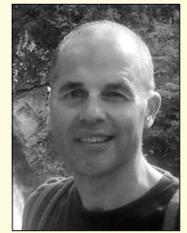


Person-centred Counselling

with bereaved clients



Simon Spence

Although I worked in a hospice for over fifteen years, becoming familiar with varied approaches to bereavement and grieving, I became aware of specifically person-centred writing on the subject only relatively recently. Initially, the apparent absence of such writing sometimes left me feeling a little defensive and inadequate as a person-centred counsellor; other approaches seemed to have more prominent and confident voices as they described grief and produced evidenced ways to bring about good therapeutic outcomes. I feared that my less problem-specific ways of working were too vague and somehow less valid than I wanted them to be.

For an MSc study, I interviewed person-centred counsellors about their experiences of working with bereaved clients¹. Reflecting on these conversations and finding an ever-growing body of person-centred writing about grieving, I am now confident that, far from being a therapeutic poor relation, person-centred approaches to working in bereavement have a distinct flavour, articulating well with contemporary debates about what constitutes best practice in this area.

I am also clearer about why person-centred voices may not be as audible as others in the marketplace of therapy ideas, including those speaking of grief. As David Murphy of Nottingham University has pointed out², Carl Rogers never described a methodology of *how* to work with people, but identified factors indicative of helpful therapy; a subtle but important distinction. The experience of being bereaved can be so very hard; from the changed shape of mundane everyday life, to more profound levels of dashed hopes and dreams; both potentially threatening the very meaning and purpose of our existence. For most people, the life transition that a bereavement represents can be painful, challenging, but ultimately manageable. For some however, it can represent a crisis in which one's sense of self is threatened. Given this wide diversity of

experiences described as “bereavement”, person-centred approaches do not give specific therapeutic instructions as though one size fits all. Instead, they sustain a broad and deep pool of resources from which to draw, so as to offer a therapeutic relationship to someone who is facing the daunting task of rebuilding a new life from the broken pieces of the old.

For person-centred readers wondering about how best to work with bereaved clients, and for those of other orientations for whom this approach may be unfamiliar, I hope this article will offer clarity about what being person-centred means in this area of work. My intention is also to highlight the value of contributions offered by person-centred approaches, both through its congruence with current research developments and its offering of what bereaved clients say is helpful.

What does research say about grieving (and why are Person-centred voices not easily heard)?

The academic literature about grief is vast, and not easily accessible to those without a background in psychology. Many writers take problem-specific stances and attempt to identify a “best treatment”, based on the idea that a specific problem requires a specific treatment which can be known in advance. This approach may be off-putting or confidence-sapping to those practising from humanistic perspectives. Nonetheless, recognising the complexity of grieving, there is also a growing recognition in academia, that flexibility and creative responsiveness is needed from therapists to adequately respond to the great variety of experience that being bereaved can bring.

Researching how best to work with bereaved clients whose experiences are especially complicated, Robert Neimeyer and colleagues³ from different therapeutic approaches asked

clients what they experienced as helpful. They found that different ways of working converged in a number of ways, concluding that “there is not just one way to follow these principles” and expressing hope that therapists working with bereaved clients can work to “tailor interventions”. This idea that counselling in bereavement must be more like a well-measured bespoke suit than one bought “off the peg”, was expressed by all the Person-centred counsellors with whom I spoke.

In this significant study, Neimeyer and his colleagues identified four principles central to effective work (in whatever modality) with people whose grieving experience is particularly complicated,:

1. Enabling clients to engage with the sometimes very distressing story of the death in such a way as to integrate it into their internal world.
2. Enabling clients to engage with the memories of the person who has died, in such a way that life can include both new relationships, and the ongoing significance of the old.
3. Enabling clients to identify ways of coping which seem to be hindering them and explore alternatives they may wish to develop.
4. Enabling clients to review their life, goals, and roles in a new world with the deceased person no longer physically in it.

Person-centred approaches are entirely congruent with these principles. In addition, person-centred counselling is by its very nature about responding to the unique person. Whilst distinctions are sometimes drawn between “normal” and “complicated” grief, Person-centred counselling – not being based on diagnostic thinking – claims validity whichever category into which a griever’s experience may be placed. The challenge for counsellors is to respond appropriately in ways which neither over-complicate, nor over-simplify the understanding of a client’s experience. To do either represents a failure of empathy, perhaps the most important foundation of person-centred work.

In today’s therapeutic world, publicly funded services demand demonstration that practice is evidence-based. *Counselling in Scotland* readers will be well aware that alongside other forms of counselling, Person-centred approaches struggle for inclusion as “treatment options” within NHS psychological services and related organisations.

In the Scottish NHS for example, counselling is not recommended for depressed clients because “There is insufficient consistent evidence on which to base a recommendation.”⁴ This is despite the availability of substantial and robust evidence supporting its effectiveness.⁵

The approach has been described as primarily “a way of being” (indeed Rogers gave this title to one of his books⁶); a philosophical stance towards human experience and what engenders growth. For some, this applied philosophy is one of its attractions at a time when the therapy world can seem increasingly homogenised, contained, and constrained. However, it is not an approach which fits easily into the dominant research paradigm, which views the randomised controlled trial as necessary to demonstrate validity. In such a research environment (and in funding decisions emerging from on it) it can be forgotten that “absence of evidence does not mean evidence of absence”⁷. Statistical significance is not necessarily the same as clinical significance.

There is ongoing debate about how far person-centred approaches should engage with current positivist research paradigms which can seem antithetical to its values. Some advocate a “purist” version of the approach which eschews such engagement in case it betrays its core values and leads to a shapeless “person-centred anything”. Others respond that *not* engaging risks the approach becoming marginalised from developments in mental health provision.

Despite this ongoing debate, and the understandable under-representation in academic research and writing, my reading and my conversations with person-centred counsellors about their work, make it clear to me that person-centred work with bereaved clients is congruent with current findings of academic research, specifically that based on the voices of clients describing what they find helpful. In words attributed to Rogers himself, “The facts are friendly”.

The nature of person-centred bereavement work

The Person-centred counsellors with whom I spoke were committed to the philosophical basis of the approach. They all spoke with passion about the importance of Rogers’ original work and especially his six therapeutic conditions. All expressed

confidence that this – allied with the ongoing work of contemporary theorists – was enough for them to respond to bereaved clients, however complicated or otherwise their experience may be. They were clear that the approach's usefulness is not limited to people experiencing a relatively straightforward life transition.

They described being unlikely to respond to bereaved clients in problem-focused ways, instead focusing on the person's unique experience as presented. Person-centred work is therefore highly differentiated between cases and aims to be responsive to the particular and idiosyncratic difficulties presented. All described "being non-directive" as being central to their work, although they were at pains to distinguish this from passivity, seeing it instead as active support of the client's self-agency.

A common view was that the person-centred approach was not fully-formed when Rogers stopped writing, but that he laid foundations for an ever-developing structure around which work can be tailored to fit each client. As one commented, "It's about being *Person-centred*, not person-centred-theory-centred". Another described the approach as a "meta-theory"; being informed, but not instructed, by theory. They all described awareness of varied grief theories and differing psychological approaches; seeing both as offering helpful ways of thinking about their work.

These views seem in accord with the influential American bereavement theorist Dale Larson⁸, for whom person-centred approaches offer highly effective ways of supporting bereaved clients to address whatever issues the specific circumstances of their bereavement has raised. Additionally, Larson draws close parallels between person-centred ways of working and contemporary models of grief.

The first of these:

Meaning Reconstruction, views grieving as the process by which a person reconstructs the meaning of their life without the physical presence in it of the person who has died. This has cognitive, behavioural, and affective levels of engagement. At the heart of Person-centred work is self-concept change; supporting clients to develop self-structures which more congruently reflect their lived experience. Person-centred work in bereavement is therefore well-placed to support this reconstruction of meaning.

The second:

Continuing Bonds seeks to move away from traditional understandings of grief which encourage grievers to "let go", or to "move on" as though grief can be completed when we drop the old life and pick up the new. Continuing bonds suggests instead that death does not *end* relationships, but forces us to seek new ways of loving someone who is no longer here. Continuing bonds challenges the idea that grieving can be completed, instead seeing it as an ongoing process of adaptation to an unwelcome but unavoidable change. In his book *A Way of Being*, Rogers wrote of "Process Persons" who recognise that life rarely offers "products" and who are "keenly aware that the one certainty of life is change – that they are always in process, always changing. They... are vitally alive in the way they face change". Person-centred approaches are well placed to work in this process-focussed way⁹

The third:

Dual-Process attempts to make sense of the experience of so many grievers for whom grieving feels chaotic, with little sense of linear progression nor of observable stages. The model suggests that grieving is the unique process by which we gradually learn to find balance in our experience. We oscillate between giving attention to all that is distressing and lost in bereavement, and to dealing with changes, finding distraction, and exploring new areas of potential growth. In this view, grieving is an fluid and constructive process by which the griever learns how to find a dynamic balance between these two orientations. The dual process model chimes with the work of Jan McLaren¹⁰, who champions the Person-centred close following of the client's agenda, supporting an idiosyncratic, individualised, and diverse process matching the untidy reality of life.

Holistic and differential understandings of the person

Occasionally, I still hear comments about person-centred counselling being "all about feelings"; indeed, a clinical psychologist recently told me confidently that I merely help my clients "ventilate feeling", and that I then refer-on to more skilled practitioners. Like me, the practitioners I spoke to were clear that they

work across the spectrum of clients' *experience*: feelings, thoughts, and behaviours, as well as experiences which are hard to articulate. This echoes Keith Tudor's characterisation of the approach as CBAT: a Cognitive, Behavioural, and Affective Therapy¹¹. Person-centred work can sensitively explore the emotional turmoil of grief, allowing difficult experiences to be brought into awareness and be integrated into the person's changing self-concept, linking with Niemeyer's first principle.

Person-centred approaches takes equally seriously how people *think* about their experience, and how their behaviour is shaped by this. All the counsellors described an inclusive (some said "pluralistic") understanding of being person-centred. They valued learning from the insights of other modalities such as CBT, Psychodynamic, and Attachment-based work, comfortably allowing practice to be influenced by them, without feeling compromised. They described learning from these approaches not to gain practical instruction, but to support and enable their relationship and engagement with their client's experience, and to enhance their empathy. They spoke of how theory (of any provenance) must be evaluated on the basis of its relevance and helpfulness to specific clients rather than to abstract issues. They saw them as offering ways of reflecting critically on practice rather than as directive manuals for practice.

For these counsellors, grief is not a discrete "problem" in search of a solution. As one said, "There is no such thing as 'bereavement counselling', only counselling with a person who has been bereaved". In this view, counselling bereaved people is not about putting right something that is wrong, but helping to find more satisfying ways of living in a life where something unavoidably "wrong" must nonetheless be lived with. Person-centred approaches to grieving demands that we are open to any aspect of a person's life and not only those more obviously linked to the bereavement.

The work of Simonsen and Cooper¹² seems to support this wider understanding of what being Person-centred means, and how it can be helpful to grieving people. Asking clients what they had found helpful in bereavement counselling of a person-centred nature, they identified five areas:

- The counsellor's independence
- The skilled listening of the counsellor
- The counsellor's non-directivity
- Having their unhelpful thinking challenged
- Learning more about their experience through psycho-education

This led them to conclude, like Neimeyer and colleagues, that no single approach has a monopoly on helpful practice, but that the Person-centred establishing of a strong, supportive, and attentive relationship is experienced as helpful to clients. Importantly, the last two areas indicate that clients value counsellors who not only listen attentively, but who can actively and sensitively engage with them, offering challenge, knowledge and ideas in ways which empower and keep the work helpfully centred on their experience. As they conclude, "...listening to service-users means being open to a plurality of perspectives". What could be more person-centred?

Similarly, Linda Machin's *Adult Attitudes to Grief*,¹³ a new model for supporting bereaved people, highlights the importance of plurality and openness to varied ways of responding to individual experience. She neither excludes familiar Person-centred approaches, nor gives them privileged status in a world where people's experiences are as varied as the ways in which they may feel best supported. For me, this attention to individual experience and agency is the core of what it means to be Person-centred.

Acknowledging and celebrating the diversity of helpful support in bereavement

Controversy about which approach to therapy is "best" is perhaps inevitable – particularly in times of austerity when resources are limited, and reasonable questions must be asked about how best to distribute them. However, financial or political reasons for preferring one approach over another, should not be confused with their inherent value or otherwise. Currently in the UK, CBT-based models seem to be in the ascendancy, and they clearly have value, as the many people who have benefited from them will attest.

However, as practitioners we should not let this divert our attention from the fact that research repeatedly demonstrates the equivalence between established bone-fide approaches to therapy¹⁴.

Many approaches, including the person-centred, have established value and validity, even if this is more difficult to “prove” statistically in some than in others. I hope this article will encourage Person-centred readers to participate with confidence in current debates about how best to support grieving people. In addition, I hope that it will support a growing understanding and acceptance that all modalities have valuable insights to offer bereaved people. Keeping as wide as possible the variety of support on offer, can only be to the benefit of bereaved clients.

References

(Endnotes)

- 1 Spence, S. (2013) *Person-centred counsellors' experiences of working with bereaved clients*. Unpublished MSc Thesis. Glasgow: Strathclyde University. www.simonspence.net
- 2 Murphy, D. (2013). Personal communication.
- 3 Neimeyer, R, Shear, K, & Boelen, P. (2011) *Treating Complicated Bereavement: Converging Approaches in Grief & Bereavement in Contemporary Society: Bridging Research & Practice* pp 139-162. New York: Routledge.
- 4 SIGN – The Scottish Intercollegiate Guidelines Network (2010) *Non-pharmaceutical management of depression in adults. A national clinical guideline*. Edinburgh: NHS Quality Improvement Scotland.
- 5 Cooper, M., Watson, J.C., & Hölldampf, D. (Eds). (2010) *Person-centred & Experiential Therapies Work: A Review of the Research on Counselling, Psychotherapy, and Related Practices*. Ross-On-Wye: PCCS Books
- 6 Rogers, C.R. (1980) *A Way of Being* p 351. New York: Houghton Mifflin
- 7 Altman, D.G. & Bland, J.M (1995) *Statistics notes: Absence of Evidence is Not Evidence of Absence*. *British Medical Journal* Vol. 311. p.485. <https://doi.org/10.1136/bmj.311.7003.485>
- 8 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 & Counselling* (2nd Ed) pp 313-326. Basingstoke: Palgrave Macmillan.
- 9 Worsley, R. (2009) *Process Work in Person-centred Therapy* (2nd Ed). Basingstoke: Palgrave Macmillan
- 10 McLaren, J. (1998) *A New Understanding of Grief: A Counsellor's Perspective*. *Mortality* 3(3), pp 275-290
- 11 Tudor, K. (2008) *Person-centred Therapy: A Cognitive Behaviour Therapy in R. House & D. Loewenthal (eds) Against and For CBT: Towards a Constructive Dialogue?* Ross-on-Wye: PCCS Books
- 12 Simonsen, G. & Cooper, M. (2015) *Helpful aspects of bereavement counselling: An interpretative phenomenological analysis*. *Counselling & Psychotherapy Research* 15:2 pp. 119-127
- 13 Machin, L. (2009) *Working with Loss and Grief: A New Model for Practitioners*. London: Sage
- 14 Wampold, BE. (2001). *The Great Psychotherapy Debate: Models, Methods, and Findings*. Mahwah, NJ: Erlbaum.

Biography

Simon Spence is a Person-centred therapist, trainer, and supervisor in private practice in the Scottish Highlands. He worked for over fifteen years as a counsellor in hospice-based palliative care and completed MSc research at Strathclyde University into the experiences of Person-centred therapists working with bereaved clients.

www.simonspence.net