for being sad and melancholy rather than happy-go-lucky, it may be very difficult for me to risk feeling that the intensity of the loss is receding.

'I Will be Loved if ...'

Joan started to feel guilty that she was having fun sometimes six months after her sister died. One of the aspects of this guilt turned out to be her fear that 'people will think less of me for being happy'. She linked this to the fact that in her early home life it had been frowned on to have 'too much fun – it tempted fate'. In her family of origin she had received more positive regard for being morose than for being happy.

In these discussions of the grieving process and individual reactions in bereavement, we need to be extremely careful of the use of the word 'healthy'. From a person-centred perspective, a healthy grieving process means that any manner in which a person reacts is the healthiest way for them to be right now. We do not know what parts of their self-concept are being protected by their current way of being. We need to trust in their actualising tendency and take a view that they know better than an outsider

(for example, the therapist) what is best for them in the moment. This is one reason why I am not able to advocate the idea of directing a client toward their loss issues. I cannot know what a person's conditions of worth may be, and consequently I cannot know how their way of being may be keeping them safe from psychological fragmentation.

Configurations of Self

Dave Mearns and Brian Thorne (2000: 102) describe a configuration as a:

> hypothetical construct denoting a coherent pattern of feelings, thoughts and preferred behavioural responses symbolised or pre-symbolised by the person as reflective of a dimension of existence within the Self.

They are attempting to describe, in theoretical terms, the way in which people experience different parts within themselves. It is hypothetical because we need to remember that these 'parts' of Self cannot be directly observed as entities – they can only be *inferred* from the description given by the person (ibid.: 103). Mearns and Thorne are proposing that these different parts have their own way of experiencing the world, of seeing the world and of behaving in the world – each part having its own self-concept and conditions of worth. This is not a case of dissociative process, rather it is a very usual dimension 'of personality integration' (ibid.: 108). They are clear that a person is aware of these parts or that the part is coming into awareness.

A Cynical Part of Self ...

Angela was experiencing very bad dreams over a Caesarean birth that she had fifteen years previously. The need for a Caesarean, and the loss of the experience of, for her, a natural birth, had been very difficult to accept, particularly as she had been fit and healthy. People had expected her to look on the bright side – she had a healthy baby after all – and she sometimes thought that it would have been easier if someone had died as people would 'expect you to be sad'. Angela had always felt sad about the Caesarean, but the ending of a romantic relationship seemed to have precipitated these bad dreams. Angela also had an internal critic, Mrs Cynic, someone who was very much in awareness for her (that is, it was symbolised in awareness). She would sometimes speak of Mrs Cynic being present at a session. 'Mrs Cynic thinks that I'm making mountains out of molehills – life isn't actually that bad.'

It was clear that one of Mrs Cynic's conditions of worth included the need to be strong and unemotional. As Angela came to feel and trust the acceptance of the counsellor, this configuration started to lose its power over her. She

began to notice that in another part of her thought she was a very hurt and vulnerable person, 'not the crybaby Mrs Cynic thinks that I am'. Through counselling Angela came to accept both parts of her. The part which thought that she was making mountains out of molehills, whilst still present, was no longer in ascendancy. The part that had compassion for herself gained some psychological ground and was able to help her grieve for her lost natural birth. Gradually, over time, she had fewer bad dreams and finally they came only very sporadically.

A Change in Understanding of Self ...

When Sophie's husband died, amongst many of the shocks that she experienced was suddenly being referred to as a widow. Looking ashen and physically shaking, very quietly she said, 'I'm not a widow, I'm a wife.' This was not only a statement of fact for Sophie, but it also described a very exact sense of herself. During counselling it became clear that being a wife had many different meanings for her and that these meanings became increasingly differentiated into a number of different parts, or configurations of self. For Sophie, these configurations included 'the loveable person', 'the cared for', 'the carer', 'the homemaker', 'the little girl', 'the unlovable' and 'the bitter person'. Some configurations were clearly in more conflict than others, for example 'the cared for' and 'the unlovable'.

Becoming a widow had challenged Sophie's sense of self and had, over time in her counselling, brought to awareness her different parts. The configurations existed in such a way as to be creative in the face of her loss, and to perform a self-protecting function. To a greater or lesser extent, when somebody suffers a loss, configurations that have previously been experienced as relatively coherent may become jumbled, the experience being one of disjointedness. For Sophie, the external event of her husband dying upset the relatively internal consistency that she had previously experienced. So here we have another reason why people react differently to loss and bereavement. Not only will it depend on the person's self-concept and conditions of worth, but it will also depend on their unique configurations of self and the relationships between these configurations.

Implications for Practice

How does this person-centred theory of loss and bereavement inform a person-centred approach to therapy when working with people facing loss issues? Quite simply, it means that each person is responded to as though there had never been a theory written about loss; that however the person is feeling and behaving is exactly how they need to feel and behave in order to make the loss a part of their life.

This presents a challenge to all practitioners to be open and accepting of all ways in which a person responds to their loss. It challenges us to hold theory *so* lightly that no client is ever forced into a theoretical box. For although responses to loss can be generalised to some extent, we must never forget that each person is unique, with a unique past, present and future, with unique configurations of self and unique conditions of worth. Fundamental to this stance is the concept of the actualising tendency. If 'a definable climate of facilitative psychological attitudes can be provided' then the bereaved person will find 'vast resources for self-understanding' (Rogers, 1986: 197). The vast resource is the actualising tendency, and the 'definable psychological attitudes' are unconditional regard, empathy and congruence.

The Actualising Tendency

The notion of the actualising tendency informs all person-centred theory, philosophy and practice including a theory of loss and bereavement. In Rogers' theory it is the tendency of all living things to maintain and enhance themselves, and he suggested that the only time that the actualising tendency is not present is when the organism is dead. For human beings the tendency expresses itself in a person as an inclination towards safety (maintenance), growth and psychological health (enhancement). The existence of the actualising tendency means that I can trust a person to discover those aspects of themselves that are causing anguish, and trust their movement towards health. I can trust not only where they may go in their loss process, but also how they are feeling and behaving in this moment. Further, from this perspective, any expression of grief, however 'inappropriate' it might seem to the outsider, is understood as the most healthy reaction for the person in that moment.

Being What is Healthiest ...

Lelia and Joe had a stillborn son several weeks before term. They were both devastated by their loss and found that they were unable to help themselves, never mind each other. Lelia had feelings of guilt while Joe felt both angry and numb at the same time. The two had feelings of emptiness and desolation and were in a 'hellish' place. For a time they were estranged from each other, unable to get close. Whatever either of them did seemed inappropriate for the other and there was a time when they were attacking each other emotionally and psychologically. Lelia came close to attacking Joe physically. The loss of their firstborn was, at the time, intolerable.

When their sense of loss was at its most acute, both Lelia and Joe needed to withdraw into themselves to some extent. Occasionally, from outside of their relationship, it was difficult to understand why they were behaving the way they were

with each other. However, accepting the presence of the actualising tendency it became understandable in that they both needed psychological safety that the other was unable to offer.

As time passed they slowly found ways to come together and to begin sharing their grief. This was not an easy process and it was not clear how they might survive – either alone or together. In time, their reactions to the death of their son became less acute, though no less profound. They have been able to find something meaningful in the experience both individually and as a couple.

Unconditional Positive Regard, Empathy and Congruence

Unconditional positive regard means being fully accepting of whatever, and however, the bereaved person is feeling and thinking, irrespective of whether the loss was two days ago or twenty years ago. This includes the possibility that the person may not be feeling or thinking anything in particular in relation to their loss. We can never assume that a person will be feeling one way or another, nor that the way that they are feeling is 'healthy' or 'unhealthy' for them because, as I showed above, we do not know what configurations or parts are being touched by their loss. We can only assume that the way in which they are responding is the best for them in this moment. Empathy, as expressed through empathically following responses, is the most uncontaminated way of expressing unconditional positive regard. If there are any skills to be associated with person-centred therapy (as opposed to attitudes) then it is the skill of expressing, verbally or otherwise, our empathic understanding. Congruence is a precondition for the effectiveness of unconditional positive regard and empathy. For me congruence means that in this relationship, in this moment, I am as aware of my experiencing as I can be and my experiencing is also available to my awareness. This experiencing will include my values and beliefs. Very rarely does congruence mean that I share my thoughts or feelings about the person; if I do share something then it is invariably my experiencing in the moment rather than my thoughts. Congruence requires that I have awareness of my own losses and how they may be impacting on me. It requires that I am not closed to their dynamic within me and so not blocking my empathy.

Non-Directivity

Explicit in this approach to loss and bereavement, as with other areas of person-centred work, is the notion of non-directivity. The person-centred

approach is non-directive insofar as my intention is simply to attempt to understand the way in which the client is experiencing the world in any given moment and to check that understanding. Thus, I respond to whatever a person is presenting. If they are expressing extreme distress about their loss I will attend to that expression. Likewise if, in the next moment, they are working out what to have for dinner, I will attend to that exploration. However, non-directivity should not be confused with non-influence. It is impossible not to have influence on another – it is an intrinsic attribute of human beings and the meaning of relationships. At the same time it is possible to have the intention to try not to influence. An expression of this intention includes accepting the grieving person's phenomenological experiencing.

The Conditions in Practice ...

Peter found it impossible to make friends or have romantic relationships, and had been very lonely for most of his life. Intimate relationships were simply 'too dangerous'. In fact, the only regular contact that he had with anyone in his life was with his counsellor.

Peter: I will watch *Friends* because it is about youth. I will not watch *One Foot in the Grave* even though I like the actor. I may be this age but I feel like I'm 29 and I will not look ahead. I have not lost my youth.
Counsellor: Looking ahead just takes you too far from being 29.
Peter: I don't look ahead to anything because that is looking ahead to death.

Peter then spoke of his heart condition and how he would probably die in his sleep. He spoke of taking his heart tablets in the evening to guard against this happening. He then said that he was angry that if he committed himself to exams he was taking and he passed them, 'then what?'. He continued:

Peter: I don't live or have relationships because that too all leads to death and I am terrified of the moment of dying.
Counsellor: Almost as though to live at all, in any way shape or form, just brings you closer to the terror of the moment of dying.

He then described how upset he had been when the King had died. The King had been alive all his life and it made Peter realise that his father could also die.

Peter: I spent forty years not living to try and avoid death. Of course this is crazy because I know intellectually that I have to die one day.
Counsellor: I can't escape death, I know that. But I've spent my whole life being crazy trying to avoid it.
Peter: Yes. And so these bloody exams are just another way of doing it.
Counsellor: Another strategy to keep away from it.
Peter: I've never known a relationship – my fantasy relationships are sexual.
Counsellor: The only relationships I've known have been fantasies of sexual relationships.

Peter:	Yes, I can talk a great deal but up until now I've kept my feelings back. Can I be aggressive, can I cry, can I show hurt – I have held those feelings in check.
Counsellor:	Sort of over there [gesticulating to the corner of the room].
Peter:	Yes: you might reject me – I thought today how long can this job situation go on – I could get a job and be out on my ear within a month. I don't know if I can sustain this effort only to get thrown out in a month.
Counsellor:	Get rejected from a job pretty quickly and maybe get rejected from me.
Peter:	Yes, you may be disgusted, think I'm bad, or at very least a snot.
Counsellor:	I might really have some bad feelings towards you.

The counsellor was able to maintain empathic understanding and communicate this to Peter. This meant that she followed his direction, even if at times it seemed not to have a clear sense of continuity (at least to her). Being fully accepting of Peter meant that she did not have any need to do anything but to make sure that she understood all that he was trying to communicate. Her empathy communicated a deep acceptance (unconditional positive regard) of his way of processing his current feelings and concerns. This ability to stay open (congruence) gave Peter the space and opportunity to take a great risk in his relationship with her when he stated that she might be disgusted with him, think him bad or a snot. She did not try to reassure him in any way at this point, remaining empathic to his fear of her rejecting him and thinking him bad.

The Unfolding Process

It is important to remember that grief is a very natural reaction to changes in a person's life and not something to be pathologised. Rando (1993: 5) has suggested that as many as one in three family bereavements result in what she called a 'morbid outcome or pathological patterns of grief' and that there could be 5 to 6 million new cases of 'complicated' mourning in the USA each year. This is an awful lot of apparently abnormal reactions that suggest that what is considered pathological may in fact be very usual. In practice it is injurious to our clients if we cannot accept that any grief response is legitimate and healthy, even if we cannot immediately see the healthy aspect. At the same time it is also injurious to our clients if we separate the conditions of empathy, congruence, unconditional positive regard and the intention of non-directivity. Along with the other conditions, a person-centred theory to loss and bereavement forms a gestalt of responsiveness founded on the maxim 'the client knows best'.

Guide to Further Reading

Bowbly, J. (1998) *Attachment and Loss: Loss, Sadness and Depression*. London: Pimlico.

Kübler-Ross, E. (1973) *On Death and Dying*. London: Tavistock Publications.

Parkes, C.M. (1996) *Bereavement: Studies of Grief in Adult Life*, 3rd edn. London: Penguin Books.

Worden, J.W. (1991[2000]) *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner*, 2nd edn. London: Routledge.

These four books probably form the basis of much 'practice wisdom' in counselling and psychotherapy in the UK today in relation to loss and bereavement. They are interesting for their delineation of the phases/stages of grief and the tasks of mourning. As noted above, their observations are often taken as prescriptive rather than the stated intention to be descriptive. Nevertheless, the reader is encouraged to bear in mind the philosophical underpinnings of the books, in particular Bowbly, Parkes and Worden, and hold the theories very 'lightly'.

Klass, D., Silverman P.R. and Nickman, S.L. (eds) (1996) *Continuing Bonds: New Understandings of Grief.* London: Taylor & Francis.

This book challenges (then) established ideas on loss and bereavement. In essence they question the idea that grief can be resolved, as that term is commonly understood. As the title implies, they suggest that relationships with the deceased continue in some form and that this relationship is not pathological grieving.

McLaren, J. (1998) 'A new understanding of grief: A counsellor's perspective, *Mortality*, 3 (13): 275–90.

A seminal paper, arguing that offering the conditions of empathy, congruence and unconditional positive regard and following the client's agenda facilitate an individual, diverse process. McLaren also argues (in respect of parental grief at losing a child) that continuing the bond with the deceased is the function of the discourse of counselling.

References

Kübler-Ross, E. (1973 [1987]) *On Death and Dying*. London: Tavistock Publications.

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Parkes, C.M. (1996) *Bereavement: Studies of Grief in Adult Life*, 3rd edn. London: Penguin Books.

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