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## Group work with bereaved people: developing person-centered practice

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In this paper we describe the development of time-limited groups for bereaved people in a UK hospice setting, based upon person-centered theory and practice. Person-centered group work has a long history. However, as with the approach generally, its relevance to grief has received little attention in the literature. This article examines our developing understanding of its links with the wider growth of theory and practice within the bereavement field. We outline the structure of the group and how it is offered, paying particular attention to participants' need for both the security provided by adequate structure, and the therapeutic opportunities offered by freedom and fluidity. We indicate areas of exploration often visited within this setting, and discuss how a person-centered group approach, informed by theory and research evidence from a variety of disciplines, can respond effectively, be highly attuned, and offer constructive responses to the individual needs of grieving people.

**Keywords:** bereavement; counseling; grief; group work; person-centered

### **Travail de groupe avec des personnes en deuil : développement d'une pratique centrée sur la personne**

Dans cet article se référant à la théorie et la pratique centrées sur la personne, nous décrivons le développement de groupes accueillant pour un temps limité des personnes en situation de deuil dans un cadre hospitalier au Royaume-Uni. Le travail de groupe centré sur la personne possède une longue histoire. Cependant, comme c'est généralement le cas dans l'approche centrée sur la personne, sa pertinence face au deuil trouve peu de place dans la littérature. Cet article explore notre compréhension évolutive du travail de groupe centré sur la personne en lien avec le développement plus large de la théorie et de la pratique dans le domaine du deuil. Nous donnons un aperçu de la structure du groupe ainsi que de la manière dont il est proposé. Nous portons une attention particulière tant aux opportunités thérapeutiques offertes par la liberté et la fluidité qu'au besoin qu'ont les participants d'une sécurité procurée par une structure adéquate. Nous relevons les thématiques explorées souvent rencontrées au sein d'un tel dispositif et discutons la manière selon laquelle une approche de groupe centrée sur la personne; éclairée par la théorie et la recherche issues d'une variété de disciplines peut répondre efficacement, être en parfaite adéquation et procurer des réponses constructives aux besoins individuels des personnes endeuillées.

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### **Terapia de grupo con personas que están en duelo: desarrollando una practica centrada en la persona**

En este artículo describimos el desarrollo de grupos de tiempo limitado para personas en un ambiente hospitalario del reino unido, basado en la teoría y practica centradas en la persona. El trabajo de grupo centrado en la persona tiene una larga historia. Sin embargo, así como también pasa con el enfoque en general, su relevancia con el duelo ha recibido poco atención en la literatura sobre el tema. Este escrito examina la comprensión que vamos desarrollando sobre sus conexiones con la mayor comprensión de la teoría y practica dentro del campo del duelo. Delineamos una estructura de grupo y el modo de ofrecerlo, prestando particular atención a las necesidades de los participantes tanto de seguridad, provista por una estructura adecuada, y las oportunidades terapéuticas que ofrecen la libertad y fluidez. Indicamos áreas de exploración dentro de este contexto y discutimos como un grupo del enfoque centrado en la persona, impregnado por la teoría y la evidencia de la investigación de una variedad de disciplinas, pueden responder de manera eficaz, estar altamente sintonizadas y ofrecer respuestas constructivas a las necesidades individuales de las personas que están sufriendo.

### **Gruppenarbeit mit trauernden Menschen: Entwicklung eines person-zentrierten Vorgehens**

In diesem Artikel beschreiben wir, wie wir Gruppen (zeitlich limitiert) nach Personenzentriertem Ansatz für trauernde Menschen entwickelten. Setting war ein Hospiz in Grossbritannien. Personenzentrierte Gruppenarbeit hat eine lange Tradition. Aber anders als bei diesem Ansatz sonst der Fall, gibt es zu dessen Relevanz im Umgang mit Trauernden noch wenig Literatur. Dieser Artikel untersucht, wie wir immer besser die Verbindungen verstehen, die es zu den übrigen theoretischen und praktischen Entwicklungen in der Erforschung von Verlust und Trauer gibt. Wir skizzieren die Struktur der Gruppe und die Art dieses Angebots. Dabei achten wir einerseits besonders auf die Bedürfnisse der Teilnehmenden bezüglich Sicherheit durch eine angemessene Struktur, andererseits auch auf die therapeutischen Chancen, die das Angebot von Freiheit und Fließen-lassen bieten. Wir weisen auf Bereiche der Exploration hin, die innerhalb dieses Settings oft berührt werden und diskutieren, wie ein personenzentrierter Gruppenansatz, der sich auf Theorie und Forschung aus einer ganzen Reihe von Disziplinen abstützt, passgenau zugeschnitten auf die individuellen Bedürfnisse von Trauernden konstruktiv wirksam ist.

### **Trabalho de grupo com pessoas em processo de luto: desenvolvimento de uma prática centrada na pessoa**

No presente artigo descrevemos o desenvolvimento de grupos de tempo limitado destinados a pessoas em processo de luto, no contexto de um hospício no Reino Unido e baseados na teoria e prática centradas na pessoa. O trabalho com grupos centrados na pessoa tem uma longa história. Contudo, e tal como sucede com a abordagem de uma maneira geral, a sua relevância tem recebido pouca atenção na literatura. O artigo analisa a nossa compreensão emergente acerca das suas ligações, com o alargamento da teoria e prática no âmbito do luto. Destacamos a estrutura do grupo e a forma como é oferecida, dando uma atenção particular à necessidade de segurança dos participantes, proporcionada por uma estrutura adequada e também à sua necessidade de oportunidades terapêuticas, garantidas pela liberdade e fluidez. Indicamos as áreas de exploração frequentemente abordadas neste contexto e discutimos a forma como uma abordagem centrada na pessoa em contexto de grupo, formatada pelas evidências da teoria e da pesquisa de várias disciplinas, consegue dar uma resposta eficaz, estar amplamente sintonizada e oferecer respostas construtivas às necessidades individuais de pessoas em fase de luto.

## Introduction

There is extensive debate about how best to support bereaved people, given the heterogeneity of perspectives on grief, support, and methodologies of evaluation (Forte, Hill, Pazder, & Feudtner, 2004). Granek (2010) questions the current psychological focus on disease analogies of grief. “Normal” grief is excluded as an appropriate area for study or practice, attention instead being given to “pathological” variants, resulting in research focusing on developing and evaluating interventions for pathology (Boelen, de Keijser, van den Hout, & van den Bout, 2007; Shear, Frank, Houck, & Reynolds, 2005). Whilst this research approach has clear limitations (Cooper, 2008), it nevertheless identifies questions about what may be helpful or otherwise for people whose grieving is particularly difficult. It challenges practitioners to reflect on their work, and how to best utilize research findings (Shear, Boelen, & Neimeyer, 2011).

We believe, however, that it often fails to engage sufficiently with profound existential questions about death and its proper place in human life (Yalom, 1980, 2008) and does not sufficiently address the paradox it manifests (Breen & O’Connor, 2007): that of acknowledging grief as unique in every instance whilst simultaneously attempting to distinguish “normal” from “pathological.” It has the additional effect of perpetuating psychology’s tendency to understand and respond to grief in restrictive, quasi-medical, problem-focused terms rather than allowing for a broader range of modalities and disciplines to shed light on a significant human experience (Elkins, 2009; Walter, 2005–6).

Over recent years, there appears to be a growing openness to more pluralistic ways of thinking about and responding to grief, and to the view that the effectiveness or otherwise of grief counseling is comparable to that of other populations. A number of writers (Hoyt & Larson, 2010; Larson, 2013; Neimeyer, 2010; Schut, 2010) note the importance of therapeutic common factors (Norcross & Lambert, 2011), suggesting this may prove a more fruitful way of understanding how best to offer support. Additionally, there is support (Allumbaugh & Hoyt, 1999; Gamino, Sewell, Hogan, & Mason, 2009–10) for the view that attempting to identify and treat “pathological” grief is neither a helpful nor ethical response in practice and that counseling for grieving people (no matter how complex or otherwise their experience) is a potentially appropriate intervention when individuals experience difficulties and when they themselves request support.

We hold the view that person-centered therapeutic approaches have direct and helpful relevance to grieving people that has only recently been articulated explicitly (Haugh, 2012; Larson, 2013; McLaren, 1998). Shear et al. (2011) identify common factors in constructive responses including attention to self-concept issues; exploring personal meanings of loss and implications for life’s meaning and one’s place in it without the physical presence of the deceased person; re-configuring relationships with the deceased person and others; and examining cognitive, affective, and behavioral strategies for coping. Active attention to such concerns, as well as to common psychotherapeutic factors, is an important part of what relationally-based person-centered therapies can offer, with a significant theoretical and research basis (Cooper, Watson, & Hölldampf, 2010).

Schut, Stroebe, van den Bout, and Terheggen (2001) invite descriptions of bereavement interventions, in order to improve the ongoing conversation between researchers and practitioners. This paper describes our experience of setting-up and developing group support for bereaved people. It examines groupwork through the lens of developing person-centered practice based on theoretical knowledge and evolving experience of working with and hearing the stories of bereaved people. We outline the background of person-centered groupwork and how it relates to bereavement. We then describe the way

in which the group is offered, some of its processes, and the ways in which participants use the group, bearing in mind common challenges and ways of responding to them.

### **Person-centered group work for bereaved people**

Group work holds an important place in the development of person-centered approaches (Barrett-Lennard, 1998; Hobbs, 1951; Lietaer & Dierick, 1996; Rogers, 1947, 1971; Schmid & O'Hara, 2013) and is often an important constituent of therapist training programs (Mearns, 1997). Common features include attention to facilitators' "climate-setting function" (Rogers, 1971. p. 275), to the acknowledgement of and trust in the potentiality of both individuals and the group itself, to the demonstration and engendering of empathy and congruent functioning within the group, and to the limitations of interpretation and other facilitator-directed interventions. Page, Weiss, and Lietaer (2002) review the considerable research evidence supporting the effectiveness of person-centered group work with varied clinical populations. However, there is little explicit description of how such groups function. Some may assume that person-centered group work remains synonymous with unstructured meetings of the kind popularized in the 1970s and 1980s. Whilst there may be considerable value in these, we believe that person-centered group work is more responsive, differentiated, and situation-specific than this.

Support offered in bereavement groups is different, often complementary, to that of individual counseling (Vlasto, 2010). Yalom and Leszcz (2005) and Schmid and O'Hara (2013) describe the social microcosm of therapeutic groups, giving participants opportunities for varied relationships with peers offering support, validation, suggestion, comparison, challenge, and normalization of experiences that in bereavement can feel very abnormal. Grieving people can experience high levels of anxiety and vulnerability. Some avoid group situations, and those who do not may approach them with greater trepidation than is expected with other populations. In response to this, person-centered group work offers "...a dependable atmosphere of acceptance and understanding, where threat to the individual member is minimal, and where there is maximum safety in self-examination" (Hobbs, 1951. p. 308). Our view is that such groups are best facilitated by practitioners experienced in, and with broad understanding of, person-centered approaches and bereavement-related issues. We recommend two facilitators being present to be able to more fully attend to individual participants and to the interactions between them.

### **The *Living with Grief* group**

*Living with Grief*, as the group is called, is offered as a series of eight meetings of 2 hours duration, the dates set in advance. It is a closed group; following the first meeting members commit to full attendance as far as possible. The time-limited nature of the group does not indicate expectations of grief "resolution," whatever that may mean, nor does it aim, following a medical model, to improve "symptoms" using validated assessment tools. Instead, it offers opportunities for individuals to contribute to, and benefit from the group as a way of supporting their individual needs (Haugh, 2012).

### **Context**

We work as counselors within the family support service of a UK Hospice, an independent charity serving the needs of patients with life-limiting conditions and those close to them. In this multi-disciplinary context we are part of a range of services (Connor &

Monroe, 2011) including medicine, nursing, occupational and physio therapy, social work, chaplaincy, and complementary therapies.

We offer group work as well as individual counseling, recognizing that what constitutes support differs between individuals and at different times. Our experience (Smale & Spence, 2009) does not persuade us that group work represents a cheaper version of support, attractive though that idea may be to funders. Indeed, the attention to detail required for ethical, effective practice means that time investment over and above the meetings themselves can be considerable. Immediately after meetings we reflect on what has happened, offer mutual support, and identify matters needing to be addressed before next time. Similarly, we meet before meetings to ensure shared understandings of how we approach whatever may be pertinent.

### ***Participants, recruitment, and group format***

Those close to hospice patients are made aware of the Hospice's bereavement service and are subsequently reminded of this some weeks after a death. Those who wish to use the service refer themselves, although other professionals (with permission) may do so on their behalf. The service makes tentative proactive contact with individuals when there is indication from the multi-disciplinary team that they may benefit from support but for some reason appear unable to initiate this. This approach reflects the view that bereavement support is helpful only when indicated by an individual's particular difficulties in their grieving and their actively choosing support (Bonanno & Lilienfeld, 2008; Zech, Ryckebosch-Dayez, & Delespoux, 2010). It also follows the advice of Larson and Hoyt (2007, p. 163) to "reach" but not to "grab." It contrasts with more universal recruitment methods which have been common in earlier approaches to bereavement support and which may have had negatively distorting effects on outcome research (Neimeyer & Currier, 2009)

The same people (whether or not they have taken up earlier offers of support) are contacted by letter between 6 months and a year following their bereavement. In our experience, this is often a time when the realities of life without the deceased person, and the meanings and challenges it presents, are experienced more fully. This invitation is sent several weeks before a group begins, giving information, and inviting participation. From responses received, a group of up to nine people is formed. We offer the group twice yearly, allowing the option of "deferring" should someone wish to participate but not feel ready. There can consequently be variation in the recency of bereavement.

Many writers (MacKinnon et al., 2014; Worden, 2009; Yalom & Leszcz, 2005) describe the importance of pre-screening group participants. Whilst a valuable general principle, experience in our context is that, given adequate information, individuals intuit for themselves the appropriateness or otherwise of their participation. We are not convinced that formal screening methods can be as objective as may be imagined, and view it as resulting in unnecessary and unhelpful exclusion from a potentially valuable opportunity.

Nevertheless, careful attention is essential to ensuring, as far as is possible, that individual needs and complexities are not such that they undermine group cohesion and development. In our hospice context, we are able to monitor this with the option of alternative supports. Invitation to the group is part of a continuity dating back to the care of the deceased person. This enables us to identify situations indicating potential conflict between individual and group needs (e.g. dementia, significant mental or other health problems, significant expression of anger and/or aggression). It helps us identify individuals where an invitation to, or participation in the group may be unwelcome, confusing,

or unhelpful, and can also aid discussion about how they themselves may feel best supported in their grieving. As is common in group work (Yalom & Leszcz, 2005), participants who find that it is not right for them tend to self-deselect after initial meetings and in these instances we offer individual support. Additionally, if as facilitators we become aware of a continuing participant who seems unable to connect with the group's purpose, or whose involvement inhibits the group's helpfulness for others, we address this directly and discreetly with them. This can result in support to constructively participate or, on rare occasions, a move to support more appropriate to their needs. Practitioners working in other settings must make their own considered decisions about how to address the unavoidable tension between individual and group needs.

Due to our geography and demographics (the hospice catchment covers a population of 250,000 people across an area the size of Belgium) it is impracticable to offer groups specifically based upon categories of bereavement (e.g. age, ethnicity, sexual orientation, gender, or for widows, parents, etc.). Therefore the group's composition is usually somewhat heterogeneous, something that can be challenging to some participants and which demands close attention if group cohesion is to be adequate for individual therapeutic benefit.

### Developing person-centered structures

On reflection, when we initially developed *Living with Grief*, we underestimated the potency, in group work, of the actualizing tendency; the innate constructive drive of the human being towards a more complex and complete development (Kriz, 2007; Rogers, 1959, 1971). Whilst we wished to offer participants freedom to explore what matters to them, we were also concerned to minimize risk of harm. We took seriously our duty of care to offer a setting that felt as safe and supportive as possible. Bereavement can often feel extremely unsafe. It can represent a powerful experience of the ultimate lack of control in life, evoking anxiety and a sense of personal disorganization (Shuchter & Zisook, 1993). We wished to avoid exacerbating this and assigned a theme to each meeting to engender a sense of order whilst wishing to maintain significant freedom within this.

From the outset, we invited feedback and evaluation from participants. It quickly became apparent that this structure and the didactic, educational input it involved was frequently perceived as impeding a more flowing, spontaneous conversation with fellow-grievers; a central priority for most participants. We subsequently ceased to suggest themes in advance, instead allowing them to emerge from the group process. The feedback heightened our awareness of the tension between our professional responsibilities towards participants' well-being, and our wish to offer the opportunity to explore the intricate and idiosyncratic experience of each individual and of each group. We are firmly convinced that in the bereavement group context, practitioners are well-advised to develop approaches with enough structure to providing adequate safety and security for participants, but which are also non-directive and fostering of participant self-agency (Sheldon & Kasser, 2001), and offering enough of a secure base (Bowlby, 1988) from which to explore their experience.

Coghlan and MacIlduff (1990) question whether being *non-directive* is synonymous with being *unstructured* (a not uncommon assumption in person-centered writing), suggesting that conflating the two is both inaccurate and unhelpful. Central to person-centered work is a relational climate in which participants have the possibility of effecting constructive personal change (Rogers, 1951, 1957, 1959). The practitioner's primary concern is to contribute to the co-creation of this climate in which, on a self-initiated,

and self-directed basis, clients may examine, reappraise, and modify their existing behaviors, thoughts, feelings, attitudes, and ways of coping. This view of the helping role is not universally shared in the helping professions, and indeed is the antithesis of prevalent, powerful approaches within the field of mental health, which often prioritize clinician-led diagnosis, interpretation, and treatment. Person-centered practitioners attempt to embody a philosophy that clearly identifies clients as being ultimately in the best position to make choices and decisions concerning their own lives (Coghlan & MacIlduff, 1990, p. 15). Person-centered work by its very nature, therefore, lies at one end of a directive-nondirective therapeutic spectrum. They then refer to Heron's (1977) description of group facilitation involving several distinct dimensions, including being directive-nondirective, and also that of being structuring-nonstructuring. Practitioners can therefore offer non-directive group work, supportive of participants' self-identified and chosen, expression, insight, learning, and change. They are also able to use structure in varied and context-specific ways. The decision about where they position themselves on a structuring-nonstructuring continuum should depend on the particular group and context, and on what supports and enhances the self-agency and self-directedness of the particular set of participants.

In our view, failure to provide adequate structure in the bereavement context risks undermining the supportive and relational basis of the person-centered approach. Questions of inclusion, value, affection, and control (Worden, 2009) are of such heightened importance at the beginning of a group's life, that without sufficient structure within which to address them, they can quickly escalate a sense of insecurity and separation, engendering a greater sense of perceived psychological threat (Rogers, 1959) for participants, and a consequently reduced potential for engagement, self-concept change and development (Haugh, 2012).

### **Current structure**

The initial printed information about the group describes its flexible, non-didactic nature; listing a range of questions and issues often raised in meetings, whilst also indicating that this is not exhaustive. It also specifies that the group will initially spend time "preparing the ground"; meeting each other, deciding how best to work together, and how best to use the available time.

Following a brief introduction and welcome, the initial meeting involves time for participants to introduce themselves, initially to one fellow-participant before later to the whole group, by describing their hopes and concerns about attending the first meeting and participating in the group as a whole. As one participant describes it "Who will be there and how will I get on? Is this the right thing that I have done?" There is no expectation to disclose details of their loss, or any other sensitive information, although many choose to. Instead they are encouraged to share what they wish and no more. The remainder of the meeting is spent clarifying, discussing and recording visually the expressed expectations, hopes and concerns. We finish the meeting by summarizing what has happened, explaining that the hopes and concerns will be used as the basis upon which to establish ground rules. We understand these as the norms members wish to establish in order to maximize the chances of hopes being realized and concerns being addressed (Yalom & Leszcz, 2005). Confidentiality is used as an example and its definition is established and agreed before the end of the meeting.

In the second meeting, attention is given to the experience of returning, and what this may mean for participants. If anyone has decided not to continue, this is shared with the

others, often raising issues of difference and individual needs. The ground rules are then established and agreed. As facilitators, we contribute to this. For example, we ask participants to let us know of any absences and what explanatory information they wish to be conveyed to the group. This avoids empty chairs and unanswered questions about what absences may mean, for the absentee and for those “left behind.” The group is then invited to draw up an agenda of what has become known as the “the things that matter” for the meetings. This is not a restrictive list of what is to be addressed in linear fashion, but a method of ensuring that issues of importance can receive ongoing attention, are not forgotten or overlooked in the fluid weave and flow of discussion that forms the basis of the meetings, and can be returned to if, as, and when participants so wish.

Generally, this “preparing the ground,” takes up the first two meetings. However it should not be assumed to be a process that can be replicated with each new group. Groups differ in the extent to which they are able and/or willing to elaborate on these preparatory issues. Participants often respond enthusiastically to the experience of finding a setting where their grief can be expressed. They wish to get things moving! It is not always obvious to them why time should be spent on these preliminaries. As facilitators, at this point we have knowledge that participants do not. In our view this attention to “setting the stage” is a boundary that we must hold firmly (Süle, 2007). We wish participants to express themselves and tell their stories, whilst sensitively ensuring that this does not happen in an environment which subsequently proves unsafe because inadequate time and attention has been given to establishing its norms.

We differ from practitioners who prioritize “consistency in delivery” (MacKinnon et al., 2014). How, and at what point things happen in the group is not something we set in advance. Such consistency may be desirable for researchers wishing to limit variables in an area of acknowledged and challenging complexity (Forte et al., 2004), but in our experience and context it seems unhelpfully restrictive for participants themselves. As facilitators we strive to be consistent in what we offer, but the way this is received and responded to is necessarily unique to each group. In person-centered group work it is hard to conceive of it being otherwise, such is the commitment to individual, differential responses (Purton, 2004).

It may be a surprise to some that we set “homework”; something more common in cognitive-behavioral approaches (Bieling, McCabe, & Antony, 2006). The homework we set however remains the same throughout the weeks, consisting solely of the question: “How can you best care for yourself and what do you need for yourself in your grieving and all that it means for you?” It is intended to stimulate links between what participants experience in the group and their daily life, to engender greater self-awareness and self-empathy, and to encourage active engagement with it. One common effect is the sharing each week of what has been significant for participants in learning how to better identify and respond to their specific situations and personal needs.

For bereaved people, social situations can be challenging. Grief can make it hard to engage in ordinary, informal, conversation. After each meeting we offer refreshments and the opportunity to gather together informally over tea and coffee. A time of 45 minutes is suggested, and we use an adjacent room to retain clear boundaries around the group work itself. One participant describes it as “... an excellent ‘winding down’ after the intensity of the meeting ... a chance to move into the chit-chat of ‘normal’ things and to laugh.”

As the group meetings progress, the issue of their ending is specifically addressed. Participants often express their awareness of this and their concern for what may follow. Given the group’s focus, it is no surprise that “endings” are significant. We ensure that time is allotted to reviewing the meetings and what they have meant to each individual.

Attention is paid to what participants' "next steps" may be and what help and support they may need to take them. This occasionally includes individual counseling. For most groups, a number of participants continue to meet independently (Caserta & Lund, 1996), for example, arranging to meet regularly for coffee, meals, walks, or cultural events.

### Some characteristics of the group process

There is increasing (and in our view, welcome) acceptance in the bereavement field of the need for practice to be soundly theoretically and evidentially based. One response to this is to develop interventions based on specific theoretical positions (e.g. MacKinnon et al., 2014). We question whether this may risk putting theoretical carts before the horses of lived experience. Formal grief theory is descriptive. Whilst such description can be highly informative, it should not be understood as prescriptive for individuals; the experiential *precedes* the theoretical and not vice versa. Whilst theory provides helpful perspectives from which to understand grieving, it is less clear to us that it is necessarily of direct help in the visceral personal experience of grieving itself. As person-centered practitioners, we focus on how participants themselves encounter their experience rather than offer particular theories as preferred or privileged perspectives. Some people find it helpful to explicitly articulate (and sometimes question) their theoretical understandings of their experience and we would always support this. However, our approach is fundamentally experientially-led rather than theoretically-driven.

Person-centered approaches to group work in bereavement offer practitioners a meta-theoretical framework within which to make sense of, and potentially make use of, the vast body of related theory, practice, and research findings. This can be tailored to different groups and their constituent members in ways that fit their individuality, keeping them rather than theory in the driving seat. For example, one group decided to give substantial time for each person, often with the help of photographs, to specifically "tell the story" of the person who had died (see Moules and Amundson (1997) and Walter (1996) for discussion of narrative and biographical approaches).

In the early meetings, participants tentatively share personally meaningful and often profound experiences of their grief. The facilitators' task is to respond empathically, to clarify and deepen experiencing, primarily through reflection, clarification, and summarizing. We continually attempt to convey our commitment and active support, prompting links and connections within the group. This is a time when trust is established primarily by participants experiencing validation and freedom to be themselves in this setting:

Normally I wouldn't want to join a group, on my own, with people I don't know, and not knowing what to expect. But after the first meeting I knew I felt comfortable and able to open up. It was good to feel no pressure to talk if I didn't want to, but in fact the opposite happened and I was glad of the chance to speak openly. I was deeply touched by the warmth I received from both counselors and other participants in the group."

Experiencing understanding can evoke a strong sense of affirmation and encouragement that one is not alone, that one's experience is comprehensible, and that a way forward is possible. One participant "... felt a huge relief to be surrounded by people who knew where I was 'at'."

The antithesis of this affirmation is a sense of psychological and existential threat and isolation when the need for understanding and solidarity appears threatened by other's

descriptions of differing and potentially contradictory experiences. This can be of particular relevance in situations such as our own where group members have experienced different types of bereavement. Group norms become critically important as participants begin to discover the value of connections and similarities with others but also the personal and interpersonal challenges arising from difference. Rogers (1971) describes group processes in helpful detail, illustrating the potential of the actualizing tendency (Kriz, 2007) and the importance of facilitators' trust in the constructive capacities of both groups and individuals. However, we question whether he intended his reflections to become a universal blueprint for practice (Kirschenbaum, 2012). Our task as group facilitators is to facilitate the group (Lietaer & Dierick, 1996). This involves attending to individual experience. However, attention and active responding to interactions between participants are also required if unhelpful, destructive ones are to be identified and as far as possible defused. Drawing-out and working extensively with these may play important and desirable roles in other group settings such as training or personal growth groups, but we view them as unhelpful and potentially damaging in a bereavement setting. Personal growth may well result from participation in the group, but it is not a motivation for joining.

MacKinnon et al. (2012) observe that many grievors have heightened sensitivity towards the expectations and judgments of others, leaving them vulnerable to isolation and misunderstanding. This sensitivity can substantially increase the likelihood of comments and actions by fellow participants (and facilitators) being experienced negatively, leading to therapeutic ruptures (Safran, Muran, Samstag, & Stevens, 2001). Establishing ground rules is a proactive part of taking this sensitivity seriously, including explicit discussion of difference and its being welcome even if, at times, uncomfortable. We are also prepared to intervene in order to "identify and reframe" (MacKinnon et al., 2012, p. 318) when the original intention behind comments seems to have been misunderstood and is causing difficulties for others. This often enables well-meant but clumsily articulated thoughts and questions to be expressed, clarifies what may constitute more or less constructive ways of communicating, and helps to protect participants from an inhibiting and potentially excluding shame due to fears that they have mis-spoken.

### Areas of exploration

I could say how I felt without being 'rated'. I was able to be myself and express my grief without unhelpful comments, I didn't need to say to the group 'I'm fine' when I wasn't.

This comment illustrates the development of psychological congruence – the ability to accurately perceive, symbolize, and express one's experiences (Haugh, 2012; Rogers, 1951, 1957), and indicates social pressure against it. Within the group, this congruence is welcomed and encouraged; it enables personally meaningful exploration of varied, sensitive, topics often muffled by the common blankets of taboos overlying death and dying.

Participants spend time describing the nature and personal significance of their loss. This involves attention to distressing memories and to the realities of life without the deceased person, both involving painful emotion. The group offers an environment which allows and supports expression, clarification, and normalization. It also involves attention to what life currently demands in terms of responses to changed situations, finding rest or distraction from grief, or establishing different patterns of living. Stroebe and Schut (1999) describe this active attention to "loss" and "restoration" aspects of grieving as a

“dual process”. The group offers opportunities to share experiences, ideas, and suggestions with others. One participant describes how “...someone else’s thoughts could give us strength.” Participants describe and value a sense of mutuality developed by this sharing. One participant describes how through hearing “... how others dealt with similar problems and experiences ... I have learned how to consider looking after myself a bit more and also how to face and deal with issues which arise...” as well as the awareness that her own contributions and “...my being there might be helping the others.”

Grieving often raises profound questions of existence. Without the physical presence of the person who has died it can be hard to identify meaning in one’s ongoing life. At its extreme, this can lead to suicidal thoughts. Societal taboos in this regard mean that the freedom to address hopelessness (Cutcliffe, 2004; Larsen, Edey, & Lemay, 2007) in the group is valued. Neimeyer (2001) conceptualizes grieving as the process of “meaning reconstruction”; participants invariably explore how meaning may be re-established in an irrevocably changed life. One participant describes how she must “...learn to adapt to my new life. I have to realize I’m no longer a wife but I’m still a daughter, a mother and granny too.”

Participants frequently describe incidents of well-intentioned encouragement to “move on” in life. A common inference is that such movement entails the psychic abandonment of the deceased person that is undesirable, if not offensive to grievers. As part of the reconstruction of meaning, participants often explore how the deceased person may continue to be a valued, ongoing, comforting, and constructive part of life, and develop “continuing bonds” with them (Klass, Silvermann, & Nickman, 1996). Participants often describe (sometimes but not exclusively in spiritual terms) the welcome continuing – if not physical – presence of the person in their lives, and how this offers an ongoing source of inspiration, as well as help in discerning future choices and decisions.

However, none of these conceptualizations of grief can remove the frightening sense of experiential chaos that is often a central experience of grieving. Kriz (2007) and Bussolari and Goodell (2009) describe chaos theory’s untapped potential as a way of understanding and supporting significant life transitions, including bereavement. Being genuinely heard in the group in acceptant and empathic ways, by others “in the same boat,” can help to restore a sense of confidence that this chaos and its accompanying distress, even if experienced at significant levels, are not themselves signs of disorder, but of a natural and ultimately constructive process (Larson, 2013).

## Conclusion

Our experience in developing the *Living with Grief* group is that person-centered approaches to group work with bereaved people can offer a supportive and potent context within which participants can attend to their varied experiences of grieving. Participants value opportunities to explore grieving with others, being enabled to speak honestly and openly about similar and differing experiences. As one participant puts it, “Although our circumstances were different, we all did indeed share the same depths of pain and difficulties ....” Person-centered group work allows for flexible and empathic acceptance of and responses to participants’ personal, idiosyncratic experiences of grief. This enables the remembering, experiencing, exploration, and assimilation of varied experience that forms the basis of constructive psychological change (Rogers, 1957, 1959) including that following bereavement (Haugh, 2012). In our opinion, there is significant value in person-centered practitioners paying close attention to issues of group dynamics, and being conversant with ongoing developments in grief theory. Far from detracting from the approach or diluting its

central tenets, we believe this enables us, wherever we place ourselves in the “family” of person-centered therapies (Sanders, 2013) to become ever more attuned and responsive to the commonalities and the individualities of grieving, and to the complexities of addressing them in a group setting. This extended awareness can enhance our capacity and confidence to facilitate groups in which there is adequate freedom and sensitively structured support for participants to identify and explore what matters to them, and to decide how best to do this, within a mutually supportive relational process.

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### References

- Allumbaugh, D. L., & Hoyt, W. T. (1999). Effectiveness of grief therapy: A meta-analysis. *Journal of Counseling Psychology, 46*, 370–380. doi:10.1037/0022-0167.46.3.370
- Barrett-Lennard, G. T. (1998). *Carl Rogers' helping system: Journey and substance* (pp. 145–175). London: Sage.
- Bieling, P. J., McCabe, R. E., & Antony, M. M. (2006). *Cognitive-behavioral therapy in groups*. New York, NY: Guilford Press.
- Boelen, P. A., de Keijser, J., van den Hout, M. A., & van den Bout, J. (2007). Treatment of complicated grief: A comparison between cognitive-behavioral therapy and supportive counseling. *Journal of Consulting and Clinical Psychology, 75*, 277–284. doi:10.1037/0022-006X.75.2.277
- Bonanno, G. A., & Lilienfeld, S. O. (2008). Let's be realistic: When grief counseling is effective and when it's not. *Professional Psychology: Research and Practice, 39*, 377–378. doi:10.1037/0735-7028.39.3.377
- Bowlby, J. (1988). *A secure base: Clinical applications of attachment theory*. Abingdon: Routledge.
- Breen, L. J., & O'Connor, M. (2007). The fundamental paradox in the grief literature: A critical reflection. *Omega, 55*, 199–218.
- Bussolari, C. J., & Goodell, J. A. (2009). Chaos theory as a model for life transitions counseling: Non-linear dynamics and life's changes. *Journal of Counseling and Development, 87*, 98–107. doi:10.1002/j.1556-6678.2009.tb00555.x
- Caserta, M. S., & Lund, D. A. (1996). Beyond bereavement support group meetings: Exploring outside social contacts among the members. *Death Studies, 20*, 537–556. doi:10.1080/07481189608252761
- Coghlan, D., & MacIlduff, E. (1990). Structuring and nondirectiveness in group facilitation. *Person-Centered Review, 5*, 13–29.
- Connor, R., & Monroe, B. (2011). Bereavement services provided under the hospice model of care. In R. Neimeyer, D. L. Harris, H. Winokuer, & G. F. Thornton (Eds.), *Grief and bereavement in contemporary society: Bridging research and practice* (pp. 325–337). New York, NY: Routledge.
- Cooper, M. (2008). *Essential research findings in counselling and psychotherapy: The facts are friendly*. London: Sage Publications.
- Cooper, M., Watson, J., & Hölldampf, D. (2010). *Person-centred and experiential therapies work*. Ross-on-Wye: PCCS Books.
- Cutcliffe, J. R. (2004). *The inspiration of hope in bereavement counselling*. London: Jessica Kingsley.
- Elkins, D. N. (2009). The medical model in psychotherapy: Its limitations and failures. *Journal of Humanistic Psychology, 49*, 66–84. doi:10.1177/0022167807307901
- Forte, A. L., Hill, M., Pazder, R., & Feudtner, C. (2004). Bereavement care interventions: A systematic review. *BMC Palliative Care, 3*, 1–14. doi:10.1186/1472-684X-3-3
- Gamino, L. A., Sewell, K. W., Hogan, N. S., & Mason, S. L. (2009–10). Who needs grief counseling? A report from the Scott and White grief study. *Omega, 60*, 199–223.

- Granek, L. (2010). Grief as pathology: The evolution of grief theory in psychology from Freud to the present. *History of Psychology, 13*, 46–73. doi:10.1037/a0016991
- Haugh, S. (2012). A person-centred approach to loss and bereavement. In J. Tolan & P. Wilkins (Eds.), *Client issues in counselling and psychotherapy* (pp. 15–29). London: Sage Publications.
- Heron, J. (1977). *Dimensions of facilitator style*. London: British Postgraduate Medical Federation.
- Hobbs, N. (1951). Group-centered psychotherapy. In C. R. Rogers (Eds.), *Client-Centered Therapy* (pp. 278–319). Boston, MA: Houghton Mifflin.
- Hoyt, W. T., & Larson, D. G. (2010). What have we learned from research on grief counselling? A response to Schut and Neimeyer. *Bereavement Care, 29*(1), 10–13. doi:10.1080/02682620903560841
- Kirschenbaum, H. (2012). What is person-centered? A posthumous conversation with Carl Rogers on the development of the person-centered approach. *Person-Centered and Experiential Psychotherapies, 11*, 14–30. doi:10.1080/14779757.2012.656406
- Klass, D., Silvermann, P. R., & Nickman, S. L. (1996). *Continuing bonds*. Washington, DC: Taylor and Francis.
- Kriz, J. (2007). Actualizing tendency: The link between person-centered and experiential psychotherapy and interdisciplinary systems theory / Aktualisierungstendenz: Das Verbindungsglied zwischen PCEP und interdisziplinärer Systemtheorie / La Tendencia Actualizante: El vínculo entre la psicoterapia centrada en la persona y experiencial y la teoría de sistemas interdisciplinaria / La Tendence Actualisante: Le lien entre la psychothérapie centrée sur la personne et expérientielle et la théorie des systèmes interdisciplinaires. *Person-Centered and Experiential Psychotherapies, 6*, 30–44. doi:10.1080/14779757.2007.9688426
- Larsen, D., Edey, W., & Lemay, L. (2007). Understanding the role of hope in counselling: Exploring the intentional uses of hope. *Counselling Psychology Quarterly, 20*, 401–416. doi:10.1080/09515070701690036
- Larson, D. (2013). A person-centred approach to grief counselling. In M. Cooper, M. O'Hara, P. Schmid, & A. Bohart (Eds.), *The handbook of person-centred psychotherapy and counselling* (2nd ed., pp. 313–326). Basingstoke: Palgrave MacMillan.
- Larson, D., & Hoyt, W. (2007). The bright side of grief counseling: Deconstructing the new pessimism. In K. J. Doka (Ed.), *Living with grief: Before and after the death* (pp.157–174). Washington, DC: Hospice Foundation of America.
- Lietaer, G., & Dierick, P. (1996). Client-centered group psychotherapy in dialogue with other orientations: Commonality and specificity. In R. Hutterer, G. Pawlowsky, P. Schmid, & R. Stipsits (Eds.), *Client-centered and experiential psychotherapy: A paradigm in motion* (pp. 563–583). Bern: Peter Lang.
- MacKinnon, C. J., Smith, N. G., Henry, M., Berish, M., Milman, E., & Copeland, L. (2012). Addressing therapeutic ruptures in bereavement support groups. In R. A. Neimeyer (Ed.), *Techniques of grief therapy* (pp. 318–322). New York & London: Routledge.
- MacKinnon, C. J., Smith, N. G., Henry, M., Berish, M., Milman, E., Körner, A., ... & Cohen, S. R. (2014). Meaning-based group counseling for bereavement: Bridging theory with emerging trends in intervention research. *Death Studies, 38*, 137–144. doi:10.1080/07481187.2012.738768
- McLaren, J. (1998). A new understanding of grief: A counsellor's perspective. *Mortality, 3*, 275–290. doi:10.1080/713685955
- Mearns, D. (1997). *Person-centred counselling training*. London: Sage.
- Moules, N. J., & Amundson, J. K. (1997). Grief – an invitation to inertia: A narrative approach to working with grief. *Journal of Family Nursing, 3*, 378–393. doi:10.1177/107484079700300405
- Neimeyer, R. (2001). *Meaning reconstruction and the experience of loss*. Washington, DC: American Psychological Association.
- Neimeyer, R. A. (2010). Grief counselling and therapy - the case for hope. *Bereavement Care, 29*(2), 13–16. doi:10.1080/02682621.2010.484930
- Neimeyer, R. A., & Currier, J. M. (2009). Grief therapy: Evidence of efficacy and emerging directions. *Current Directions in Psychological Science, 18*, 352–356. doi:10.1111/j.1467-8721.2009.01666.x
- Norcross, J. C., & Lambert, M. J. (2011). Psychotherapy relationships that work II. *Psychotherapy, 48*, 4–8. doi:10.1037/a0022180

- Page, R. C., Weiss, J. F., & Lietaer, G. (2002). Humanistic group psychotherapy. In D. J. Cain & J. Seeman (Eds.), *Humanistic psychotherapies: Handbook of research and practice* (pp. 339–368). Washington, DC: APA.
- Purton, C. (2004). Differential response, diagnosis, and the philosophy of the implicit / Differenzielles Reagieren, Diagnose und die Philosophie des Impliziten / Respuesta diferencial, diagnóstico y la filosofía de lo implícito. *Person-Centered and Experiential Psychotherapies*, 3, 245–255. doi:10.1080/14779757.2004.9688355
- Rogers, C. R. (1947). Effective principles for dealing with individuals and group tensions and dissatisfactions. *Executive seminar series in Industrial relations (Session 10)*. Chicago, IL: University of Chicago Press.
- Rogers, C. R. (1951). *Client-centered therapy*. Boston, MA: Houghton Mifflin.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95–103. doi:10.1037/h0045357
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of science. Vol. 3. Formulations of the person and the social context* (pp. 184–256). New York, NY: McGraw-Hill.
- Rogers, C. R. (1971). On facilitating encounter groups. *The American Journal of Nursing*, 71, 275–279.
- Safran, J. D., Muran, J. C., Samstag, L. W., & Stevens, C. (2001). Repairing alliance ruptures. *Psychotherapy: Theory, Research, Practice, training*, 38, 406–412. doi:10.1037/0033-3204.38.4.406
- Sanders, P. (2013). The ‘family’ of person-centred and experiential therapies. In M. Cooper, M. O’Hara, P. Schmid, & A. Bohart (Eds.), *The handbook of person-centred psychotherapy and counselling* (2nd ed., pp. 46–65). Basingstoke: Palgrave MacMillan.
- Schmid, P., & O’Hara, M. (2013). Working with groups. In M. Cooper, M. O’Hara, P. Schmid, & A. Bohart (Eds.), *The handbook of person-centred psychotherapy and counselling* (2nd ed., pp. 223–236). Basingstoke: Palgrave MacMillan.
- Schut, H. (2010). Grief counselling efficacy - have we learned enough? *Bereavement Care*, 29(1), 8–9.
- Schut, H., Stroebe, M. S., van den Bout, J., & Terheggen, M. (2001). The efficacy of bereavement interventions; determining who benefits. In M. S. Stroebe, R. O. Hansson, W. Stroebe, & H. Schut (Eds.), *Handbook of bereavement: Consequences, coping, and care* (pp. 705–737). Washington, DC: APA Press.
- Shear, K., Boelen, P., & Neimeyer, R. A. (2011). Treating complicated grief: Converging approaches. In R. Neimeyer, D. L. Harris, H. Winokuer, & G. F. Thornton (Eds.), *Grief and bereavement in contemporary society – bridging research and practice* (pp. 139–162). New York, NY: Routledge.
- Shear, K., Frank, E., Houck, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: A randomized control trial. *Journal of the American Medical Association*, 293, 2601–2608. doi:10.1001/jama.293.21.2601
- Sheldon, K. M., & Kasser, T. (2001). Goals, congruence, and positive well-being: New empirical support for humanistic theories. *Journal of Humanistic Psychology*, 80, 152–165.
- Shuchter, S., & Zisook, S. (1993). The course of normal grief. In M. S. Stroebe, W. Stroebe, & R. Hansson (Eds.), *The handbook of bereavement: Theory, research, and intervention* (pp.23–43). Cambridge: Cambridge University Press.
- Smale, U., & Spence, S. (2009). *Living With Grief*. Poster presentation at the Help the Hospices Conference, Harrogate.
- Stroebe, M., & Schut, H. (1999). The dual-process model of coping with bereavement: Rationale and description. *Death Studies*, 23, 197–224. doi:10.1080/074811899201046
- Süle, Á. (2007). The Boundaries of the Client, the Therapist and Their Interaction / Die Grenzen des Klienten, des Therapeuten und ihrer Interaktion / Los límites del cliente, el terapeuta y su interacción / Les limites du client, du thérapeute, et leur interaction / Os limites do cliente, do terapeuta e a sua interacção / A kliensnek, a terapeutának és az interakciónak a határai. *Person-Centered and Experiential Psychotherapies*, 6, 256–270. doi:10.1080/14779757.2007.9688446
- Vlasto, C. (2010). Therapists’ views of the relative benefits and pitfalls of group work and one-to-one counselling for bereavement. *Counselling and Psychotherapy Research*, 10, 60–66. doi:10.1080/14733140903171220

- Walter, T. (1996). A new model of grief: Bereavement and biography. *Mortality, 1*, 7–25. doi:10.1080/713685822
- Walter, T. (2005–2006). What is complicated grief? A social constructionist perspective. *Omega, 52*, 71–79.
- Worden, W. (2009). *Grief counseling and grief therapy – a handbook for the mental health practitioner* (4th ed.). New York, NY: Springer.
- Yalom, I. (1980). *Existential psychotherapy (Part 1: Death)*. New York, NY: Basic Books.
- Yalom, I. (2008). *Staring at the sun: Overcoming the dread of death*. London: Piatkus Books.
- Yalom, I., & Leszcz, M. (2005). *The theory and practice of group psychotherapy* (5th ed.). New York, NY: Basic Books.
- Zech, E., Ryckeboosch-Dayez, A-S., & Delespaux, E. (2010). Improving the efficacy of intervention for bereaved individuals: Toward a process-focused psychotherapeutic perspective. *Psychologica Belgica, 50*(1–2), 103–124. doi:10.5334/pb-50-1-2-103