The Experiences of Person-Centred Counsellors Working with Clients Presenting with Complicated Grief

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Abstract

The purpose of this research dissertation was to investigate the experiences of person-centred counsellors working with clients who presented with Complicated Grief. This was a phenomenologically-based qualitative study, which interviewed 4 practicing counsellors using semi-structured interviews as the method of data collection. Data was analysed using Interpretative Phenomenological Analysis, and the findings resulted in three over arching super ordinate themes. These super ordinate themes are then broken down into sub themes, with two sub themes further broken down into 'snapshots' or topics. These results indicate a number of issues which are reflected in the literature. Working as a bereavement counsellor impacts on the self of the counsellor in positive ways such as personal satisfaction and intellectual stimulation, and in negative ways such as feelings of self-doubt about competence, or the emotional risks of working with themes of death and loss. Ongoing self-care monitoring and attendance was deemed vital, with team work viewed as a gift and supervision referenced as critical. Witnessing the client's journey was a reported phenomenological experience, and a base of experience in bereavement counselling was found to act as aid to future bereavement work. The relationship became a tool in the work, and the study found these person-centred participants shied away from labelling grief, were not panicked by suicidal inclinations in clients, felt bereavement is not a linear process, and that sitting with difficult emotions was part of their job. Some themes had not been predicted proved harder to place within the context of available literature. The participants' use of narrative occasionally reflected their process, cementing them as intrinsic to the work they do. Metaphors around movement were powerful, while time did not seem to remain linear in the experiences of some clients and participants themselves. Finally, the study found participants experienced dual levels of reality simultaneously, and some thoughts or feelings became tangible in the room while others remained ephemeral.

Declaration

The work is original and has not been submitted previously in support of any qualification or course.

Signed:

Eleanor Warman

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Abbreviations and Clarifications

BACP – British Association of Counselling and Psychotherapy

CG – Complicated Grief

Cruse – Cruse Bereavement Care

DSM-V - Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition

GP – General Practitioner

IPA – Interpretative Phenomenological Analysis

PCA – Person-Centred Approach

PTSD – Post Traumatic Stress Disorder

For clarification on common terms, I shall use the following definitions, taken from Worden (2010):

Grief: The experience of one who has lost a loved one to death

Mourning: The process one goes through in trying to adapt to the death of the person

Bereavement: Defines the loss to which the person is trying to adapt

I shall be using the terms **counsellor** and **therapist** interchangeably throughout this study.

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Introduction

This research dissertation focuses on the experiences of person-centred counsellors working with clients presenting with Complicated Grief (CG).

1.1 Background

Loss and grief are universal (Howarth, 2011). If grief is the price we pay for love (Parkes & Prigerson, 2010), then most humans, essentially relational creatures (Mearns & Thorne, 2007), will experience forms of loss and grief.

While most bereavements, though painful, progress without issue, between 4% (Clayton cited in Marwit, 1996) and 40% (Newson, Boelan, Hek, Hofman, & Tiemeir, 2011) of grievers suffer complications.

If we do not live in a vacuum, neither do we grieve in one (Humphrey, 2009). Cultural norms and expectations vary along with individuals (Cutcliffe, 1998). Changing demographics and family structures combine with complex modern societal requirements to contribute to inherent difficulties in the grieving process (Gaudio, 1998). Additionally, with bereavement increasingly medicalised and wider secularisation of society, people are turning to GPs or counsellors for support (Payne, Jarrett, Wiles, & Field, 2002).

With this upturn in demand for bereavement counselling, it raises a question concerning the position and healing potential offered by the PCA in relation to

grief. While explored further in Chapter Two, it could be suggested the PCA stands on the fringes of grief theory, with loss and grief “a greatly neglected area in person-centred literature” (Bryant-Jefferies, 2006, p.viii). However, with grief so unique, and clients sensitive to societal expectations, there seems to me to be a close fit between the therapeutic needs of bereaved clients and the ethos of the PCA, though the tension between this phenomenologically-based support and more externally-structured dictates of a CG diagnosis may prove problematic.

1.2 Rationale

My interest in CG stems from my placement in a hospice and work with the charity Cruse. I have no significant personal experience of bereavement through death, though since beginning counselling training I was drawn to working with bereaved clients.

I was initially interested in exploring extreme physical manifestations of grief such as mummification or identification, based on work with a specific client and a particularly memorable anecdote from a colleague. However it became clear it would not be ethically viable to recruit participants who had themselves experienced such phenomena, and in seeking counsellors who had worked with such manifestations, I felt I would be unlikely to find a sufficient number within the timeframe of my study.

I therefore decided to cast my net wider and explore extreme reactions as a whole. This led me to familiarise myself with CG as a diagnosable condition. Given the point in time at which I became aware of CG, with its inclusion in DSM-V very

thoroughly and recently debated, I felt it would make an interesting and relevant topic.

While every client I have seen shares hallmarks in their grief, the uniqueness of their experience is undeniable. The extremity of some grief reactions has proved challenging, and one client in particular could be deemed to be experiencing CG, though I was not aware of this term during our work. Societal expectations about grief have proved problematic for every client to some extent, highlighting the need for a neutral space such as counselling in which to explore their own reactions safely. However, this need highlights the impact of such work on those who undertake it, leading to my interest in how it is to work with bereaved clients experiencing such reactions, and what is needed by the counsellor to sustain such work.

The focus of my research is on the experiences of person-centred counsellors. This is because my training has been in person-centred counselling, and I was interested in the implications of working in this way; the deep roots and extremes of CG pose a potential challenge for all counsellors, but perhaps especially for person-centred counsellors, whose adherence to the core conditions mean tracking the client closely and entering their frame of reference.

1.3 Aims and Objectives

I have undertaken a small-scale qualitative study using a phenomenological standpoint. The main aim of my study is to explore how person-centred counsellors make sense of their work with clients who they deem to be

experiencing CG. Within this I seek to explore personal challenges and experiences, and self-care issues along with issues around central theoretical tenets such as congruence, empathy and unconditional positive regard. Prior to this dissertation, CG had been proposed for inclusion in DSM-V; ultimately this did not happen, though Persistent Complex Bereavement Disorder, a seemingly-equivalent condition, does appear in a secondary rubric. However, the abundance of writing on the subject and multiplicity of viewpoints brought grief and its presentations into sharp focus within the counselling practice community. While I in no way intend my findings to be prescriptive, I feel this research still serves as a useful and informative source for those interested in working with the bereaved, as well as opening up opportunities for further research.

1.4 Overview of Dissertation

My research question asks:

What are the experiences of person-centred counsellors working with clients presenting with Complicated Grief?

In Chapter One I have introduced my research dissertation, explaining what I hope to achieve. Chapter Two expands on the contextualisation of the study by placing it within the relevant literature while Chapter Three gives a detailed overview of the methods used and rationale behind them. Chapter Four provides detail of my findings, Chapter Five offers a discussion of these findings in relation to my research question and the wider context of current literature while Chapter Six offers concluding statements and implications for future research.

Literature Review

2.1 Introduction

Contextual emphasis has been identified a defining feature of effective, trustworthy qualitative research (Mintz, 2010). This literature review aims to be a cornerstone of that contextualisation, providing a backdrop to the research (McLeod, 2003; Rawson, 2006; Sanders & Wilkins, 2010). By showing what came before and highlighting any knowledge gaps around person-centred bereavement counselling and Complicated Grief (CG), I aim to make clear the point at which I enter the conversation (McLeod, 1999).

My literature review is presented thematically, with an overview of grief theory, followed by findings on CG, the experiences of being a bereavement counsellor and a person-centred approach to grief.

One vital aspect of contextualising is making transparent the timeframe of this literature review. The majority of searches were carried out before interviews were conducted. While this risks theoretical tunnel vision (Rawson, 2006) regarding data collection and analysis, this was unavoidable due to the necessity of submitting a research dissertation proposal in early 2013, a pre-requisite for this full research dissertation. Another aspect of validity is the ability to present my research question as one worth asking as a result of my literature review (Dallos & Vetere, 2005), highlighting how my project can add to the understanding around working with CG from a person-centred perspective. The review around CG was carried out before the publication of the DSM-V. Ultimately, CG was not included

in this volume, but this proposed inclusion was the catalyst for so much literature on CG I feel it relevant to clarify this aspect of the review's timeframe. Details of my search methodology and terms can be found in Appendix 2.

For my literature review to be critical and selective (Rawson, 2006) I delved into the multiplicity of voices (McLeod, 1999) around bereavement counselling, grief theory and CG, condensing findings into sections relevant to my research question. These sections, on grief theory, CG, experiences of being a bereavement counsellor, and a person-centred approach to grief, acted as backdrop to data collection and analysis.

2.2 An overview of grief theory

Loss and grief are universal (Howarth, 2011) but the ways we grieve are wide-ranging. My research does not focus on grief theory per se but for context I offer a brief overview.

Freud (1917) asserted the key to successful mourning was severing emotional attachment with the deceased; the 'work of mourning'. Ideas of mourning as something one 'does' remained prominent in theory for decades (Stroebe & Schut, 1999). Bowlby (1980) suggested three phases of grief, later increased to four (numbing, yearning/searching, disorganisation/despair and reorganisation) through which grievers oscillate.

Parkes proposed phases of grief; disbelief, yearning, anger, depression and acceptance (Parkes cited in Parkes & Prigerson, 2010). According to Silverman and Klass (1996), Parkes' path to resolution came from severing attachment

rather than continued bonds with the deceased. Kubler-Ross' (1969) five stages of grief (denial, anger, bargaining, depression and acceptance) originated from research with the dying. They and other stage theories have been widely adopted as illustrative of an expected journey for the bereaved say theorists such as Wortman and Cohen Silver (1989), Littlewood (1992), Bonanno (2009) and Worden (2010). However, following stage theories literally can result in grievers' natural oscillations being overlooked or deemed abnormal (Wortman & Cohen Silver, 1989; Sprang & McNeil, 1995; Bonanno, 2009).

Worden (2010) proposed a task-based theory. These tasks, which Worden explains do not have a required order, aim to give mourners some sense that action can be taken in adjusting. Tasks consist of accepting the reality of the loss, processing the pain of grief, adjusting to a world without the deceased and finding a way to retain connection whilst embarking on a new life.

Rando suggested six R's; recognize the loss, react to the separation, recollect the deceased, relinquish old attachments, readjust and reinvest. These processes are set within three phases of mourning (avoidance, confrontation, accommodation). The final processes, readjust and reinvest, offer a bridge between classic theories (severing emotional attachment) and newer ideas (retaining bonds while moving forward) (Litsa, 2013).

Silverman and Klass (1996) describe continuing bonds while the Dual Process Model proposed by Stroebe and Schut (1999) offers a model in which the fluid nature of grief (Haugh, 2012) is taken into account, with regular oscillation between loss-oriented coping and restoration-oriented coping patterns.

Whether viewed from a stage, task or phase-based viewpoint, negotiating loss is painful (Haugh, 2012). Most grievers experience symptoms to a degree but return to pre-loss functioning relatively soon (Bonanno, Neria, Mancini, Coifman, Litz, & Insel, 2007). For some, however, the path of grief becomes too much to traverse, and complications arise.

2.3 Complicated Grief

While there are strong calls not to pathologise grief (Shear, et al., 2001; Love, 2007; Simon, 2012; Fox & Jones, 2013), studies have identified in some cases, grieving goes awry. Due to recent debate on CG there is a high volume of literature on the subject. Therefore, when presenting the major points surrounding CG, I shall offer two in-text references, with a full list of relevant references in Appendix 3. The references presented here will vary to allow mention of most authors reviewed in this literature search.

Figures on grievers suffering complications have numbers ranging between 4% and 20% of cases resulting in a complication (Marwit, 1996; Golden & Dalgleish, 2012), with Newson et al (2011) suggesting as high as 40% of grievers are at risk of CG.

There is no official CG definition, but proposed inclusion as a new disorder for the DSM-V meant much attention was paid to consolidating data and opinion over recent years. This resulted in criteria which seem broadly accepted as signifiers of a CG reaction. **Persistent yearning** for the deceased is a major criteria, universally agreed upon (Gort, 1984; Kyriakopoulos, 2008). **Intrusive thoughts or**

images are cited by many as another criteria (Prigerson, et al., 1996; Shear, 2012). **Prolonged anger or bitterness** features prominently in the criteria (Jeffreys, 2005; Prigerson & Maciejewski, 2006) as do **denial of the reality** of the death (Jacobs & Prigerson, 2000; Harvard Medical School, 2006) and **increased social isolation** (Shear, et al., 2001; MacCallum & Bryant, 2011).

Increased suicidality is the next criteria to be widely supported (Latham & Prigerson, 2004; Simon, 2012) followed by a **sense of purposelessness** (Howarth, 2011; Shear, 2012) and **intense loneliness or emotion** (Jacobs & Prigerson, 2000; Simon, 2012). Criteria less commonly referenced are **extreme avoidance** of reminders of the deceased (Shear & Mulhare, 2008; Howarth, 2011) and **physical manifestations** (Gort, 1984; Simon, 2012). The inability to return to 'normal' life after the death is a key factor in deeming a grief reaction complicated (Bonanno, 2009; Simon, 2012). Similarly, while many symptoms ascribed to CG are reminiscent of normal acute grief reactions, in CG, they remain fresh and intense for at least 6 months minimum post-bereavement (Shear, et al., 2001; Prigerson, 2004). It is this duration and intensity which signifies deviation from the norm (Shear & Mulhare, 2008; Howarth, 2011; Shear, 2012)

As well as symptomatic similarities to acute grief, CG also shares traits of disorders including major depression and PTSD (Harvard Medical School, 2006; Machin, 2009). While symptomatic similarities are evident, symptom clusters are argued to be distinct from those of depression or anxiety (Prigerson, 2004; Boelen, van de Schoot, van den Hout, de Keijser, & van den Bout, 2010). Studies have shown treating CG equivalently to PTSD or depression is ineffective in reducing CG symptoms (Shear & Mulhare, 2008). Therefore recognising CG as a

valid disorder allows targeted treatment, and crucially to the American market, creates options for treating CG via health insurance.

However, the idea of an official diagnosable condition is met with resistance. The uniqueness of grief is emphasised throughout the literature (Cutcliffe, 1998; Shimshon Rubin, Malkinson, & Witztum, 2012) and there are fears that a CG label risks pathologising or medicalising grief (Love, 2007; Fox & Jones, 2013). The emerging complexity of interconnecting elements influencing grief leads Machin (2009) to posit that a definition of CG is, as a result, elusive. Critics also suggest diagnostic categorisation of 'normal' comes from a solidly Western viewpoint (Rosenblatt, 2013), potentially ignoring global cultural subtleties in grieving patterns. However, the criteria proposed by Shear (2012) does include cultural consideration with regards to time span.

CG itself seems an umbrella term under which other grief reactions are placed. CG is often used interchangeably with PGD (Boelen & van den Bout, 2008; Wittouck, Van Autreve, De Jaegere, Portzky, & van Heeringen, 2011) but for many, PGD is widely regarded as simply one form of CG (Rando, et al., 2012; Rando, 2013).

Worden (2010) offers his paradigm for complicated mourning in the form of four headings (delayed, chronic, exaggerated and masked grief reactions), with symptoms echoing those discussed above. Bowlby (1980) spoke of 'mislocating' the deceased, positing chronic mourning and prolonged absence of grieving as examples of pathological grief while Parkes (2010) offers PGD and delayed grief as complications. Others too use CG as an umbrella, with different labels for CG reactions including chronic grief, pathological grief, abnormal grief, traumatic grief,

absent or distorted grief, delayed grief, identification or mummification (Littlewood, 1992)

CG research shows there are factors which influence the likelihood of developing a CG reaction. These include the nature of the loss, nature of the attachment, previous losses, culture and the griever's personality or world view (Field & Filanosky, 2010; Mancini, Prati, & Bonanno, 2011) as well as age (Newson, Boelen, Hek, Hofman, & Tiemeir, 2011), and cognitive functioning (MacCallum & Bryant, 2011). This adds weight to grief as a unique experience, but because my research focuses on the experiences of counsellors rather than clients, I shall not visit these factors in more detail.

2.4 Experiences of being a bereavement counsellor

With grief theory changing, as discussed in 2.1, and society's expectations of grievers often at odds with their own feelings (McLaren, 1998), bereavement counsellors' willingness to allow exploration of unique grief reactions appears much needed. Consequently, there is a need for exploration of nature of the role, and its impact on those who undertake it.

In 1998 Kirchberg Kirchberg, Neimeyer, & James suggested there was 'little empirical research on the reactions of therapists and counselors' working with issues of around death, 'despite growing concern' with vicarious traumatisation (p.100). In subsequent years, studies have emerged which begin a picture of the challenges and joys of being a bereavement counsellor.

A basic challenge that emerges is the likelihood bereavement work will trigger anxieties about the counsellor's own losses (Lamb, 1988) as well as feared losses (Barlow & Phelan, 2007; Worden, 2010). This links with increased death awareness, and existential anxieties around living day-to-day with the vulnerable nature of life (Yalom, 1980 cited in Kirchberg, Neimeyer, & James, 1998; Gamble 2002 cited in Becvar, 2003; Dunphy & Schniering, 2009; Worden, 2010).

The ability to sit comfortably with high, intense emotions may apply to all counsellor roles but is singled out as a quality necessary for bereavement counsellors (Gaudio, 1998; Puterbaugh, 2008; Worden, 2010). Studies suggest bereavement counsellors can struggle with feelings of frustration or anger (Worden, 2010). This stems from the way grief is experienced by clients, making it hard for bereavement counsellors to feel of significant use (Lamb, 1988; Kirchberg, Neimeyer, & James, 1998; Worden, 2010). Bowlby (1980) spoke of feeling impotent in the face of client pain while McLaren (1998) referred to 'the invisible therapist syndrome'.

Working constantly in the face of such emotions can leave bereavement counsellors vulnerable to vicarious traumatisation (Pearlman & Saakvitne cited in Kirchberg, Neimeyer, & James, 1998) or compassion fatigue (Becvar, 2003). This work may carry the greatest risk for counsellors who are inexperienced in the field. Specifically, novice counsellors can find topics around death and loss to be anxiety-provoking more than their experienced colleagues (Kirchberg, Neimeyer, & James, 1998). Even experienced counsellors with little background of relevant training or client contact can experience discomfort around death and grief (Kirchberg, Neimeyer, & James, 1998). Ensuring the counsellors' own losses are

adequately dealt with is regarded as vital preparation for dealing with loss and grief work (Gaudio, 1998; Puterbaugh, 2008; Humphrey, 2009; Worden, 2010). Vital, perhaps, because the aforementioned anxiety-provoking reaction was found to be especially pronounced for counsellors with pre-existing death fear (Kirchberg, Neimeyer, & James, 1998).

Bereavement counselling can be a strain on counsellors' emotional and spiritual resources (Gamble 2002 cited in Becvar, 2003). It is proposed counsellors working with grief and loss also experience intense emotional and mental states (Dunphy & Schniering, 2009) in a wraparound experience touching them emotionally, mentally, physically and spiritually (Puterbaugh, 2008).

It is therefore deemed essential bereavement counsellors be open and knowledgeable about their internal dialogues and feelings (Gaudio, 1998; Browning, 2003) and be ready to acknowledge and act upon limitations and vulnerabilities (Becvar, 2003; Worden, 2010). This links with the BACP Principles of Beneficence, Non-maleficence and Self-respect (BACP, 2013). Personal maturity, deep sense of perspective and acceptance of death are proposed by Josef as necessary attributes of bereavement counsellors (cited in Dunphy & Schniering, 2009). A holistic approach to self-care is encouraged (Becvar, 2003; Puterbaugh, 2008; Humphrey, 2009), with time spent with like-minded professionals deemed a vital component (Becvar, 2003; Wheeler-Roy & Amyot, 2004; Puterbaugh, 2008). It seems, therefore, the lived experience of bereavement counsellors is critical to their work (Dunphy & Schniering, 2009).

Bereavement counselling is shown to bring joys as well as challenges. The work is described as being satisfying (Gamble cited in Becvar, 2003; Puterbaugh, 2008),

with much gained for the counsellor from acting as witness to the clients spirit and struggle; McLaren (1998) speaks of feeling enriched, Becvar (2003) enjoys enhancement in treasuring the mundane as well as the magnificent, while Browning (2003) calls the work exhilarating and Puterbaugh (2008) references the spiritual aspects of the work.

With literature on bereavement counsellors' experiences summarised here, I move to the final section of the review, the last element of my research question; the person-centred approach to bereavement.

2.5 A person-centred approach to bereavement

Many assert that the individuality of clients' grief be recognised and respected (Wortman & Cohen Silver, 1989; Jones, 1995; Sprang & McNeil, 1995; McLaren, 1998; Muller & Thompson, 2003; Servaty-Seib, 2004; Humphrey, 2009; Haugh, 2012; Rubin, Malkinson, & Witztum, 2012). Therefore, the client-led ethos of person-centred counselling, with its non-judgemental prizing of the client (Rogers, 1979), where the individual's experience is heard and accepted (Haugh, 2012) would seem to complement that assertion. However, the paucity of findings from my search leads me to conclude the person-centred approach has historically lacked any serious voice in the theory of grief and bereavement counselling.

The majority of grief literature stems from a psychodynamic perspective (McLaren, 1998), where the belief in finite amounts of available energy shines a logical light on the idea of tasks or stages, and a working towards 'letting go' (Haugh, 2012) as in the work of Freud, Bowlby, Worden and Kubler-Ross.

Searches turned up few results which could be deemed person-centred. Haugh (2012) wrote a comprehensive chapter on a person-centred theoretical approach to loss and bereavement, while Bryant-Jefferies' 2006 book takes the form of dramatised accounts of counselling and supervision sessions focused on death from the viewpoint of a person-centred counsellor. These person-centred bereavement works are complemented by an article by Jan McLaren (1998) detailing her experiences as a person-centred bereavement counsellor; the only person-centred non-fictionalised experiential literature I could find.

The individuality of a client's grief seems to me to fit with the PCA. Browning (2003) suggests authentic engagement with a client is facilitated by a level of informed not-knowing, with client rather than counsellor regarded as expert on their experiences; this resonates with Mearns and Thorne (2007) in their assertion that the mantle of expert is to be avoided by person-centred counsellors.

Servaty-Seib (2004) also suggests the emphasis on individual phenomenological experience makes the person-centred framework appropriate for bereaved clients while Bryant-Jefferies (2006) describes honouring the uniqueness of each client's path, rather than suggesting passing through stages, which have been criticised for not addressing individual idiosyncrasies (Sprang & McNeil, 1995). Haugh (2012), however, suggests stage theories can help the counsellor stay in the room and accept what they see and hear without feeling overwhelmed by what they witness.

Machin (2009) considers that person-centred counsellors must be able to distinguish between unacceptable actions which may present themselves in times of high grief, and the innate worth of the client and further, places emphasise on

how attention to the core conditions and counsellor's self allows this. Attention to the client's frame of reference allows the counsellor to explore how the client's self-created "microcosmic social world" and their idea of the 'me' is affected by the loss of the significant other who has been written into this world (Littlewood, 1992, p. 72). This attention to the client's inner world may be especially helpful for those who feel their grief does not fit others expectations of normal, possibly because modern society shies away from public expressions of grief (Gort, 1984; Parkes & Prigerson, 2010) despite grief being widely regarded as a social process (Littlewood, 1992).

Person-centred theory can help explain why clients experience different reactions (Haugh, 2012). Archer (1999) suggests it is the alteration in self-concept which accompanies external changes such as bereavement which is regarded as being crucial for the resolution of grief. Servaty-Seib (2004) gives a detailed view of how person-centred theory fits with bereavement: grieving can become difficult when obstacles such as conditions of worth and their subsequent prescription for how to mourn are placed in the clients' way. This attention to an external locus of evaluation often leads to disparity between self-concept and the client's genuine experience. Thus person-centred counselling offers a critical opportunity for clients to regain a subjective sense of their own individual experiencing. Bryant-Jefferies (2006) agrees that clients' bereavement experience tends to be affected by the conditioning effects of their past experiences.

There are drawbacks or limitations to the idea of person-centred bereavement counselling. Bereaved clients, especially those deemed as experiencing CG, suffer feelings of isolation and confusion, have difficulty sleeping and feel numb or

removed from life. In the face of the resultant potential difficulty engaging, this may impact the relationship in terms of Rogers' first necessary and sufficient condition; two people must be in psychological contact (1957). For the relationship to work the client must be able to engage to an extent, which may not always be possible with bereaved clients.

Bereavement counsellors can be said to travel the journey of loss alongside the client (Machin, 2009), but a client's expression of grief may be just the start, with the PCA criticised for lacking focus on mourning and coping once the expression of grief has been achieved (Servaty-Seib, 2004). If more complex counsellor-led interactions are indeed deemed necessary, this may sit in tension with the non-directive client-led basis of person-centred counselling.

One example of this may be normalisation of grief reactions. Many clients are overwhelmed by the breadth and strength of their reactions. Especially keen are fears they are going mad, or in my own counselling experience, are a terrible person for their vehement reactions to seeing 'in-tact' units i.e. couples or families. In advising or even suggesting to clients their reactions are 'normal' McLaren (1998) posits that the counsellor deviates from person-centred practice and assumes an authority role, disempowering the client. She then states, however, that she believes normalisation aids the empathic relationship, allowing the client to feel understood, less isolated and thus better able to understand and accept their own reactions (1998). Haugh (2012), while finding empathic reaction usually sufficient, does concede that on occasion failure to respond to questions of normality from clients is tantamount to avoidance and therefore incongruence on the person-centred counsellor's part.

2.6 Conclusion

This review highlights the basic history of grief theory, with an overview of arguments surrounding CG as a diagnosable condition. It summarises literature surrounding the experiences of working as a bereavement counsellor, with the work of McLaren (1998) and Puterbaugh (2008) being particularly insightful in this area. Finally, it discusses a person-centred approach to bereavement. The review found a paucity of literature surrounding the experiences of being a bereavement counsellor, and little too written about bereavement counselling from a person-centred perspective. Only McLaren's 1998 paper drew on the experiences of working as a person-centred bereavement counsellor, and no literature was found concentrating on the specific experience of working with clients presenting with CG. Therefore, my research dissertation aims to fill something of this knowledge gap, offering insight which is useful and relevant to those interested in CG, person-centred bereavement approaches or how it is to work as a bereavement counsellor.

Methodology

3.1 Philosophy and Research Design

In undertaking this project both quantitative and qualitative approaches were considered. The dominant approach to research has hitherto been positivist quantitative paradigm and related methods, where the objective, measurable and observable nature afforded by the design has been unchallenged for years (Sanders & Wilkins, 2010). Quantitative research strives to neutralise researcher impact, controlling variables and offering results via discrete units for comparison and statistical analysis (Maykut & Morehouse, 1994). Qualitative research, constructivist in nature, strives to understand the meaning events have for individuals (Maykut & Morehouse, 1994). Conducted in a similarly rigorous and disciplined manner as quantitative research, qualitative research allows for researcher impact while also reiterating that it has neither the intention or possibility to result in definitive answers (Sanders & Wilkins, 2010).

Fundamental to the study's design was choosing a method appropriate to the research question (Willig, 2001) as well as resonating with my personal views (Sanders & Wilkins, 2010). Where quantitative research seeks to test hypothesis and remain objective, the subjective interpretation (Finlay, 2011) of qualitative research better reflects my interest in the individuality of experience and the deep meanings this can hold. Working with 'participants' rather than quantitative research's 'subjects', and the greater agency and involvement for the participant this implies (Sanders & Wilkins, 2010) also appealed.

If, as stated above, no definitive truth can be found (Sanders & Wilkins, 2010), qualitative research must serve a different purpose; assuming there is no 'objective reality' (Sanders & Wilkins, 2010), uncovering meaning and exploring in detail the lived experience for participants (Sanders & Wilkins, 2010; Finlay, 2011; Hennink, Hutter & Bailey, 2011).

Similarities in qualitative and quantitative methods, including appropriate methodology, transparent process, ethical practice and systematic working (Flick, 2011) offer good grounding for any research. However, qualitative research's focus on the individual's process appealed to me as a person-centred counsellor, as did the phenomenological aspect of qualitative research, blending well with the central role phenomenology plays in person-centred counselling (Merry, 2002; Mearns & Thorne, 2007; McLeod, 2009).

Following from this, my tool as a person-centred counsellor is myself, so the 'human-as-instrument' (Lincoln & Gruber, cited in Maykut & Morehouse, 1994) inclinations of qualitative research felt a natural progression as I expand my role from trainee counsellor to novice researcher.

The role of researcher forms a fundamental difference between quantitative and qualitative research. The posture of qualitative research is one of indwelling (Maykut & Morehouse, 1994), with the researcher a subject within the study, not an outside observer (Maykut & Morehouse, 1994). Even the research question itself inevitably arises from the researcher's personal position (Dallos & Vetere, 2005). As a qualitative researcher I strove to identify the impact my personal, intellectual and cultural history may have on the study (Etherington, 2004) and to make pre-existing ideas explicit (Hennink, Hutter & Bailey, 2011).

Husserl posited *epoché* or ‘bracketing off’ as a core demand of phenomenological methods (Beyer, 2013). However, this requirement sits in tension with Heidegger’s hermeneutical assertion that interpretation is always required (Wheeler, 2011) because it is impossible to negate our experiences regarding the phenomenon we are studying (Reiners, 2012). This impossibility in bracketing all assumptions (McLeod, 2003; Etherington, 2004) meant the researcher engagement in a reflexive process, necessitated by qualitative research, appealed to me, with frequent self-checks being undertaken to ensure I submit research with a solid hermeneutical grounding.

While I must acknowledge and make transparent my self and impact, it is vital I also become immersed in the experience of the participants (Mintz, 2010). I strove to meet the lived experience in as fresh and open a way as possible by leaving behind any usual ways of meeting with the world (Finlay, 2011) and allowing participant-generated meanings to emerge, whatever they may be (Willig, 2001). Importance is determined by the participant, not researcher (Maykut & Morehouse, 1994), and my challenge was to enable participants’ voices to be heard, not simply my researchers account of what was said (Dallos & Vetere, 2005).

This tension between epistemologies, finding a way to immerse myself in the material whilst simultaneously standing back from it (Elliott & Williams, 2001) was a constant feature of my experiencing during this phenomenological qualitative research project.

3.2 Sample Criteria and Participant Recruitment

Since the methods used to recruit participants will colour my findings, it is important that I can account for them to ensure valid trustworthy work is produced (Maykut & Morehouse, 1994). Qualitative sampling has been described as an interactive and purposive process (Elliott & Williams, 2001), and the selection of my sampling strategy was duly influenced by the focus of my interest and by my own judgement (Maykut & Morehouse, 1994) as to which method would yield the clearest picture of the experiences of working with CG.

My recruitment goal led to the conclusion I sought exploration of individual potentially 'critical' cases rather than maximum diversity (Hennink, Hutter & Bailey, 2011). Therefore I rejected probability sampling, which required a sufficiently large number of participants to be selected at random with no influence from the researcher (Denscombe, 2010).

Non-probability sampling, in setting out to acquire a deep understanding of a phenomenon (Mintz, 2010), fitted with the study's phenomenological basis. Complementing the idea of qualitative research as working in-depth with small samples (Willig, 2001), non-probability sampling also steers away from trying to obtain samples which are representative of a cross-section as a whole (Mintz, 2010).

Random sampling was rejected on the basis it required variation from a large participant pool (Maykut & Morehouse, 1994). Time and experience meant this was not an option. While the extremes of CG are what initially drew me to this topic, maximum variation sampling, or seeking the greatest differences in this

area, and the subsequent snowball sampling was also rejected on the basis that it required a too-wide range of participants which may not be available in my timeframe and with my specific recruitment criteria.

Purposive sampling was chosen, a systematic process of recruiting a selection of participants who meet my criteria (Flick, 2011) and can offer a deep understanding of the phenomenon as experienced by this carefully selected group (Maykut & Morehouse, 1994). Criteria for recruitment was specific (Appendix 4), ensuring my sampling avoided being deemed haphazard (Flick, 2011).

Recruitment began, once paperwork was signed off by my research supervisor, with an advert on Therapytoday.net (Appendix 5), on the BACP Research noticeboard (Appendix 6) and with requests for adverts to be placed in selected hospices and counselling practices around the North West. These adverts (Appendix 7) were accompanied by permission letters (Appendix 8). They went to 8 hospices, 2 bereavement counselling practices, 1 general counselling centre, and 2 private practices.

Response was slight. One interested party could not proceed on health grounds, and one due to distance. All other interested parties were interviewed. Two participants came from one hospice, the third following a suggestion from my placement co-ordinator and the fourth following a suggestion by an existing participant.

Once participants expressed interest from the advert they were provided with a copy of the information sheet (Appendix 9) and questionnaire (Appendix 11). Then

closer to the interview, they were sent the interview topic guide (Appendix 12) and taping consent form (Appendix 13).

The participants were all white Europeans, 3 women and 1 man, with a range of between 5 and 20 years experience in a bereavement setting, and varied experience of other practices outside bereavement.

3.3 Data Collection

Data collection was via audiotaped semi-structured interviews. When deciding a data collection method, I felt this 'conversation with a purpose' (Sanders & Wilkins, 2010; Hennink, Hutter & Bailey, 2011) most accurately fit with my desire to access participants' lived world (Sanders & Wilkins, 2010; Finlay, 2011). The semi-structured nature gave more support and focus than an unstructured interview, which, while offering the chance to really explore a unique experience, would likely prove a challenge for an inexperienced researcher like myself (Mintz, 2010). However, I also felt structured interviews would not offer enough scope for exploring the participant's unique perspective (Mintz, 2010).

Similarly, questionnaires were disregarded for being less conducive to probing than interviews (Mintz, 2010) and to some extent pre-determining the data by directing it according to the researcher's agenda (Sanders & Wilkins, 2010), contradicting my aim of documenting participants' phenomenological experience. I have no experience running a group and wished to capture individual voices so a focus group was ruled out (Mintz, 2010; Hennink, Hutter & Bailey, 2011).

A case study would rely on multiple sources of evidence (Sanders & Wilkins, 2010) and required more time and experience from the researcher but by asking participants to discuss in detail work with a client I hoped to emulate case study principles and obtain the individual views of the participant (Flick, 2011).

I designed the interview structure to consist of 8 open questions with prompts (Appendix 14). The questions were designed to funnel and drive the interview process to answer the overall research question (Willig, 2001), while simultaneously being carefully phrased, thus being both easily understood by participants and as non-directive as possible (Sanders & Wilkins, 2010).

A pilot study, a feature of good research (Silverman, 2010) was undertaken, allowing me to 'test' my questions and enhance my confidence for 'real' interviews (McLeod, 2003). Pilot feedback (Appendix 16) indicated the questions worked well and the chance to discuss work of this nature could prove rewarding for participants, enhancing the validity and ethical grounding of the research.

Participants were interviewed in a suitable location of their choice, in the order in which they became available. The interviews lasted 45-60 minutes. Prior to interview participants received the topic guide and taping consent form. At the time of interview, both copies of the consent form were signed and one returned to the participant. On completion of the interview, participants were offered the chance to review the verbatim transcript before analysis began. Only one participant requested this, and no factual amendments were made. No participants requested any additional information be added into the transcript at any point after the interview was completed.

I approached the interview with a view to keeping the balance (Willig, 2001) between obtaining information and letting the participant go where they felt was relevant. To achieve this required sensitive and ethical negotiation of rapport (Willig, 2001), in which I was careful not to slip into 'counselling' mode and instead used my skills as a therapist to interview and observe (Finlay, 2011) the process of the participant.

3.4 Data Analysis

The aim of phenomenologically-based qualitative research is to uncover the participant's lived experience (Finlay, 2011). To this end I strove to approach each interview and analysis as its own entity. Pre-coding was inappropriate, but the aspiration that any coding be avoided at the point of collection (Willig, 2001) proved impossible to adhere to 100%. Any data collection requires some translation (Willig, 2001), and because transcription of the first two interviews occurred before the final two were carried out, themes and ideas had emerged which remained in awareness during subsequent data collection. However, this is in keeping with McLeod's suggestion (1999) that stages in the research process may overlap, with analytic ideas occurring during the data collection stage, and with Finlay's assertion (2011) that the researcher occupies a central role as co-constructor of tentative data. Embracing the paradoxical nature of indwelling and attuning to the experiences of others while remaining aware of the influence of my own biases (Maykut & Morehouse, 1994) meant immersion in the data and emerging analysis, whilst using reflexive observations in my research journal to

ensure any assumptions or tendencies towards pre-coding were acknowledged but bracketed off so as not to influence the delicate analytical process.

I listened to the recording of the first interview while reading the verbatim transcript to ensure accuracy and begin immersion in the data. I subsequently re-read the transcript several times to familiarise myself with the words and allow a true sense of the data as a whole to begin emerging (Mintz, 2010).

I undertook close data analysis, working in sections dictated by the flow of the interview. I made notes in the right hand margin using the areas of commentary suggested by Smith et al (2009). I read each section before going back over it and making first descriptive notes, then linguistic then conceptual. I then re-read the section looking at the data as a whole to check the notes remained grounded in the interview text (Finlay, 2011).

I went over the data again, looking at both the notes and transcript itself, attempting to crystallise meaning in the form of emergent themes, noted in the left hand margin (Appendix 17). This reduced the volume of data whilst attempting to retain its complexity (Smith, Flowers, & Larkin, 2009). These emergent themes were typed with line number and supporting quote, and cut up so each emergent theme stood alone. Working on a large floor surface, I moved themes around so clusters formed (Appendix 18); this spatial exploration of the data allowed for the ambiguity analysis sometimes uncovered in themes which seemed to partially fit a cluster, or fit between two. Time spent re-arranging and immersed in this visual representation of themes resulted ultimately in the creation of super ordinate themes (Appendix 19). A table was created with super ordinate themes containing corresponding emergent themes, line numbers and relevant quotes supporting

and validating the link back to the original data (McLeod, 1999). Some emergent themes were lost at this stage where they did not fit comfortably into a super ordinate theme. Once transcript analysis was complete, I allowed time and space before moving on to the next analysis, ensuring immersion in new data with a fresh perspective and less chance of residual themes or thoughts from previous analysis clouding the work.

Once analysis on all transcripts was complete, I printed each table of super ordinate themes using different coloured paper for each participant. Themes were cut up so they stood alone, and fresh analysis across all interviews was undertaken. Again, using a large floor space allowed for new themes to emerge from the already-identified super ordinate themes of individual transcripts (Appendix 20). I found this a challenging stage, and detailing the process in my reflexive journal was helpful in focusing my thoughts. Some themes were discarded here when they did not fit well into emerging super ordinate themes.

A table of cross-participant super ordinate themes was created along with strong examples of supporting emergent themes and relevant quotes to ensure at this final stage the analysis could still be closely linked back to the original participant contribution (Appendix 21).

3.5 Ethics

Qualitative research, due to its nature, may have more pronounced ethical issues (Hennink, Hutter, & Bailey, 2011), and the implications must be at the forefront of research from the planning stage (Sanders & Wilkins, 2010). From the outset I, a

student member of the BACP, ensured my research remained within the guidelines of both BACP Ethical Framework and BACP Ethical Research Guidelines, as well as meeting criteria of the University of Chester Research Governance Handbook and being formally approved by the University of Chester Department of Social and Studies and Counselling Ethics Committee. Part of this means working within my levels of competence in designing, planning and conducting the research (Bond, 2004). I designed the research around interviewing counsellors rather than clients, on the basis that counsellors are already professionally attuned to their feelings, used to working with strong emotion and also, as per my selection criteria, have support in place should emotional distress be awakened following the interview (Sanders & Wilkins, 2010).

Participant well-being (beneficence; BACP, 2013) is at the heart of ethical research (Mintz, 2010) and while each project brings specific ethical challenges (Finlay, 2011), it is acknowledged one fundamental factor in researching ethically with participants is informed consent (McLeod, 1999; Willig, 2001; McLeod, 2003; Mintz, 2010; Sanders & Wilkins, 2010; Hennink, Hutter & Bailey, 2011). From the outset, I endeavoured to lay clear the nature of participant involvement. My information sheet explained what I hoped to research, what I asked in terms of time, how I would collect data, how that data would be used and how it would be stored. I also answered these questions in more detail by phone and email during the recruitment process. If potential participants raised questions about their standpoint as 'person-centred' or their dislike of the CG label, I explained my baseline requirements. If I felt they met my research needs, I then left it up to their

professional and personal autonomy and fidelity as to whether they agreed they fitted and wished to continue – though responses from participants were slight, I did not wish to compromise my requirements or persuade participants they fitted just to get my correct number of interviews.

Informed consent is a process (McLeod, 1999) continuing throughout the research project. With this in mind, participants' right to withdraw at any time was stressed on the taping consent form signed before the interview, and also verbally before the tape recorder was switched on. This informed consent carries through to the offer of member checks of the transcript (discussed below), and the assurance that adequate and appropriate anonymity and confidentiality will be uppermost in the handling, storing and presentation of data (McLeod, 1999; Willig, 2001; McLeod, 2003; Rawson, 2006; Sanders & Wilkins, 2010; Hennink, Hutter, & Bailey, 2011).

Finally, working with my research supervisor helped ensure I approached the project ethically, and acted as a touchstone for integrating ethical awareness throughout the project's lifespan.

3.6 Validity

Qualitative research has been criticised for unclear methodology (Maykut & Morehouse, 1994). In addition, it cannot seek validity in numbers so must ensure trustworthiness through other methods (Sanders & Wilkins, 2010). If I am to offer valid research, I must contextualise the study from the outset (McLeod, 2011),

aiming at allowing the reader to make their own judgement about the final product (Sanders & Wilkins, 2010).

Quantitative research seeks to remove the researcher's personal impact from the project (Sanders & Wilkins, 2010), while qualitative studies acknowledge the role of the researcher (Willig, 2001), aiming to understand the complexities of researcher influence on the work (Sanders & Wilkins, 2010). This can be primarily through provision of a solid audit trail, a core issue in establishing validity (Dallos & Vetere, 2005). This audit trail, in which examples of my workings are available, should demonstrate my process of rationale and integration (Willig, 2001), allowing readers to follow the path from beginning to end, resulting in the freedom to judge, fully informed, for themselves the trustworthiness of the outcomes (Maykut & Morehouse, 1994).

Reflexivity is vital in offering up valid research. Sanders and Wilkins (2010) propose research should contain enough about the researcher for the reader to be able to view the project from within the researcher's frame of reference. A key aspect of this must be for the researcher to remain open and aware of how their frame of reference influences the research. During this project I made sure to examine my motives, personal and professional (Sanders & Wilkins, 2010), to note my anxieties, assumptions and biases (Dallos & Vetere, 2005). My cultural and personal history will be colouring my research (Etherington, 2004) and by maintaining a reflexive approach I can help maintain my role as 'co-constructor' of tentative data (Finlay, 2011) in an empathic and open way, collecting and culling meaning from the data without pre-ascribing importance to any aspect of it (Maykut & Morehouse, 1994).

The validity which comes from contextualising my research covers more than just my role as researcher. The study must be firmly located against a background of existing research and theory (McLeod, 2003; Rawson, 2006; Sanders & Wilkins, 2010), and I have aimed to achieve this with my Literature Review, which has set up the study against existing literature and made the point that my research questions is one that is worth asking by what it adds to future understanding and practice (Dallos & Vetere, 2005).

Participant involvement shapes the study from the outset. My pilot interview, a feature of a good research study (Silverman, 2010), allowed me to gather feedback in order to maximise the effectiveness of my questions and myself as interviewer. Information on participants and myself is given in order that the reader can build up a picture of the source and the self through which the data is then filtered. As discussed, following the interviews, each participant was offered the chance to review the transcript. Once data analysis had been undertaken, participants were offered the chance to review the analysed data. Three wished to; no changes were requested. These member checks are seen as vital to valid research (Maykut & Morehouse, 1994; McLeod, 1999; Mintz, 2010) with such respondent validation of my process serving to increase mutual understanding and get close proximity to the participants' meaning, even while acknowledging it is through the lens of my own perception (Dallos & Vetere, 2005).

3.7 Limitations

If I as researcher am the basic tool (McLeod, 1999) part of the project's validity is to acknowledge my role in the boundaries of the study. Underpinning the entire project is my inexperience as a researcher. This has implications ranging from the questions developed to nerves or my novice state affecting how I portrayed myself during data collection, which has the potential to influence the data itself (Hennink, Hutter & Bailey, 2011). If the researcher is the instrument (McLeod, 1999), then this continues until the final note, so despite regular contact with my research supervisor, I was in effect learning-while-doing during the entire process. It is plausible to expect that with one eye on the textbooks, I was not immersed so naturally in the data as if I had more experience, and that I missed elements in my analysis which would not have been the case if I were able to relax onto a stable base of experience.

An MA-level study has timeframe limitations. McLeod suggests a repeated research cycle of data immersion and analysis enriches final analysis (McLeod, 1999, 2011); however this cycle was undertaken only once for each interview and overarching analysis before results were set down on paper. This surely had an effect on the depth and breadth of analysis offered.

Undertaking phenomenologically-based qualitative rather than quantitative research means I am not seeking to predict or to offer generalisations in my findings (Maykut & Morehouse, 1994; Willig, 2001; Sanders & Wilkins, 2010). Instead, the research is limited to its context, focusing on the detail of participants' process, working to a small scale, with just four participants.

These participants were all from similar cultural backgrounds in that they were all white Europeans in a similar age bracket, who worked or had worked long term in a hospice environment. While generalisation is not the aim of the study, more variety in the samples may have produced a different slant to the results. However, I sent out requests to 15 different organisations or practices all with multiple counsellors as well as an advert on the BACP research and Therapy Today website, and the only people who replied and agreed to be interviewed were the four participants. The specific nature of my recruitment criteria, and a tendency in person-centred counsellors to shy away from labels such as CG proved a limitation in themselves. In this vein, the lack of official definition of CG has proved a limitation to this research - even amongst the participants who replied, some clients discussed perhaps presented in ways not necessarily matching proposed CG definitions; the grief was indeed complicated, but was not necessarily Complicated Grief.

Presentation of Outcomes

4.1 Introduction

My analytic outcomes are presented thematically. Participant contribution is reflected using quotes to support themes and highlight any converging or diverging participant experiences. While each participant is widely represented, not every sub-theme contains data from every participant; this represents of the unique experiences and emphasise of each individual, yet also meets parameters set by the word count of this dissertation. I present 3 super ordinate themes, divided into 13 sub-themes. Within that, two sub-themes are broken into further topics where the data offered 'snapshots' of valuable insight and the smaller topics fitted together coherently.

Table of Super ordinate and sub-themes		
1 – Shifting sands; movement moment and malleability in the counselling room **1a** Working on different levels **1b** Tangible vs intangible **1c** Ideas of movement **1d** Chronology; time is not linear	**2 – The self of the counsellor** **2a** Impact on self: positive **2b** Impact on self: negative **2c** Self-care; **2c(i)** General **2c(ii)** Supervision **2c(iii**) Team **2d** Counsellor as tool; narrative reflecting process	**3 – Role of and within the therapeutic relationship** **3a** Counsellor as witness **3b** The experience of experience **3c** Relationship as 'our' tool **3d** Views on the role; **3d(i)** Suicide **3d(ii)** Nature of bereavement **3d(iii)** Labels **3d(iv)** 'It's what I'm there for'

Fig. 1

4.2 Super ordinate theme 1 – Shifting sands; movement, moment and malleability in the counselling room

A prominent feature of my findings was the idea that much of the counselling process as experienced by participants feels ephemeral or unfixed. I had a sense of emerging malleability as I undertook each analysis, and this was born out in the subsequent emergent themes and this overarching super ordinate theme.

1a Working on different levels

The notion of simultaneous experiences in the counselling room seemed strong. Sometimes personal feelings operated on different levels:

> *It felt sad but happy* [when we ended]*.* [Lisa 317.11]

Sometimes it was participants' professional selves displaying dual levels of operation:

> *There was an aspect of me* [normalising physical symptoms] *and another part of me thinking 'my god is he going to have a heart attack?* [Dawn 105.4]
>
> *It's balancing on that holding in mind the freedom of any person, and the need for care in any person.* [Marie 169.6]
>
> *She doesn't present in any way that makes me feel I have to be concerned about it, but its something that's there in my mind.* [Stephen 288.8]

> *It's just staying with that feeling with it and but also using it.* [Lisa 401.14]

This duality extends to tensions between counsellor and organisational preferences:

> [Ending with the client felt ok on a personal level but] *maybe it felt also ok, I don't have to justify* [number of sessions to management]*.*'[Dawn 284.10]

1b Tangible vs Intangible

Tangible and intangible layers of process seem experienced by participants:

> [Suicide is] *also tangible in so far that she's not really rooted here anymore.* [Marie 131.5]

This may hold a literal 'tangible' element, referenced by Marie, while also offering intangibility in the fact the client is rootless, drifting. It also feels suicide in itself is hard to grasp, contributing to the layered nuances of this statement.

Marie makes another striking statement:

> *'Because of the gap that doesn't seem to be there for* [the client]*.'* [Marie 338.11]

The issue for her client is that the gap in timeframe from childhood to adulthood does not exist. Similarly, a gap itself does not 'exist', it is an intangible space. In not existing, the gap seems to change form into something more tangible that can

be identified and verbalised; I had in mind the mathematical rule that two negatives make a positive.

Stephen experienced moments of (in)tangibility, where awareness is concrete but the more tangible workings cannot be pinned down;

> *I don't know exactly how that works, but I'm very aware of that.* [Stephen 393.10]

Dawn too witnessed tangible moments with clients.

> *It would be quite painful to be in a room with him because it was palpable how much he was hurting.* [Dawn 68.3]
>
> *It was kind of like electric in the room when he was telling me about that* – [*Dawn 302.10*]
>
> *She wanted to wear* [her grief]. [Dawn 445.15]

1c Ideas of movement

Senses of movement were depicted through metaphorical representation by participants. The differing qualities of movement were striking; while reference is made to '*walking with'* clients [Marie 359.12] and that '*people generally do move forward*' [Lisa 122.4], not uncommon in reference to the counselling journey, other images offer less controlled process. (NB: Non-italicised brackets represent the researcher's analytic image in response to the quote).

> *With her it's like on the on the edge of life and death* (teetering). [Marie 207.7]
>
> *She brings me in all sorts of kind of waters (*rapids*).* [Marie 316.11]
>
> *It was sort of spilling out… into the rest of my life.* [Stephen 170.5]

The feelings started to flood in. [Lisa 97.4]

[Emotions] *swinging from being very very sad to very angry.* [Lisa 181.6]

Felt a bit like launching, ready to launch into life again. [Lisa 300.10]

1d Chronology; time is not linear

The final sub-theme of super ordinate theme 1 deals with participants' experience of time. I felt within the counselling relationship, ideas of time as a linear concept did not always apply, for both counsellor and client.

Marie speaks of her client's fractured timeline, one illustrative example being the idea of the possible 'end' being present from the start of the relationship:

Bang in the middle [of their decision to work together] *'do I continue living?'* [Marie 126.5]

Participants speak of their clients' past being very present:

'Being with her, erm, as an abused child.' [Marie 335.11]

'*She talks as if… it is happening now.*'[Marie 341.12]

'[This incident] *took her back into* [her childhood abuse].' [Stephen 191.5]

'[His connection to the deceased was] *very current, absolutely current.*' [Dawn 130.5]

He felt safest at home because that's where she was. [Dawn 90.3]

For some it is their own feelings which remain current:

And that really got me, yeah. It does get to me, that. [Stephen 671.17]

I was just so moved by that, still am, it was a few years ago and still am. [Dawn 376.12]

4.3 Super ordinate theme 2 – Self of the counsellor

Counselling work may impact the counsellor, with participants reporting the work was both beneficial and also potentially damaging or difficult. Within this super ordinate theme I divided the sub-theme of Self-care into General, Supervision and Team, because I felt the participants' views on supervision and team to be worth reflecting.

2a Impact on self: positive

Personal emotional fulfilment seemed a common benefit:

I find counselling in itself such a rewarding role. [Marie 630.21]

Also very inspiring I think. [Dawn 234.8]

It's beautiful work, really, moving work. It's a privilege to be with people. [Dawn 702.23]

It's rewarding and I get a lot of satisfaction out of it. [Lisa 474.16]

Intellectual fulfilment also seemed rewarded:

> *Being witness to people's process, I think its it's incredibly intriguing.* [Marie 630.21]

> *That interaction between theory and practice, theory, practice, forever… I think is, is there a better job? I don't think so. [laughs].* [Marie 649.22]

> *For me to hear to hear people chewing over what's going on for them, I just find the most fascinating thing in life.* [Stephen 413.11]

> *He taught me stuff as well.* [Lisa 315.11]

For Lisa, preparation for the future benefitted from work with clients:

> *Positive feelings about myself really as a person, and also in terms of preparing for ultimately sadness's in my own life.* [Lisa 475.16]

While for Dawn, spiritual benefits were an important aspect of her work:

> *Given that I have certain spiritual beliefs for me that was kind of very affirming.* [Dawn 304.10]

> *It's the opportunity for the spiritual.* [Dawn 597.19]

2b Impact on self: negative

However, it is perhaps unsurprising that working with such pain and emotion can leave participants vulnerable to negative impact.

Feelings of incompetence or doubt were common to all participants:

> *Who am I to even* [try to] *suggest anything here or address anything.* [Marie 683.23]

> *Kicking myself a bit, thinking 'what am I not hearing?* [Stephen 130.4]

> *A sense of incompetence that, shit, I don't know what I'm doing, my god, I don't know how to help her… ugh, can't do this work.* [Dawn 481.17]

> *The other part of that is shit, you're obviously not doing a good enough job, you know, he's on anxiety tablets, argh…* [Dawn 316.11]

> *I would have to reassure myself er that what we were doing was enough.* [Lisa 410.14]

Sometimes the impact seems physical. In discussing not wanting to pressurise a suicidal client by phoning too soon yet wanting her to know she cares, Marie seemed weighed down by this delicate balance:

> *[Sighs].* [Marie 191.7]

Other participants expressed physical impact:

> *You know, that real kind of [squeals twice] can't do this can't do this.* [Dawn 487.16]

> *I did feel very drained, and feel like I need to go [exhales] you know, kind of just shake it all out.* [Lisa 256.9]

Three of the four participants referred to clients somatising symptoms. Two participants referenced this as being a challenge:

> *I think the challenges are the fear of the physical side of things.* [Dawn 309.10]

> *I think the frightening periods of time* [were] *when he was really stressed very stressed and I was fearful for his health.* [Lisa 347.12]

While sometimes, there seemed a sense of impending danger of a more emotional sense:

> *The challenge is really in sticking with it and standing near to the fire.* [Marie 88.3]

> *At the moment my heads a bit burnt out with it.* [Stephen 28.1]

> *To actually deeply empathise with that I thinks one of the… most likely aspects of vicarious traumatisation for me.* [Stephen 370.10]

> *I was completely oblivious to the cost, to me of working in that environment.* [Dawn 553.18]

2c Self-care

Given the potential for harm to counsellor and client in this work, I found self-care to be a strong theme for the participants. Supervision and the impact of a team have been presented as distinguishable topics within this self-care sub-theme.

2c(i) General

Participants' feelings around self-care seem to reject the idea it is '*a package or… a pill you take*' [Marie, 570.19] and instead the feeling is more of a wider lived experience.

> *It's a way of living… I wonder whether it's become second nature to have that monitoring of… wellbeing, balance.* [Marie 577.19]

> *For me it's about being my all, but it means about me having spaces to recuperate.* [Stephen 571.15]

> *I didn't balance my life there enough with life-affirming activities, and I think if you're going to work around bereavement and death* [you must]. [Dawn 559.18]

> *I've done this job for a long time and… I just have ways of coping and… good friendships and I make sure that I have a good fun time outside of work.* [Lisa 453.15]

There seems almost an element of surrendering involved:

> *With clients who are kind of verging in that direction, it seems to me its more a spiritual kind of type of support and searching... its*

kind of a surrender to a general system of care for something that is less tangible [Marie 537.18]

There's something about just accepting life and death as it is really. [Lisa 459.16]

2c(ii) Supervision

Specific references to supervision indicate it is an important element of counsellor self-care:

Supervision's critical. [Stephen 535.13]

I think its reassurance, doing the right thing. [Dawn 508.17]

I've got a really good supervisor, and [he] *knows me really well.* [Lisa 426.14]

2c(iii) Team

However, the '*gift of working in a team*' [Marie, 591.20] also seemed intrinsic to counsellor self-care.

Being part of a very good team is probably my main support in my work. [Marie 618.21]

To have an immediate, supportive er bunch of you know professionals around me, both within and around counselling, works really well for me. [Stephen 52.2]

If I'm going to be all I can be with my clients… and be there for them as much as I can be there, I need the supportive environment. [Stephen 562.15]

A feeling of teamwork, that helps… all working towards the same end within the same philosophy. [Lisa 466.16]

2d Counsellor as tool; narrative reflecting process

The final sub-theme is included under 'self'; it seemed that verbal reflection of any process can only come from the *self* of the person who speaks it. At times the narrative style of participants seemed to reflect the nature of what they tried to verbalise.

For Marie, it was when she tried to verbalise her response to vivid hallucinations by her client; while she accepted and worked with these hallucinations, it felt perhaps ephemeral, difficult to put into words:

Well it's a bit, it's a bit… its kind of er… it's strange. [Marie 377.12]

When analysing Stephen's interview I felt an emergent theme for him was the requirement of making his narrative 'fit', essentially looking at things in such a way that they became do-able. I felt for him, his use of words such as 'just' or 'little' seek to minimise the weight of what he is facing, thus enabling him to continue on his path without buckling at the pressure:

After a while it's just holding a heck of a lot. [Stephen 33.1]

So [the potential alcohol abuse] *one little thing.* [Stephen 291.8]

Dawn's narrative style was distinctive and sometimes very fluid. A fascinating extract appears to blend the client and Dawn in the past and present as she endeavours to express the essence of how *she* experienced her client's powerful experience:

> *And he said um 'I just put my arm out and I could feel her thigh', I can't tell you I, you know, and it lasted and did he kiss her?* [Dawn 141.5]

Similarly to Marie, Dawn also reflects verbally the struggle to place less tangible experiences within a concrete narrative structure:

> *The fact there was an essence of her that he'd had yeah, and that was um yeah, well for me you know.* [Dawn 148.5]

> *It was like [laughs] oh my God!* [Dawn 238.8]

Dawn also uses her narrative style to reflect the blunt bruising way she experienced a former supervisor:

> *What the hell are you going to do? Phone the doctor? And? So what?* [Dawn 351.12]

A striking example of Lisa's use of narrative to reflect process came more from the delivery than the words. When working with clients focused on busily 'doing' after bereavement

> [I] *become quite calm myself and try to slow things down and calm things down with my own way of being with them really.* [Lisa 48.2]

While calm and soft-toned to begin with, when delivering these words Lisa slowed down and stilled further; in that moment she *was* the process.

Similarly:

> '*I'm quite aware of how I feel and how they feel and what's between us really.'* [Lisa 254.9]

This felt it succinctly contained the three element required for counselling; counsellor, client and therapeutic relationship.

Finally, Lisa is asked about the benefits of working with bereaved clients:

> (Whispered) '*Benefits. Mmmm.*' [Lisa 356.12]

An interesting feature of the subsequent answer was that, while it covers 13 lines of transcript, a tangible expression of a benefit is only offered in the final line:

> *'It sort of reinforces* [that we'll sort it out together].*'* Lisa [368.12]

What comes before is a rundown of challenges and personal process leading to the benefit; it feels the benefit, while forming the base of the work, is not always immediately visible, hence the whisper and subsequent searching.

4.4 Super ordinate theme 3 – Role of and within the therapeutic relationship

The final super ordinate theme groups themes around the therapeutic relationship. I included the theme of experience in here rather than super ordinate theme 2 because I felt while the self of the counsellor is affected by their experience, it is the therapeutic relationship into which the results of experience are most closely entwined.

3a Counsellor as witness

All participants felt they at some point were witness to more hidden aspects of the client, aware of what the client perhaps was not. My feeling in analysing transcripts was of their being set apart, which sits in line with the idea of counsellors joining their clients in their journey yet remaining somehow separate (Gaudio, 1998).

> *Her not hearing how irrational that is or how untrue that is.* [Marie 385.13]

> *I could hear it in her how it was almost almost blasphemy.* [Marie 702.24]

> *I guessed that the relationship had maybe been difficult before she even really started talking about* [it]. [Stephen 108.3]

> *I could see you know what she was replaying the patterns.* [Dawn 476.16]

> *Didn't perhaps note er with him what what I was feeling was going on for him.* [Lisa 45.2]

The idea of witnessing seems at times to aid participants in their work, such as when Stephen's feeling of being somewhat separate to his client enables him to work with their darker material without being impacted too greatly himself:

> *The fact that we're holding them in that reflection… means that anything can be there. That doesn't particularly worry me.* [Stephen 166.5]

> *I don't find* [unconditional positive regard] *needs bounding as much, because for me it's about people's reflection of themselves.* [Stephen 411.11]

Witnessing can also be a personally rewarding experience:

> '[His embracing of life again was] *lovely to witness, absolutely lovely.*' [Dawn 684.23]

3b The experience of experience

All participants were experienced bereavement counsellors. This solid grounding of experience seemed both an anchor and a springboard for their work, reassuring them and allowing them perhaps more freedom to go where the client needs, as

illustrated in these statements. For Lisa, it is the idea that her client's volcanic bubbling emotions

> '*felt ok cos I've seen it before.'* [Lisa 61.2]

When Dawn considers her client's suicidal ideation she responds

> '*That's quite common.'* [Dawn 36.11]

And

> *'I think you get to trust yourself and the clients, so you know when you need to take action.*' [Dawn 338.11]

In both cases, experience seems to allow participants to hold firm for their clients.

For Marie, her experience allows her to both know and not-know when it comes to what clients might present, illustrative of the therapist's often-paradoxical process:

> *I always know that you never know what's going to happen but I know I've done it so often I've heard so many variations of the grieving process.* [Marie 347.12]

Like with Dawn and Lisa, this knowledge for Marie allows her to not flinch from what clients present, her base of knowledge supporting her in her work with individual or unexpected aspects of client presentation.

Lisa also found an element of professional comfort from her experience:

> *So that knowledge I suppose reassured me and held me, contained me.* [Lisa 119.4]

And it seems for Lisa, the client benefitted from his experience of her experience too:

> *I think he had a sort of respect for my knowledge and I think that held the sometimes troubled bits.* [Lisa 231.8]

3c Relationship as 'our' tool

It felt the relationship between client and counsellor was at times a spiralling entity; the relationship deepened because of the work undertaken, but the work was possible because of the relationship shared. These relationships are facilitative and unique, with some even creating their own language or shorthand:

> *That kind of language was ok… that's how we talked.* [Dawn 181.6]

> *Sort of you know 'headless chicken' kind of thing.* [Lisa 387.13]

Speaking of challenging her client, Lisa illustrates how the relationship led the work:

> '*Because we had the relationship then that was ok.'* [Lisa 239.8]

Similarly, Marie speaks of her client and how it was their relationship and the subsequent work she did which led to her resisting labelling the client, rather than the pre-existing label dictating the style of work to begin with:

> *I said she doesn't present with mental health problems… because I found myself working from a very person-centred approach.* [Marie 667.22]

For Marie, the origins of the relationship is almost impossible to define:

> *Somehow with her there has been a strong connection, regardless of anything, right from the very first.* [Marie 306.10]

Touchingly, Dawn offers up her client to me as a gift as she closes her re-telling of their story:

> *There you go, that was him. Bless him.* [Dawn 295.10]

3d Views on the role

The final sub-theme offers participants' views on their role. This is grouped into three topics which I feel are impacted by the idea of a CG diagnosis, and a fourth general topic giving a final snapshot on what it is like to be a bereavement counsellor.

3d(i) Suicide

Suicidal thoughts in clients are viewed by Marie as '*part I would say of every bereavement'* [127.5]. Stephen also appears calm in the face of such thoughts:

> *I'm not particularly concerned that a client expressing a lot of suicidal feeling is going to go out and commit suicide.* [Stephen 310.8]

Both Marie and Dawn are clear on the autonomy of clients in the face of suicidal ideation:

> *I deeply believe you cannot really force anybody to live, who am I to think that somebody should live, given what their life is about, yeah?* [Marie 155.5]

> *It would be his right to* [commit suicide]. [Dawn 348.12]

3d(ii) Nature of bereavement

The lengthy process and up-and-down nature of bereavement is illustrated by Marie and Lisa:

> *But in terms of bereavement counselling* [18 months working together] *that's not unusual.* [Marie 216.7]

> *I just think that's the way grief is, comes and bites you on the bum every now and again.* [Lisa 211.7]

Stephen refers to bereavement as a state – '*people in bereavement'* [223.6] – while Dawn is clear on the limits of recovery in bereavement counselling:

> *You can't make it better anyway can you in bereavement?* [Dawn 80.3]

3d(iii) Labels

With a diagnosis of CG jarring perhaps with person-centred ideas, I found participants shied away from labelling:

> *I was in that moment aware that as I'm working with her, I would not particularly have made that difference between 'this is complicated' or less complicated or more complicated than another.* [Marie 39.1]

> *I don't like to use the word 'symptoms' but er I used to use the 'experiences' by which she expressed her present grief.* [Marie 77.3]

> *Person-centred counselling and Complicated Grief, it is kind of, by being person-centred I think you open yourself up for an endless amount of complications.* [Marie 710.24]

> *I get fearful of grieving being DSM defined and things like that, and being medicalised, and so even the concept of Complicated Grief, cos for me they're all unique situations.* [Stephen 702.18]

> *As you can tell I'm so resistant to using that* [CG] *diagnosis.* [Dawn 62.2]

3d(iv) 'It's what I'm there for'

The final topic seems to represent the way participants work to accept and normalise client presentations:

> *For me it's um work with whatever they present.* [Dawn 56.2]
>
> *Very natural, very normal, lets normalise it.* [Dawn 176.6]
>
> *I think it's just important um to just be where the person is.* [Lisa 61.2]
>
> *It's that sort of belief that it's ok and kind of normalising.* [Lisa 186.6]

Dawn and Lisa also see their role as offering clients an ear not always accessible outside the counselling room:

> *I ask the questions that it's obvious nobody else asks.* [Dawn 20.1]
>
> *We're there to provide a support at that time, in a way that perhaps society doesn't.* [Lisa 469.16]

The final comments wrap up the overarching feelings of the second and third super ordinate themes; that the work is challenging and impactful but ultimately, this challenge links to an experiencing of purpose:

> *That's a real challenge for me. But, it's what I'm there for as well.* [Stephen 363.10]

The ability to hold, to empathise with very very powerful feelings, erm, is there as part of the job. [Stephen 394.10]

Discussion

Shifting sands; movement, moment and malleability in the counselling room

> *"What happens in therapy is not static"*
>
> McLeod, 2009, p. 424

Findings indicated participants sometimes underwent a duality of experience, intangible moments gained substance, images of movement offered striking insight into the experience of being in that moment, while the idea of time as linear and thus dependable seemed elusive.

Worsley (2008) suggests humans are complex and function psychologically at a number of levels. Participants reported examples of Worsley's 'many-layered' listening, where participants held both their concern for the client as worthy of safeguarding and the client's phenomenological reality in equal and simultaneous regard, what Casemore (2006) refers to as attending to the whole person and Mearns and Cooper (2005) call multidirectional partiality. Duality was also found in the idea the counsellor may attend to a client's feeling, in line with the PCA's phenomenological underpinning (McLeod, 2009), but in staying with and using that feeling, the counsellor also facilitates the client through empathic process, where simply the experience of being deeply understood can be transformative (Wilkins, 1999).

Findings surrounding tangible and intangible ideas within the counselling process were, perhaps unsurprisingly, hard to define. For Marie there was intangibility in how she experienced her client, where her language shared something of her private world (Merry, 2002) as she wrestled to grasp an understanding of their process. Stephen expresses awareness that an aspect of his process works a certain way while accepting he does not clearly know the parameters of that mechanism. This ability to embrace his own positive convictions that his awareness can be trusted is championed by Mearns and Thorne (2007) as central to person-centred counsellors' discipline. Other examples of tangible experiencing proved impossible to reference, despite many attempts (see Appendix 1).

Movement is a common image in counselling. The work is often described as a journey (Merry, 2002; Mearns & Thorne, 2007), and according to McLeod (2009), one aim of the PCA is to enable clients to move in the direction of their self-defined ideals. The flow of experiencing is also described (Rogers and Sanford cited in Merry, 2002; McLeod, 2009). However, the presumption that movement should be steady contradicts human experience (Mearns, 2003). This was reflected in some images participants used to describe their experiences working with clients. '*Spilling*' (Stephen) and '*flooding*' (Lisa) give a flavour of the uncontainable nature of emotion and counselling work, while the '*edge*' and '*waters*' described by Marie seemed to have an air of danger about them. Lisa's '*swinging*' emotions were reminiscent of a pendulum while her reference to '*launch*[ing]' felt exhilarating and hopeful.

Referred to by Getsinger (1978) as the fourth dimension, the notion of time as linear development (Yariv, 1999) subscribes to cultural norms of the social context

in which psychotherapy takes place (Getsinger, 1978). However, in keeping with the findings of this study, the complexity of psychological time renders it impossible to view as a uniform concept (Shmotkin & Eyal, 2003). Stephen and Marie recalled instances where clients appeared to be experiencing the past as if it were present when recalling childhood abuse. Dawn's client too felt a '*current*' connection to the deceased; the immediacy of their reaction concurs with Yariv's assertion that once the consciousness of measured time is released, we are in touch with different temporal experiences (1999). According to one study (Philippe, Koestner, Lecours, Beaulieu-Pelletier, & Bois, 2011), recall of autobiographical memories can influence current emotional experience. This seems supported by Dawn and Stephen when they refer to incidences which still elicit emotion in the present. Certainly, the fluid time perceptions presented by the study seem to confirm the supposition that perceived temporal distance is of pivotal importance (Gebauer, Haddock, Broemer, & von Hecker, 2013) – in order to stay with the moment for clients, and ourselves, we must acknowledge internal dialogues and personal feelings (Gaudio, 1998), including accepting the present impact of past events.

The self of the counsellor

> *"Being a counsellor is not for the faint-hearted"*
>
> Mearns & Thorne, 2007, p. 43

The findings support existing literature which indicates the role of bereavement counsellor may impact on those undertaking it, bringing "challenges and rewards

on a daily basis" (Beder, 2004). Positive and negative impacts were reported, along with ideas on self-care and use of narrative style to reflect process.

Little is written about the benefits of being a bereavement counsellor (Puterbaugh, 2008). Indeed, this study saw more references to negative impact on participants than positive. However, the nature of positive gains seemed perhaps deeper and richer than their negative counterparts. The literature describes the work as a privilege (Becvar, 2003), enriching (McLaren, 1998), satisfying and meaningful (McLeod, 2009). This level of reward is reflected in participant responses such as '*inspiring*', *beautiful*' and '*privilege*' (Dawn), or '*rewarding*' (Marie and Lisa). McLeod warns there is "always more to learn" (2009, p. 653), while Merry suggests it is unhelpful for any counsellor to consider themselves fully trained (2002). This cycle of experience and learning seems to result in intellectual stimulation as a positive impact. Marie asks of the interaction between theory and practice '*is there a better job?*', and describes the work as '*intriguing*', while Stephen calls it '*fascinating*' and Lisa speaks of her personal learning from her client. Puterbaugh's 2008 study suggested bereavement counsellors be insightful about personal losses and attitudes to death, which Lisa's talk of '*preparing for… sadness's in my own life*' supports. Puterbaugh's study posits spiritual development as a feature of the work, and Dawn's '*affirming*' experiences support this.

The work of counselling can also be "highly stressful and even traumatising" (McLeod, 2009, p. 653). While the essence of person-centred counselling is being not doing (Mearns, 2003), it seems most bereavement counsellors experience feelings of helplessness (Worden, 2010), inadequacy or powerlessness

(Puterbaugh, 2008). Dawn, Lisa and Stephen all expressed feelings of incompetence or self-questioning. This is supported by the Feelings of Incompetence suggested by Theriault and Gazzola (2008), described as an ongoing struggle, regardless of experience. The experience of bereavement counselling, says Puterbaugh (2008) will also touch counsellors physically, as experienced by Marie and Lisa. Becvar (2003) suggests repeated similar experiences are cumulative in their impact, reflected by Stephen's decision to take on less complex cases. Dawn's revelation she was '*completely oblivious to the cost*' of the work she was doing supports Barlow and Phelan's (2007) suggestion self-care activity is not a guaranteed outcome of knowing the importance of self-care.

The centrality of self-care is widely reported in the literature, with Puterbaugh's 2008 study strongly emphasizing the need for appropriate self-care. The regular monitoring of professional practice and physical and mental health (McLaren, 1998), tending to the counsellor's inner self (Miller & Baldwin Jr, 2013) and self-care as an ongoing process (Brady, Healy, Norcross, & Guy, 1995; Larcombe, 2008; McLeod, 2009; Satir, 2013) seem reflected by my findings. Participants describe self-care as '*a way of living*' (Marie), '*balance*' (Dawn) or achievable through ensuring a '*good fun time outside of work'* (Lisa), the holistic self-care approach referenced by Becvar (2003).

One task of supervision is the counsellor's personal and professional development (Carroll, 1996; Mearns & Thorne, 2007; King, 2008; McLeod, 2009), and this meeting of co-professionals (Bryant-Jefferies, 2005) is described by participants as '*critical*' (Stephen) and as '*reassurance*' (Dawn). However, for some

participants, the support associated with self-care came from their team as much as supervision. This '*gift*' (Marie) is suggested by Barlow and Phelan as being a compelling continuous collaborative partnership (2007) while reference is also made to the importance of groups of like-minded others (Becvar, 2003; Puterbaugh, 2008) for conference and support.

Rennie suggests we can only understand our clients by "living within our own experience of them" (1998, p.44). This was reflected by Marie and Dawn when narrative style mirrored response; both had trouble verbally pinning down their reaction to what the client brought. This in turn mirrored the ephemeral nature of the clients' experiences, which in both cases could be described as hallucinatory. Narrative not only expresses but enacts (Austin cited in Rose & Worsley, 2012), and Dawn's blunt expression of a former supervisor's attitude brings something of its bruising nature to the fore. Similarly, a striking moment has Lisa almost imperceptibly altering delivery and tone to reflect and become the calming process she is describing. It has been suggested our inherent capacity for language enables us to share something of our inner world with others (Merry, 2002). Lisa's struggle to pinpoint tangible benefits to being a bereavement counsellor shows something of her inner process in balancing the weight and reward, while Stephen's use of minimising phrases could reflect part of his process of keeping more daunting aspects of the work at manageable levels in his narrative in order to continue.

Role of and within the therapeutic relationship

> *"It's the relationship that heals […] – my professional rosary*"
> Yalom, 1989, p. 91

The quality of the therapeutic relationship is often considered a core feature for counselling success (Agnew-Davies, 1999; Mearns, 2003; McLeod, 2009; Green, 2010). When the 'self' of the counsellor and 'self' of the client come together to create the relationship and its outcomes (Rose, 2012), it becomes a new and actively evolving entity (Aponte & Winter, 2013). Participants offered insights into the unique ways in which the relationship worked for them, the impact of experience on their work within the relationship, their views on the wider sphere of bereavement counselling, and their experiences of being witness to their clients.

McLeod (2009, p. 1) refers to the "great privilege" of being witness to someone facing challenging times, a term echoed by Becvar (2003) and seemingly supported by Dawn's exclamation that seeing her client embrace life again was '*lovely to witness'*. Participants appear to be true to Rogers' definition of 'hearing' clients, in witnessing feelings and thoughts "below the conscious intent of the speaker" (1980, p. 8), such as the '*almost blasphemy*' heard by Marie or '*replaying patterns*' Dawn saw. It is interesting to note for Stephen, one outcome of witnessing was increased ability to work in an "intense and feelingful way" (Mearns & Thorne, 2007, p. 69) yet not get swamped; his witnessing takes the form of '*reflection*', keeping focus on the client and allowing the participant to connect and join in their meaning yet remain separate (Gaudio, 1998).

All participants had worked with grief and loss for at least five years, and this base of experience appears to impact their work. It is suggested these themes are the hardest to deal with at both professional and personal levels (Becvar, 2003), and a further claim made that aversion and discomfort associated with such work is most prevalent amongst counsellors with little relevant training background or client contact (Kirchberg, Neimeyer, & James, 1998). It is therefore unsurprising to find these experienced bereavement counsellors indicating they felt '*held… contained*' (Lisa) by their professional knowledge, or able to tolerate volatile emotion because they had '*seen it before*' (Lisa). The posture of not-knowing described by Puterbaugh (2008) and Browning (2003) is reflected by Marie's statement that '*you never know what's going to happen*' yet she also feels comfort that she has seen '*so many variations of the grieving process*'; Marie is using her knowledge of bereaved clients to steer away from predicting behaviour but instead to understand that behaviour once it is presented (Mearns, 2003). Furthermore, Worden (2010) makes the point that novices tend to apply stage theories too literally, with Servaty-Seib (2004) concluding this may ultimately result in more complications for the client.

For participants working as person-centred counsellors, the primary focus could be supposed to be on the therapeutic relationship (Wilkins, 1999). As a relationship between two real people, it evolves (Natiello, 2001), becoming something new (Agnew-Davies, 1999), as exemplified by Dawn and Lisa when they discuss the '*kind of language*' used within these unique relationships. The relationship must be solid enough to withstand challenge (Dryden, 2008), and Lisa shows evidence of this in her practice when she says of challenging her client

'*because we had the relationship then that was ok*'. Freedom is an important condition of the therapeutic relationship, including from diagnostic evaluation (Rogers, 1961). This supports the way Marie '*found*' herself working; rather than a pre-existing label ascribed to her client dictating her style of working, she responded to what the client presented, accepting their phenomenological experiencing (Haugh, 2012) and adhering to the non-directive nature of the PCA (Merry, 2002).

As experienced bereavement counsellors, participants developed their own set of philosophies around their work. Suicidal inclination is a feature of Complicated Grief (Gort, 1984; Neimeyer, Prigerson, & Davies, 2002; Shear, 2012). A defining feature of participants' response to suicidal clients is the careful acceptance with which they receive such feelings. In keeping with their respect for client autonomy (BACP, 2013), Marie felt '*you cannot really force anybody to live*' while Dawn asserted suicide would be her client's '*right*'. Green (2010) posits it is vital suicidal clients be given space to talk about it, and Stephen seems to exemplify this therapeutic offering when he suggests he is '*not particularly concerned*' about the immediate suicide of a client expressing suicidal feelings; he is attending to process rather than outcome, suggested by both Merry (2002) and Rogers (cited in Baldwin, 2013) as being facilitating at its most effective. This ability to sit with clients as they decide between life and death is also close to Rogers' (1951) idea that in being willing to allow the client to potentially choose death over life, only then can the therapist truly realise the vital strength of the individual's capacity for constructive action. In short, exhibiting deep trust in the client (Rogers, 1961;

Natiello, 2001; McMillan, 2004; Mearns & Thorne, 2007), a central tenet of the PCA.

Each grief response is unique (McLaren, 1998) and this extends to the time support may be required. Marie suggests longer-term work is common, mentioning 18 months as '*not unusual*'; considering half the widows in the London study remained disbelieving of their loss a year on (Parkes & Prigerson, 2010), requiring longer-term support would appear reasonable. Lisa's view is that grief re-appears at different times is reflected by the idea that people can move back and forth through grief states (Parkes & Prigerson, 2010). Dawn is clear that '*you can't make it better*', in keeping with the idea of keeping expectations realistic (Becvar, 2003).

A fundamental tension in this study was the balance between the essence of CG, that grief, even of an extreme variety, can be defined as a diagnosable condition, and the tendency of the PCA to shy away from labels and work only with the client's phenomenological reality (Mearns & Thorne, 2007). The participants expressed hesitation at using labels, with Dawn feeling '*so resistant*' to a CG diagnosis, and Stephen '*fearful*' of DSM definitions for grief. This hesitation to attach labels to bereavement processes is reflected in the wider literature, where there are fears this results in pathologising or medicalising grief (Shear, et al., 2001; Love, 2007; Simon, 2012; Fox & Jones, 2013).

For Stephen, who says '*for me they're all unique situations'* and Marie, who recalls '*I would not particularly have made that difference between …complicated or less complicated*', they seem to be simply accepting the client's phenomenological experiencing (Haugh, 2012). In respecting the unique aspects of the client's

grieving process (Gaudio, 1998; Puterbaugh, 2008), they perhaps exhibit that diminished rigidity between 'right and wrong' suggested by Natiello (2001) as a result of allowing ourselves to risk hearing another without prejudgement.

In the closing topic, participants offer a snapshot of views on their role, from the normalising of grief, suggested by Puterbaugh (2008) as often being part of the support experience, to the idea of '*work with whatever they present*' (Dawn) and being '*where the person is*' (Lisa). This idea of remaining immediate and empathically accepting of the client's phenomenology is in keeping with PCA (Merry, 2002; Haugh, 2012).

The sharing of grief experiences is not readily encouraged by society (Gort, 1984). Another aspect of the role is, according to participants, to offer an extra dimension of support which contemporary '*society perhaps doesn't'* (Lisa). Dawn too suggests she asks the questions '*nobody else asks'*, supporting the assertion that not all counsellors are comfortable offering bereavement counselling (Ober, Granello, & Wheaton, 2012).

Green (2010) suggests it can be daunting to sit with certain emotions in the counselling room. However, the ability to stay alongside clients is suggested by Stephen as '*part of the job*'. Being open to his own flow of experiencing (Merry, 2002), learning from challenges (Aponte & Winter, 2013) and trusting in himself as a practitioner (Natiello, 2001; Mearns & Thorne, 2007; Puterbaugh, 2008) while retaining that solid commitment (Mearns & Thorne, 2007) to clients is, simply '*what I'm there for'* (Stephen).

Conclusion

6.1 Conclusion

This study aimed to explore the experiences of person-centred counsellors working with clients presenting with Complicated Grief, focussing on the impact on the counsellor, and their experiences offering a person-centred therapeutic relationship to people grieving in this way.

6.2 Outcomes

The outcomes indicate bereavement counselling impacted on the counsellor's self in negative and positive ways, reflecting the Literature Review's findings. Awareness of pending losses, feelings of incompetence or potential burnout are some of the necessary risks while feelings of privilege, satisfaction, intellectual fulfilment and spiritual affirmation are among reported benefits. Ongoing self-care practices were suggested as central to counsellor well-being, including supervision, team support and undertaking life-affirming activities.

As suggested by the Literature Review, the study found that experience of working with the bereaved consequently provided a solid base for future bereavement work, with prior experience of grief reactions diffusing potential anxiety, allowing counsellors to remain centred with clients' here-and-now experiences. The unique parameters of the client, counsellor and relationship were shown to impact the process. The counsellors displayed philosophies in keeping with person-centred tenets yet potentially at odds with diagnoses such as CG, or today's frequently

time-limited sessions. Suicidal inclinations were seen as common and to be respected, albeit with all possible safeguarding efforts made. Grieving was seen as an up-and-down process which may continue for years. Labels were shied away from in favour of normalising and working with the client's reality.

Finally, in an area not specifically discussed in the Literature Review, the study indicated the lived experience of being in the counselling room with such clients presented counsellors with situations which may feel hard to pinpoint. Extreme movement is a common metaphor, chronological timeframes can appear non-existent, feelings can become tangible while other knowledge can seem elusive, and both counsellors and clients may seem to be working with two differing realities simultaneously.

6.3 Further Research

Further investigation into bereavement counselling from a person-centred perspective would build up a solid body of literature on this subject. Experiences of offering time-limited bereavement counselling from a person-centred perspective may be worthwhile to investigate given the limitations currently imposed by many counselling services. The idea of intangible experiences came through strongly in the research but finding literature to further investigate the concept proved extremely difficult, therefore further research on this area would be worthwhile.

6.4 Implications for Practice

Team support is cited as being beneficial to counsellor self-care, so for lone bereavement counsellors, bereavement-specific peer networks may offer added layers of support. Continued attendance to self-awareness and monitoring is vital, as is ongoing training in both exploration of own-loss issues and wider issues such as specific forms of death (i.e. suicide) or issues such as child abuse or alcoholism.

6.5 Summary

The experiences of being a person-centred bereavement counsellor are shown to be wide-ranging and impactful, with the self of the counsellor directly involved, the uniqueness of grief emphasised and more intangible experiences commonplace in the counselling room. While this small-scale study had limitations in terms of timeframe, size and researcher inexperience, it offers an insight into the experiences of person-centred bereavement counsellors. This is an area with little comparative literature; therefore, I hope this study is of interest to those hoping to learn about the experiences of working with the bereaved in this way.

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Appendix 1

Reflexive Epilogue

As I find myself in the final stages of completing my MA dissertation, I am struck that the familiar theme of 'missing something' permeates my feelings around the study. Even the thought of this reflexive epilogue feeds into it; was I not clear enough in locating myself in the main body of the dissertation? What if I am doing this 'wrong'?

Never having undertaken a dissertation before this entire process has been a very steep but very enriching learning curve. I have at times felt overwhelmed, excited, bored, inadequate, hopeful and more as I have attempted to delve into the world of academic research to sufficient degree to do justice to my participants and experiences they brought.

When first deciding on a research topic I initially considered looking at disenfranchised grief, most probably that of first spouses following divorce or second spouses where the 'original' family takes over following death. However, I was equally interested in extreme manifestations of grief such as mummification or physical identification. Ultimately, both these were discarded as unpractical in terms of available participants, and my focus shifted to the topic of this dissertation, Complicated Grief. I am aware, however, that all the areas I am drawn to exhibit some form of extremity.

What I have taken from this study is the feeling that ultimately, bereavement counselling's greatest gift to clients is to provide a space where such extremities do not matter. That neutral space, devoid of diagnostic labels or societal

judgement seems to me to be a place of healing for clients at a time when that is sorely needed, and this solidifies my feelings that working as a bereavement counsellor from a person-centred position is a viable and valuable undertaking.

Being a single working parent time was always a concern for me with this dissertation, so I endeavoured to be as organised as possible at the outset, a trait which does not come naturally to me. Putting together the paperwork and investigating potential sources of participants helped me feel in control at a time when the magnitude of what was ahead seemed at times too much to comprehend. This included feelings of inadequacy early on in the process, when trying to gather sufficient information on Complicated Grief and being able to understand its place against all the other labels for that and similar conditions which appeared to exist – at times it felt like I had picked an ephemeral concept to investigate and that I would never grasp its parameters. However, very positive feedback from my pilot interview and the assertion that my questions were both appropriate and facilitative helped me gain confidence that I was approaching the subject with sufficient authority.

One regret I have is that during recruitment, the offer of a diagnostic criteria (based on that offered by Shear, et al. (2001) was offered as available if participants required it but not *included* with the recruitment literature. Nobody asked for it, and I subsequently felt perhaps a couple of the clients discussed by participants would not have met the diagnostic criteria generally accepted as signifying a Complicated Grief reaction. However, the autonomy of the participant felt of vital importance, and I trusted them as seasoned professionals to bring

clients they felt met their criteria for Complicated Grief. Additionally, I feel this highlights the tension between meeting the individual in a person-centred therapeutic relationship and adhering to external diagnostic criteria around bereavement.

On a couple of occasions it felt the recruitment process had stalled and I worried about finding sufficient interest. However, all four participants were ultimately recruited, though the interviews threw up their own challenges for me. Nerves, and insecurities about appearing professional and knowledgeable while still building rapport and gathering rich data, caused me great anxiety at times. I found that in asking participants to discuss their experiences working with clients, they inevitably spoke a lot about those clients and *their* journey. However, because I was interested in the experience of the participants first and foremost, it felt a delicate balance to let them talk freely while ensuring I gathered enough data to answer my research question.

The task of analysing the transcripts and logging the themes was a daunting one. I found I could not envisage undertaking the initial analyses on a computer; I needed the physical transcript in my hand and the freedom to note, underline and scribble at will to allow myself to truly immerse in the data. This has had drawbacks at later stages such as inclusion in the appendices as part of my audit trail, but I feel the scanned copies give the best flavour of what I was working with (though my handwriting may not allow easy access my train of thought!).

I was very drawn to the linguistic noting suggested by Smith, Flowers and Larkin (2009), found the conceptual noting harder, and the phrasing of emergent themes harder still. I struggled with how to capture the essence of the theme I had identified in language specific enough to be representative yet academic enough to be appropriate for a study of this level. I noted themes as they emerged during analysis, bracketing them off to return to once the transcript as a whole had been immersed in. Using a large floor space to arrange and re-arrange my clusters of emergent themes into super ordinate themes was creative and challenging, especially when individual emergent themes or particularly resonant quotes ultimately had to be discarded at this stage because there was no comfortable place for them to fit. This happened across all individual analyses, and I found this reduction in data to be galling at times; all those lovely words and images lost!

The process of analysing all four sets of super ordinate themes to collate them into a set of over arching themes felt the hardest process of all. Each individual transcript had resulted in multiple super ordinate themes and I was concerned whether the subsequent volume of data would prove too much. I found it hard to picture subsuming data between transcripts; instead I seemed only to be able to picture adding each set of themes on to an ever-growing list. In the end, however, once the process begun I found some themes such as impact on the self of the counsellor, and intangible aspects, were naturally reflected across participants.

Other themes, such as chronology and experience, came into visibility only once I let go of the precise language I had originally used to label them and looked more at the wider meaning held within the theme. So for example, the idea of ‘layers’ in

one interview was ultimately subsumed into the super ordinate theme of ‘working on different levels’. The sub theme of ‘views on the role’ came into being because initially, I had gathered these vignettes into an appendix entitled ‘snapshots’, because I felt they were too valuable and interesting to lose but could not see where they fit into the main body of the dissertation. However, with further reflection and encouragement from my supervisor, I was able to look again at their nature and ultimately felt comfortable with the emergence of this new sub theme merging these points with others from a similarly titled draft theme. I found it hard at this final level of analysis to lose so much data. Hundreds of notes and quotes across four transcripts led to reduced but still comprehensive tables of super ordinate themes for each participant. This led to one final table of over arching super ordinate themes which ultimately led to the final much-reduced choice of quotes for inclusion in the Presentation of Outcomes chapter; at every stage such interesting and resonant data had be allowed to fall away. I can only hope I chose the most salient selection to remain.

One notable challenge was that at times, it felt hard to separate my personal reaction to the participants and interviews from my researcher-reaction to the data. I felt I gelled less with one participant than the others, and I found my notes on that transcript beginning to be almost snippy in nature. This was discussed with my research supervisor and extra attention paid to ensuring I did not negatively pollute my analysis of this transcript, or positively bias my analysis of another participant I felt great professional and personal admiration for. Two of the interviews contained moments when I made a statement I regretted. The feeling of

shame and the desire to hide away from these cringe-worthy lines led to a palpable reluctance to begin work on these transcripts, though by the time I came to the statements themselves in the analytic process they were so much part of the data as a whole I found they simply were what they were; I had managed to sufficiently identify and bracket off my bias, albeit one against myself!

Similarly, two of the interviews contained moments where the participant gained new insight on aspects of their personal processes as a result of the direction the interview took. The pride I felt in helping facilitate this meant a real sense of loss when there ended up being no comfortable way to include these moments and their impact in the analytic themes; I felt a precious chance for personal and professional validation was being lost but ultimately I realised that my professional validation was actually *increased* by not trying to force the data in a particular direction and again, bracketing off my biases in favour of a natural fit for my analytic themes.

My first over arching super ordinate theme, that of ‘Shifting sands; movement, moment and malleability in the counselling room’ proved the largest challenge, and has left me with very mixed feelings. On one hand I was personally very interested in the results I found, and could relate to them even with my limited experience as a counsellor. However, when searching for academic references to locate them in context I struggled hugely. I estimate over 14 hours of my time were spent searching for those areas alone, and while I feel I was ultimately able to locate some themes well, the sub-themes of levels and tangible proved elusive to the end. I constructed short contextual paragraphs in order to complete this

dissertation but am not satisfied with either the depth or breadth of these sections. I suffered great feelings of inadequacy that I was not using the correct language in my searches, though this was somewhat assuaged when search terms discussed with my supervisor did not yield results either. I cannot believe articles have not been written on these themes, but I remain at a loss even now how to access them. This leaves me feeling dissatisfied with this aspect of the dissertation, and regretful I could not rectify it before the hand in.

As I come to the final days of my dissertation and therefore my MA, I am left with a huge feeling of accomplishment, nervous excitement at the thought of life after university, and the underlying feeling that somehow I have missed huge chunks of valuable data and that this dissertation is not all it could be. This may well be true, but as mentioned at the beginning of this epilogue, that feeling of missing something has been a constant feature of my personal process throughout university. As I leave the course however I find that feeling sits alongside another feeling which is almost ‘so what?’ The personal and professional development I have undertaken in university and placement supervision, and the challenges of this dissertation, seem to have left me with the notion that even if I am missing something, I am also noticing and achieving other things. That I have done, and am enough. Another researcher using the same data would have presented different results using things I ‘missed’ but this does not invalidate the things I found. This small feeling of kindness and self-compassion has been the change I treasure most about my development over these three years, and something I feel forms a strong backbone for my future, both personal and professional.

Appendix 2

Overview of Literature Search Method

Literature was sourced by searching the University of Chester library, my collection of literature, and by conducting online database searches using PsycINFO, PsycARTICLES, PsycBOOKS, Psychology and Behavioural Sciences Collection, SocINDEX with full text.

Where necessary I accessed individual journals including Omega and Death Studies, or used the search engines Google or Google Scholar in search of specific articles referenced in other work, using my existing findings as a key to further literature (Sanders & Wilkins, 2010).

My search terms focused on either the experience of being a bereavement counsellor, a person-centred approach to bereavement or issues surrounding CG.

I gathered only minimal contextual information on grief theory as this was not the main focus of my study.

I rotated the combinations of search terms used in order to obtain maximum results.

Truncation was used to catch articles using both British and American spelling. The search terms used were: abnormal, bereav*, client cent*, complicated,

counsel*, current, death, distorted, dying, experience, extreme, grie*, humanis*, impact, loss, mourn*, person cent*, pathological, theory, therap*.

I did not pre-search for information on chronology, movement, tangible, witness, narrative and levels; these searches were carried out once these themes became apparent during analysis. Again, rotation of search term combinations were used to obtain as many results as possible. Truncation was also used again.

Post-analysis search terms were:

Chronol*, client cent*, conscious, couns*, emotion, ephemeral, experience, feeling, implicit, intangible, intuition, knowledge, language, levels, memory, movement, narrative, paradox*, parallel, perception, perceptual, person cent*, phenomena, polarity, process, therapeutic, tacit, tangible, temporal, therap*, time, transitional, qualitative, unconscious.

Examples of key texts	
Qualitative Research	• Dallos, R., & Vetere, A. (2005). *Researching Psychotherapy and Counselling.* Maidenhead: Open University Press. • Hennink, M., Hutter, I., & Bailey, A. (2011). *Qualitative Research Methods.* London: SAGE. • Maykut, P., & Morehouse, R. (1994). *Beginning Qualitative Research; A philosophic and practical guide.* London: The Falmer Press. • McLeod, J. (1999). *Practitioner Research in Counselling.* London: SAGE. • Mintz, R. (2010, April 1). *Introduction to conducting qualitative research.* Retrieved January 3, 2013, from www.BACP.co.uk • Sanders, P., & Wilkins, P. (2010). *First Steps in Practitioner Research.* Ross-on-Wye: PCCS Books Ltd. • Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in theory and method.* Buckingham: Open University Press.
IPA	• Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis; Theory, Method and Research.* London: SAGE.
Bereavement	• Bonanno, G. A. (2009). *The Other Side of Sadness.* Basic Books. • Parkes, C. M., & Prigerson, H. G. (2010). *Bereavement; Studies in Adult Life.* London: Penguin. • Silverman, P. R., & Klass, D. (1996). Introduction: What's the Problem? In D. Klass, P. R. Silverman, & S. L. Nickman (Eds.), *Continuing Bonds; New Understandings of Grief* (pp. 3-23). Philadelphia: Taylor & Francis. • Worden, J. W. (2010). *Grief Counselling and Grief Therapy* (4 ed.). Hove: Routledge.
Complicated Grief	• Harvard Medical School. (2006). Complicated grief; Looking for help when mourning persists and intensifies. *Harvard Mental Health Letter , 23* (4), 1-3. • Jacobs, S., & Prigerson, H. (2000). Psychotherapy of Traumatic Grief; A Review of Evidence for Psychotherapeutic Treatments. *Death Studies , 24* (6), 479-495. • Latham, A. E., & Prigerson, H. G. (2004). Suicidality and Bereavement: Complicated Grief as Psychiatric Disorder Presenting Greatest Risk for Suicidality. *Suicide and Life-Threatening Behavior , 34* (3), 350-362. • Prigerson, H. G., & Maciejewski, P. K. (2005-2006). A Call for Empirical Testing and Evaluation of Criteria for

	Complicated Grief Proposed for DSM-V. *Omega , 52* (1), 9-19. • Prigerson, H. G., Bierhals, A. J., Kasl, S. V., Reynolds III, C. F., Shear, M. K., Newsom, J. T., et al. (1996). Complicated Grief as a Disorder Distinct from Bereavement-Related Depression and Anxiety: A Replication Study. *The American Journal of Psychiatry*, *53* (11), 1484-1486. • Shear, K. M., & Mulhare, E. (2008, October). Complicated Grief. *Psychiatric Annals* , 662-670. • Shear, K. M., Simon, N., Wall, M., Zisook, S., Neimeyer, R., Duan, N., et al. (2001). Complicated Grief and Bereavement Issues for DSM-5. *Depression and Anxiety* (28), 103-117.
The Person-Centred Approach	• McLeod, J. (2009). *An Introduction to Counselling* (4th ed.). Maidenhead, UK: Open University Press. • Mearns, D., & Thorne, B. (2007). *Person-Centred Counselling in Action* (3rd ed.). London, UK: SAGE. • Merry, T. (2002). *Learning and Being in Person-Centred Counselling* (2nd ed.). Ross-on-Wye, UK: PCCS Books.
Person-Centred Approach to Bereavement	• Bryant-Jefferies, R. (2006). *Counselling for Death and Dying; Person-Centred Dialogues.* Abingdon: Radcliffe Publishings Ltd. • Haugh, S. (2012). A Person-Centred Approach to Loss and Bereavement. In J. Tolan, & P. Wilkins (Eds.), *Client Issues in Counselling and Psychotherapy.* SAGE. • McLaren, J. (1998). A new understanding of grief: a counsellor's perspective. *Mortality , 3* (3), 275-290. • Servaty-Seib, H. L. (2004). Connections Bewteen Counseling Theories and Current Theories of Grief and Mourning. *Journal of Mental Health Counseling , 26* (2), 125-145.
Being a Bereavement Counsellor	• Becvar, D. S. (2003). The Impact on the Family Therapist of a Focus on Death, Dying and Bereavement. *Journalof marital and Family Therapy , 29* (4), 469-477. • Dunphy, R., & Schniering, C. A. (2009). The Experience of Counselling the Bereaved. *The Humanistic Psychologist , 37*, 353-369. • Gaudio, C. P. (1998). Personal Growth of the Therapist: Living with Loss. *Journal of Family Psychology, 9* (4), 13-31. • Kirchberg, T. M., Neimeyer, R. A., & James, R. K. (1998). Beginning Counselor's Death Concerns and Empathic Responses to Client Situations Involving Death and Grief. *Death Studies , 22* (2), 99-120. • Puterbaugh, D. T. (2008). Spiritual Evolution of Bereavement Counselors: An Exploratory Qualitative Study. *Counseling and Values , 52*, 198-210.

Appendix 3

Major characteristics of Complicated Grief and full reference list	
Persistent yearning for the deceased	(Gort, 1984; Prigerson, et al., 1996; Jacobs & Prigerson, 2000; Shear, et al., 2001; Latham & Prigerson, 2004; Prigerson, 2004; Jeffreys, 2005; Prigerson & Maciejewski, 2005-2006; Harvard Medical School, 2006; Kyriakopoulos, 2008; Shear & Mulhare, 2008; Bonanno, 2009; Howarth, 2011; MacCallum & Bryant, 2011; Shear, 2012; Simon, 2012)
Intrusive thoughts and images of the deceased and/or death	(Prigerson, et al., 1996; Jacobs & Prigerson, 2000; Shear, et al., 2001; Prigerson H. , 2004; Jeffreys, 2005; Prigerson & Maciejewski, 2005-2006; Harvard Medical School, 2006; Kyriakopoulos, 2008; Howarth, 2011; Shear, 2012; Simon, 2012)
Prolonged anger or bitterness	(Gort, 1984; Shear, et al., 2001; Prigerson H. , 2004; Jeffreys, 2005; Prigerson & Maciejewski, 2005-2006; Harvard Medical School, 2006; Shear & Mulhare, 2008; MacCallum & Bryant, 2011; Simon, 2012)
Denial of the reality of the death	(Jacobs & Prigerson, 2000; Shear, et al., 2001; Prigerson H. , 2004; Prigerson & Maciejewski, 2005-2006; Harvard Medical School, 2006; Kyriakopoulos, 2008; MacCallum & Bryant, 2011; Simon, 2012)
Increased social isolation	(Gort, 1984; Shear, et al., 2001; Prigerson H. , 2004; Jeffreys, 2005; Prigerson & Maciejewski, 2005-2006; Shear & Mulhare, 2008; Bonanno, 2009; MacCallum & Bryant, 2011)
Increased suicidality	(Gort, 1984; Prigerson, et al., 1996; Shear, et al., 2001; Latham & Prigerson, 2004; Jeffreys, 2005; Harvard Medical School, 2006; Simon, 2012)
Sense of purposelessness	(Shear, et al., 2001; Jeffreys, 2005; Howarth, 2011; MacCallum & Bryant, 2011; Shear, 2012; Simon, 2012)
Intense loneliness or other emotion	(Jacobs & Prigerson, 2000; Shear, et al., 2001; Latham & Prigerson, 2004; Harvard Medical School, 2006; Howarth, 2011; Simon, 2012
Extreme avoidance of reminders of the deceased	(Jeffreys, 2005; Shear & Mulhare, 2008; Howarth, 2011; Shear, 2012; Simon, 2012)
Physical manifestations	(Gort, 1984; Jeffreys, 2005; Simon, 2012)

Summary of arguments surrounding Complicated Grief and full reference list	
Complicated Grief shares traits of disorders including major depression and PTSD	(Harvard Medical School, 2006; Shear & Mulhare, 2008; Machin, 2009; Shear, 2012)
Complicated Grief symptom clusters are distinct from those of depression or anxiety	(Latham & Prigerson, 2004; Prigerson, 2004; Boelen, van de Schoot, van den Hout, de Keijser, & van den Bout, 2010; Boelen & Prigerson, 2012)
Uniqueness of grief is emphasised throughout the literature	(Cutcliffe, 1998; Browning, 2003; Servaty-Seib, 2004; Worden, 2010; Wittouck, Van Autreve, De Jaegere, Portzky, & van Heeringen, 2011; Shimshon Rubin, Malkinson, & Witztum, 2012)
There are fears that a CG label risks pathologising or medicalising grief	(Shear, et al., 2001; Love, 2007; Simon, 2012; Fox & Jones, 2013
CG as a label is often used interchangeably with PGD	(Boelen & van den Bout, 2008; Shear & Mulhare, 2008; Golden & Dalgleish, 2010; MacCallum & Bryant, 2011; Newson, Boelen, Hek, Hofman, & Tiemeir, 2011; Wittouck, Van Autreve, De Jaegere, Portzky, & van Heeringen, 2011; Simon, 2012)
For many, PGD is widely regarded as simply one form of CG	(Marwit, 1996; Shear, et al., 2001; Stroebe & Schut, 2005-2006; Howarth, 2011; Rando, et al., 2012; Rando, 2013)
Factors influencing development of a CG reaction include the nature of the loss, nature of the attachment, previous losses, culture and the griever's personality or world view	(Littlewood, 1992; Marwit, 1996; Harvard Medical School, 2006; Opperman & Novello, 2006; Field & Filanosky, 2010; Worden, 2010; Mancini, Prati, & Bonanno, 2011; Wittouck, Van Autreve, De Jaegere, Portzky, & van Heeringen, 2011; Shear, 2012)
Between 4% and 20% of grief reactions result in complications	(Marwit, 1996; Shear, et al., 2001; Bonanno, Neria, Mancini, Coifman, Litz, & Insel, 2007; Bonanno & Lilienfield, 2008; Shear & Mulhare, 2008; Bonanno, 2009; Wittouck, Van Autreve, De Jaegere, Portzky, & van Heeringen, 2011; Golden & Dalgleish, 2012)

Appendix 4

Criteria for Participant Inclusion

Criteria 1:

- *Trained person-centred counsellors, qualified to at least diploma level.*

Rationale:

Counsellors who have undergone training to this level can reasonably be expected to have experience of and be familiar with working safely with big emotions, and therefore are more ethically viable for a novice researcher than clients. Trained counsellors are often more willing to give their time and better able to understand the need for research. I wanted to interview person-centred counsellors because I am interested in the phenomenological experiencing of being a person-centred counsellor working with bereaved clients, rather than a counsellor who may rely more heavily on techniques or analysis in their work.

Criteria 2:

- *At least 2 years qualified.*

Rationale:

Discussing a client with complicated presentation, or any client who impacted on them, may re-awaken difficult feelings within the participant. By avoiding more newly qualified counsellors I sought to recruit those more experienced in identifying and working with difficult feelings. There was also more chance a

counsellor working for two or more years may have worked with a client with such a specific presentation than someone just starting out.

Criteria 3:

- *Able to discuss in depth at least one example of working in a person-centred way with a client presenting with complicated grief, within the last 5 years.*

Rationale:

I wanted to facilitate an interview in which a client with complicated grief was discussed, but because I wanted to look at the feelings involved for the counsellor, I wanted that client to be 'fresh' in their memory, hence the 5 year limit, and I also wanted the counsellor to be able to discuss in detail how it had felt for them, hence the request they be able to discuss 'in depth' in order to access rich experiential information.

Criteria 4:

- *Currently in practice as counsellor or supervisor.*

Rationale:

A counsellor currently in practice is still working with big emotions and their own internal processes on a day to day basis, and is also still used to working within any ethical guidelines set by any body or authority they may belong to, and so it was felt they would instinctively be safer ethically than a counsellor who had maybe not practised for a few years.

Criteria 5:

- *Currently in supervision.*

Rationale:

It was important the participant have access to supervision in case their interview evoked any difficult feelings about their work with that client or any current clients.

Criteria 6:

- *Access to personal counselling if required.*

Rationale:

It was important the participant have access to personal counselling if required in case their interview evoked any difficult personal feelings which required looking at.

Criteria 7:

- Member of BACP or equivalent professional organisation.

Rationale:

An active member of a professional organisation will be used to abiding by their ethical guidelines in day to day life, and will have this at the forefront of their mind when considering the ethical logisitics and confidentiality issues of discussing a client in the interview.

Criteria for Participant Exclusion

Criteria 1:

- *Counsellors who are known to me personally (from placement, university, personal counselling or supervision)*

Rationale:

To avoid a dual relationship which could present problems ethically and also bias the study if I came to the interview with prior knowledge or assumptions about the participant and their work.

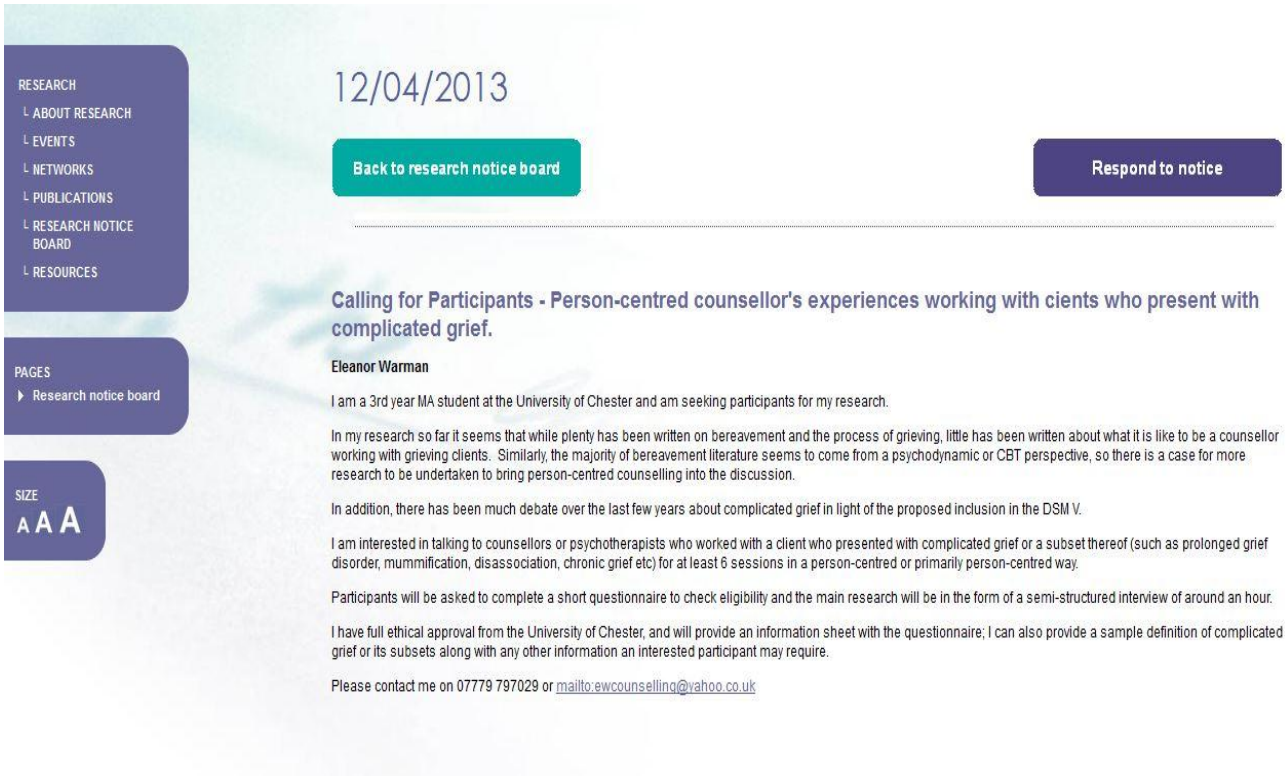
Appendix 5

Advert on Therapy Today.net March & April 2013

Complicated Grief MA Researcher exploring experiences of person-centred counsellors working with clients presenting with complicated grief. Chester/North West. Semi-structured interview of 1 hour. Contact Eleanor: [email] or [phone number].

Appendix 6

Advert on BACP Research Noticeboard April 2013



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Respond to notice

Calling for Participants - Person-centred counsellor's experiences working with cients who present with complicated grief.

Eleanor Warman

I am a 3rd year MA student at the University of Chester and am seeking participants for my research.

In my research so far it seems that while plenty has been written on bereavement and the process of grieving, little has been written about what it is like to be a counsellor working with grieving clients. Similarly, the majority of bereavement literature seems to come from a psychodynamic or CBT perspective, so there is a case for more research to be undertaken to bring person-centred counselling into the discussion.

In addition, there has been much debate over the last few years about complicated grief in light of the proposed inclusion in the DSM V.

I am interested in talking to counsellors or psychotherapists who worked with a client who presented with complicated grief or a subset thereof (such as prolonged grief disorder, mummification, disassociation, chronic grief etc) for at least 6 sessions in a person-centred or primarily person-centred way.

Participants will be asked to complete a short questionnaire to check eligibility and the main research will be in the form of a semi-structured interview of around an hour.

I have full ethical approval from the University of Chester, and will provide an information sheet with the questionnaire; I can also provide a sample definition of complicated grief or its subsets along with any other information an interested participant may require.

Please contact me on 07779 797029 or mailto:ewcounselling@yahoo.co.uk

Appendix 7

Person-centred counsellors' experiences working with clients who present with complicated grief

Participants Required

As part of my MA in Clinical Counselling at the University of Chester, I am undertaking research into the experiences of counsellors working in a person-centred way with clients who come to the relationship with issues surrounding 'complicated grief'.

I am seeking qualified counsellors who worked with a client in a person-centred way on complicated grief issues within the last five years. Participants will be asked to complete a short questionnaire, and to participate in an audio-taped interview of around an hour.

If you are interested in participating and would like more information, please contact me.

Please note: Counsellor is used as a generic term and refers to counsellors and psychotherapists. When referring to complicated grief I am also interested in your work with clients presenting with any of the sub-sets associated with CG, such as prolonged grief disorder, mummification, disassociation, chronic grief etc.

Thank you for taking the time to read this, and I look forward to hearing from you

Eleanor Warman

[phone number]

[email address]

Appendix 8

Advert permission letter

[Date]

Dear [Name]

I am in my final year of an MA in Clinical Counselling at the University of Chester, and am currently recruiting participants for my research dissertation. I would be most grateful if you could display the enclosed poster to assist with this recruitment.

I am seeking person-centred counsellors to interview for around an hour each on their experiences of working with clients presenting with complicated grief.

Thank you for your time, and please do not hesitate to contact me if you require any further information. I would also be happy to come in to discuss the research further if you wished.

Kind regards

Eleanor Warman

Appendix 9

Information Sheet for Potential Participants

Research Title: **The experiences of person-centred counsellors working with clients who present with complicated grief.**

Thank you for expressing interest in participating in my research, and for taking the time to read this information sheet. In order to make a fully informed decision about whether or not you would like to participate in my research, it is important you understand what the research is and what it will involve for you. Please read the information carefully, and do not hesitate to contact myself or my research supervisor if you have any further questions.

Who am I?

I am a third year postgraduate student undertaking an MA in Clinical Counselling at the University of Chester. As part of this, I am undertaking a research dissertation. My interest stems from my placement offering person-centred bereavement counselling in a local hospice. I also volunteer through Cruse Bereavement Care.

What am I researching?

I am interested in the experiences of counsellors working in a person-centred way with clients who present with complicated grief, or sub-set of this such as Prolonged Grief Disorder, chronic grief, mummification, delayed grief and so on. While there is no official definition of complicated grief, much has been written on the topic with a view to its inclusion in the DSM-V. If required, I can provided potential participants with a summary of the suggested definitions of complicated grief. Participants will be counsellors in any setting who are qualified to at least Diploma level, and are able to bring in-depth discussion on their work with a client who presented with complicated grief or subset thereof. They will have worked with this client in a person-centred or primarily person-centred way within the last 5 years, and for 6 sessions or greater. They will be at least 2 years qualified, with access to professional supervision and personal counselling if required.

Participation

Interested participants will be asked to complete a short pre-interview questionnaire to check eligibility. If chosen, participation will be in the form of an audio-taped interview in which you will be asked to discuss your experience of working in a person-centred, or primarily person-centred way with a client or clients who presented with complicated grief or a sub-set thereof. The interview (which will be conducted in English) will last

around an hour, inclusive of time to de-brief and share your experience of participating. Written and verbal consent is required prior to the interview commencing, covering both the audio-taping and subsequent transcription of the interview. You will have the opportunity to check over the transcript of the interview to ensure its accuracy, and to remove, or even add to, any section. Participation is entirely voluntary, and you will have the opportunity to withdraw from the research at any time prior to publication. The interview will take place in a quiet, private room. A room can be booked at the University of Chester, or I can travel to you if your own counselling room would be available and more convenient.

Creative Materials

If working with a client presenting with complicated grief has resulted in any creative materials from the participant i.e. paintings, writing, poetry, sculpture I would be interested in seeing and including these as part of the dissertation. Photographs may be taken to be included in the final work, which will be held for public access at the University of Chester and also online. Your materials will be photographed/photocopied in your presence wherever possible. Should the materials need to be removed for reproduction, they will be returned as soon as possible. The materials will at all times remain confidential and be treated with respect by the researcher.

What happens to the data?

The audio-taped interview will be transcribed and thus becomes my data. The data will be analysed using Interpretative Phenomenological Analysis, then the analysis compared with that of other participants to identify any themes. Participants have the option to check the analysed transcript as well as the verbatim transcript, to ensure it is an accurate representation.

Who will see the research?

The transcript of the interview and any creative materials offered will be seen by the researcher and their research supervisor and internal markers, and may also be viewed by the External Examiner for assessment purposes. Once complete, the research dissertation will be held in the Department of Social Studies and Counselling and possibly be made available electronically online too. Some material may be used for future publications, presentations or training materials.

What are the risks?

This research has the ethical approval of the the University of Chester Department of Social and Studies and Counselling Ethics Committee, and every effort will be made to

ensure no harm befalls participants. However, discussing client work which impacted you runs the risk of bringing up feelings and thoughts which may be uncomfortable or painful. Your supervisor should be available to you to discuss anything practice-related which may impact your current client work. You may also wish to arrange for personal counselling if the interview brings up any more personal feelings.

What are the benefits?

Benefits for participants may include sharing their experience of a client who impacted them, personal learning and/or growth, and the knowledge they have contributed to an area of research which is sorely under-represented. Therefore this research may prove beneficial to future research and understanding of person-centred bereavement counselling.

Confidentiality

I will undertake this research in keeping with the BACP Ethical Framework and the University of Chester Research Governance Handbook, and therefore records will be anonymised to ensure participants and their clients cannot be identified from the data in the research dissertation. With your permission, non-identifying verbatim sections of the transcript may be used in full in the final dissertation. However, we cannot guarantee confidentiality if submitting creative items, because of the possibility a reader may have already seen these and be able to identify you as a result.

Data Protection

The data consists of the audio-taped interviews, the transcriptions of the interviews, and copies of any creative materials. The interviews will be recorded on a digital recorder which is kept in a secure location when not in use. Recording will be transferred to my computer and stored in a password-protected file. Files are saved under a pseudonym to protect anonymity. A back-up of the files is kept on a USB stick, which is stored in a locked box. In accordance with University of Chester policy, tapes, transcripts and written notes will be retained for five years, after which they will be destroyed.

Now I've registered interest, is it compulsory to continue?

Participant contributions are entirely voluntary. Participants can withdraw at any time during the process, from initial interest to the interview to transcript checking and up to the point at which the dissertation is published. The decision to withdraw can be offered without explanation and with no adverse consequences for the participant.

Complaints?

Formal complaints about the research should be made to the Dean of the Faculty of Social Sciences.

Where can I get more information?

I will be happy to answer any further questions:

Eleanor Warman

[email address]

[phone number]

Or you may contact my Research Supervisor:

Paul Wagg

[email address]

Thank you for taking the time to read this

Appendix 10

Participant Questionnaire/Info Sheet Letter

Dear

Thank you for your interest in participating in my study, researching person-centred counsellor's experiences of working with complicated grief.

Enclosed is an information sheet offering further detail about myself and my intended research, along with a short questionnaire to ascertain your eligibility to participate.

I would be grateful if you could take the time to read the information sheet, and if you are still interested in participating, please complete the questionnaire and return to me in the stamped addressed envelope provided. Once your suitability to participate has been established, I will then contact you with further information as to the topic areas to be covered, and a consent form.

May I thank you for your time and interest in my research, and please do not hesitate to contact me if you require any additional information.

Kind regards

Eleanor Warman

Appendix 11

Inclusion Questionnaire for Research Participants

- I am a counsellor qualified to at least Diploma level, with at least 2 years post-qualification experience **Yes …….. No …….**

- I have experience working with at least one client who presented with complicated grief issues or a subset thereof **Yes …… No ……..**

- Please give a brief statement identifying the issue you believe the client presented with i.e. CG, mummification, delayed grief etc

  ……

- I worked with this client within the last 5 years, and for 6 or more sessions

  Yes …… No ……..

- I worked with this client in a person-centred or primarily person-centred way

  Yes …… No …….

- I am a member of the BACP or equivalent professional organisation

  Yes …….. No …….

- I am currently in supervision **Yes …… No ……**

- I have access to personal counselling if required **Yes …… No …….**

- I have read the information sheet, and understand what will be required of me and my right to withdraw from the research **Yes …… No ……**

Appendix 12

Interview Topic Guide

Person-centred counsellors' experiences working with clients who present with complicated grief

- Your previous experience working with bereaved clients.
- Brief outline of the client you would like to discuss, their presentation, why you chose to bring them today.
- Your feelings working with this client, both during your work, after the work ended and now.
- Any challenges working with this client.
- Your process around the core conditions and frame of reference when working with this client.
- The role of supervision in your work with this client.
- Discussion of any other clients presenting with complicated grief who impacted upon you or brought up issues which feel relevant to this and you would like to discuss.
- Anything else you would like to say.

Appendix 13

Taping Consent Form

University of Chester

MA in Clinical Counselling

Research Dissertation Consent Form

Audio Recording of Interview

I…….. hereby give consent for the details of a written transcript based on an audio-recorded interview with me and ……. To be used in preparation and as part of a research dissertation for the MA in Clinical Counselling at the University of Chester. I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential and separate from the research data. I further understand that the transcript may be seen by my MA supervisor and the External Examiner for the purpose of assessment and moderation. I also understand that all these people are bound by the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy.

I understand I will have access to the transcribed material should I wish to and would be able to amend or delete any part of it. I am aware that I can stop the interview at any point, or ultimately withdraw the interview before the publication of the dissertation/up to two months after it taking place. Excerpts from the transcript and possibly the entire transcript will be included in the dissertation.

A copy of the dissertation will be held in the University of Chester and may be made available electronically. In line with the University of Chester regulations, the data obtained from the interviews will be held by me, the researcher, for a period of five years and then destroyed.

Without further consent, some of the material may be used for publication and/or presentations at conferences and seminars. Every effort will be made to ensure complete anonymity.

Finally, I believe I have been given sufficient information about the nature of this research, including any possible risks, to give my informed consent to participate.

Signed [Participant] ……

Date ……..

Signed [Researcher] ……..

Date ……

Appendix 14

Researcher Interview Guide (with prompts)

Pre-interview:

- Test recorder (prior to participant arrival)
- Introductions & thanks for participation
- Reiterate background to study, any questions
- Sign consent forms (x 2)
- Phones off
- Reiterate the interview and recording can be stopped at any time
- Double check wishes to go ahead

BEGIN

1. How would you describe your experience of working with bereaved clients? **(Years? Specialist bereavement counsellor? Comfortable with death?)**
2. Can you tell me a bit about the client you would like to discuss today; how did they present? **(What made you choose them?)**
3. How would you describe the feelings you had working with this client? **(Initial reactions, how did it affect you personally during the process? Ending? After the ending? Now in this moment? Role of self care?)**
4. What were, if any, the challenges you had working with this client? **(External influences i.e. theory, service limitations, societal expectations?)**

5. How would you describe your experience around offering the core conditions when working with this client**? (Blocks to core conditions? Difficulty with client's internal frame of reference?)**
6. What role did supervision play in your work with this client?
7. How would you describe your work with any other clients presenting with complicated grief. **(Similarities/differences?)**
8. Is there anything else you would like to say?

Post-interview:

- Recorder off
- How was the experience of being interviewed?
- Reiterate self care re supervision/personal counselling if needed
- Check method of contact if clarification is required
- Invite participant to check transcript, inform how this will be delivered (email)
- Thanks and goodbyes

Appendix 15

Pilot Taping Consent Form

University of Chester

MA in Clinical Counselling

Consent Form

Audio Recording of a Pilot Interview

I ……. hereby consent to an audio-recorded pilot interview with me by …… which will not be used as part of their research dissertation for the MA in Clinical Counselling at the University of Chester.

I understand that my identity will remain anonymous and that all personally identifiable information will remain confidential.

I am aware that I can stop the interview at any point.

Finally, I believe I have been given sufficient information about the nature and purpose of this pilot interview including any possible risks, to give my informed consent to participate.

Signed [Pilot Participant] …….

Date ……

Signed [Researcher] …….

Date …….

Appendix 16

Pilot Study Feedback Form

Thank you for taking the time to participate in my pilot study. I would be grateful for your feedback.

1) How well do you feel the questions asked related to the topic to be researched, as you understood it from the information sheet and literature provided by the researcher?

1 (not at all) ……..10 (very well)

2) Did the questions flow in a logical and effective way during the interview?

1 (not at all) ……10 (very well)

3) How well did the researcher organise the interview in terms of information provided, time boundaries, rapport and in-depth exploration?

1 (not at all) ……10 (very well)

4) Is there anything you felt should have been covered in the interview that wasn't?

……
……
…..

5) Is there anything you felt should *not* have been covered in the interview that was?

……
……
…..

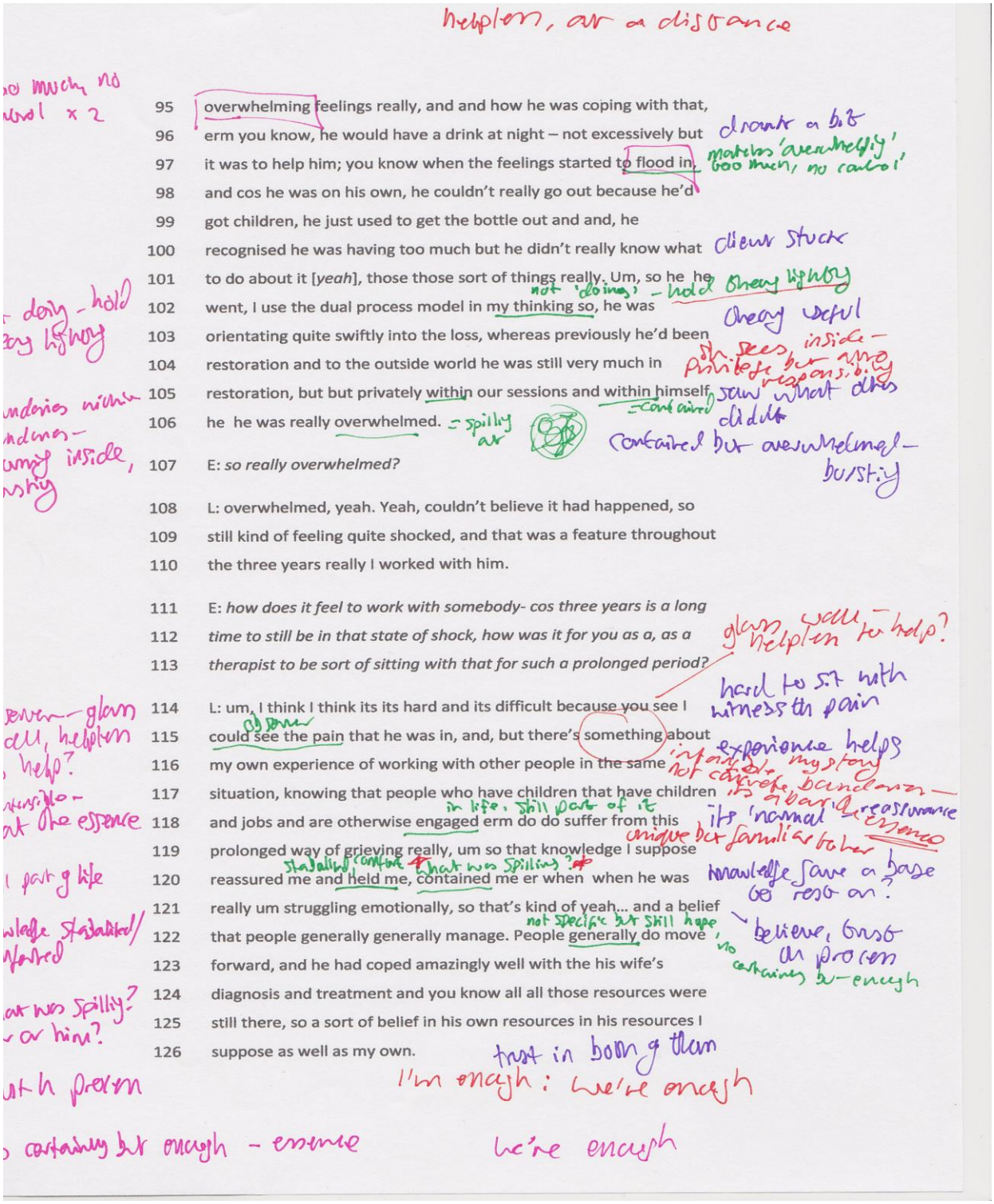
6) Do you have any other comments or observations on the pilot interview?

……
……
……
……
……

Thank you again for your participation

Extract from <u>Lisa's</u> transcript (page 4-6, lines 95-189) showing original coding on the right hand margin, and emergent themes on the left hand margin.

Colour code: Descriptive, Linguistic, Conceptual, Emergent themes



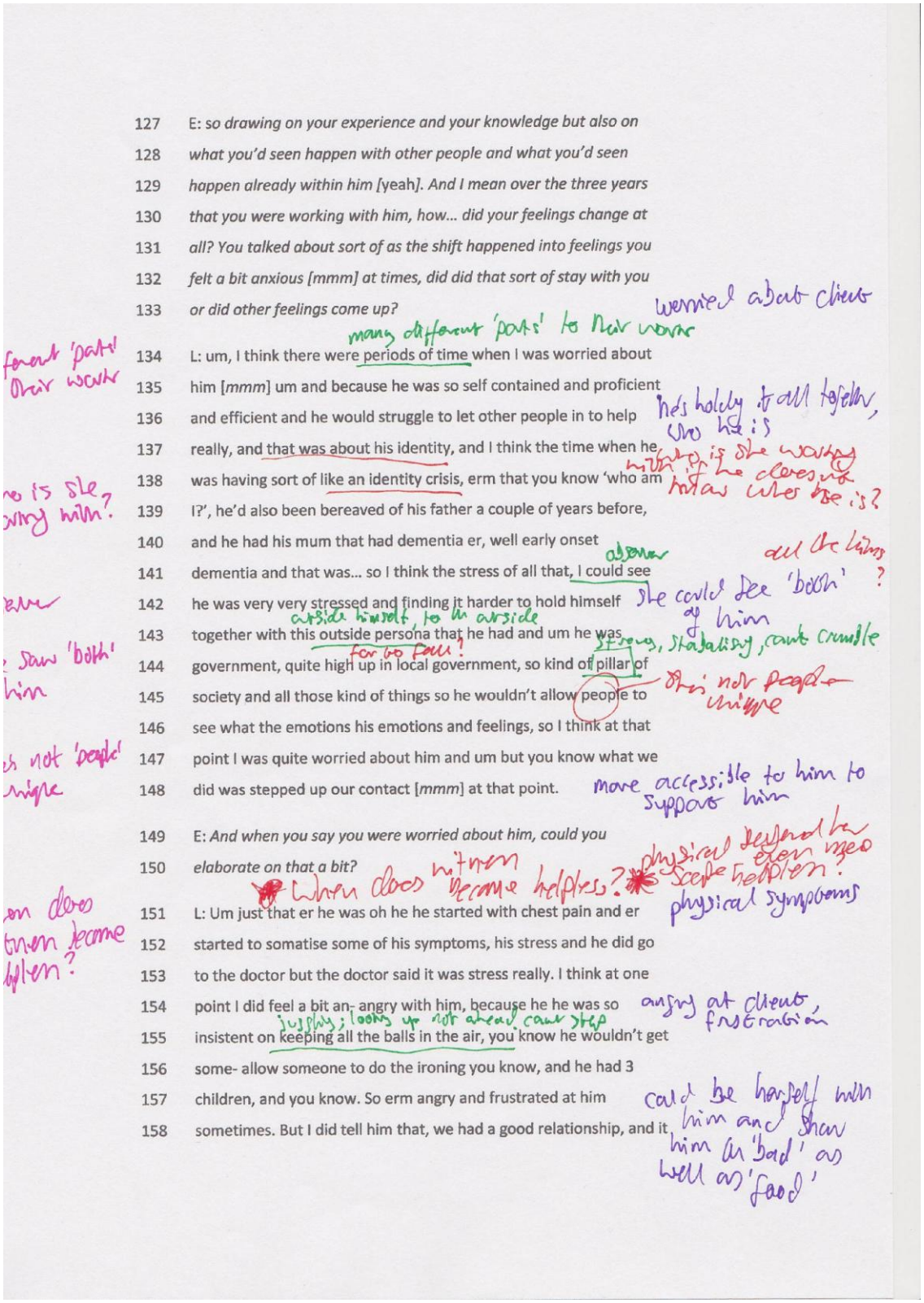
overwhelming feelings really, and and how he was coping with that,
erm you know, he would have a drink at night – not excessively but
it was to help him; you know when the feelings started to flood in,
and cos he was on his own, he couldn't really go out because he'd
got children, he just used to get the bottle out and and, he
recognised he was having too much but he didn't really know what
to do about it [*yeah*], those those sort of things really. Um, so he he
went, I use the dual process model in my thinking so, he was
orientating quite swiftly into the loss, whereas previously he'd been
restoration and to the outside world he was still very much in
restoration, but but privately within our sessions and within himself
he he was really overwhelmed.

E: *so really overwhelmed?*

L: overwhelmed, yeah. Yeah, couldn't believe it had happened, so
still kind of feeling quite shocked, and that was a feature throughout
the three years really I worked with him.

E: *how does it feel to work with somebody- cos three years is a long time to still be in that state of shock, how was it for you as a, as a therapist to be sort of sitting with that for such a prolonged period?*

L: um, I think I think its its hard and its difficult because you see I
could see the pain that he was in, and, but there's something about
my own experience of working with other people in the same
situation, knowing that people who have children that have children
and jobs and are otherwise engaged erm do do suffer from this
prolonged way of grieving really, um so that knowledge I suppose
reassured me and held me, contained me er when when he was
really um struggling emotionally, so that's kind of yeah... and a belief
that people generally generally manage. People generally do move
forward, and he had coped amazingly well with the his wife's
diagnosis and treatment and you know all all those resources were
still there, so a sort of belief in his own resources in his resources I
suppose as well as my own.

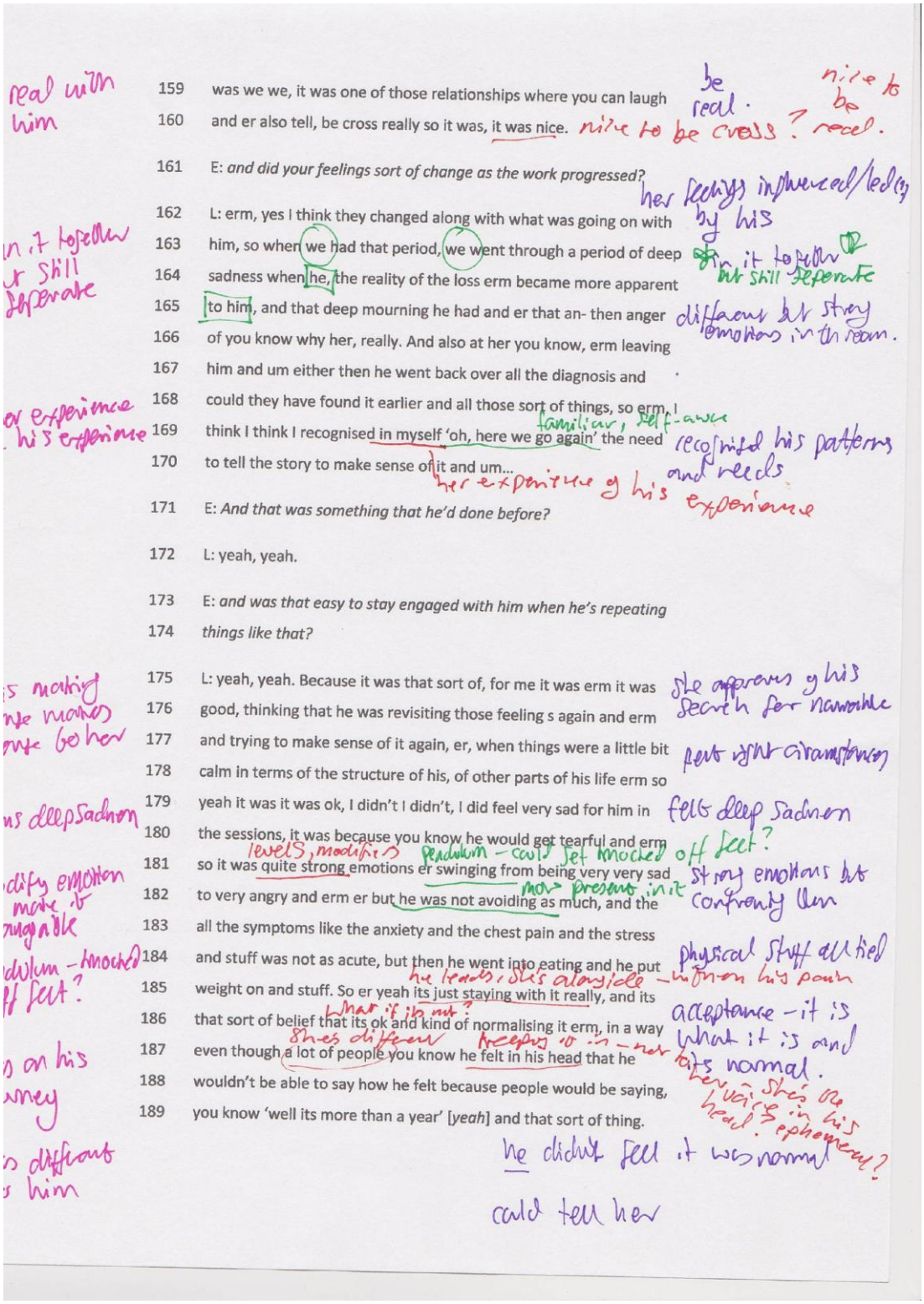


E: so drawing on your experience and your knowledge but also on what you'd seen happen with other people and what you'd seen happen already within him [yeah]. And I mean over the three years that you were working with him, how... did your feelings change at all? You talked about sort of as the shift happened into feelings you felt a bit anxious [mmm] at times, did did that sort of stay with you or did other feelings come up?

L: um, I think there were periods of time when I was worried about him [mmm] um and because he was so self contained and proficient and efficient and he would struggle to let other people in to help really, and that was about his identity, and I think the time when he was having sort of like an identity crisis, erm that you know 'who am I?', he'd also been bereaved of his father a couple of years before, and he had his mum that had dementia er, well early onset dementia and that was... so I think the stress of all that, I could see he was very very stressed and finding it harder to hold himself together with this outside persona that he had and um he was government, quite high up in local government, so kind of pillar of society and all those kind of things so he wouldn't allow people to see what the emotions his emotions and feelings, so I think at that point I was quite worried about him and um but you know what we did was stepped up our contact [mmm] at that point.

E: *And when you say you were worried about him, could you elaborate on that a bit?*

L: Um just that er he was oh he he started with chest pain and er started to somatise some of his symptoms, his stress and he did go to the doctor but the doctor said it was stress really. I think at one point I did feel a bit an- angry with him, because he he was so insistent on keeping all the balls in the air, you know he wouldn't get some- allow someone to do the ironing you know, and he had 3 children, and you know. So erm angry and frustrated at him sometimes. But I did tell him that, we had a good relationship, and it



159 was we we, it was one of those relationships where you can laugh
160 and er also tell, be cross really so it was, it was nice.

161 E: *and did your feelings sort of change as the work progressed?*

162 L: erm, yes I think they changed along with what was going on with
163 him, so when we had that period, we went through a period of deep
164 sadness when he, the reality of the loss erm became more apparent
165 to him, and that deep mourning he had and er that an- then anger
166 of you know why her, really. And also at her you know, erm leaving
167 him and um either then he went back over all the diagnosis and
168 could they have found it earlier and all those sort of things, so erm, I
169 think I think I recognised in myself 'oh, here we go again' the need
170 to tell the story to make sense of it and um...

171 E: *And that was something that he'd done before?*

172 L: yeah, yeah.

173 E: *and was that easy to stay engaged with him when he's repeating*
174 *things like that?*

175 L: yeah, yeah. Because it was that sort of, for me it was erm it was
176 good, thinking that he was revisiting those feeling s again and erm
177 and trying to make sense of it again, er, when things were a little bit
178 calm in terms of the structure of his, of other parts of his life erm so
179 yeah it was it was ok, I didn't I didn't, I did feel very sad for him in
180 the sessions, it was because you know he would get tearful and erm
181 so it was quite strong emotions er swinging from being very very sad
182 to very angry and erm er but he was not avoiding as much, and the
183 all the symptoms like the anxiety and the chest pain and the stress
184 and stuff was not as acute, but then he went into eating and he put
185 weight on and stuff. So er yeah its just staying with it really, and its
186 that sort of belief that its ok and kind of normalising it erm, in a way
187 even though a lot of people you know he felt in his head that he
188 wouldn't be able to say how he felt because people would be saying,
189 you know 'well its more than a year' [*yeah*] and that sort of thing.

Appendix 18

Example of clustering emergent themes to form super ordinate themes

(Lisa's transcript)

Appendix 19

Lisa – Table of Super ordinate Themes

Super ordinate theme 1 - ***Movement; images of movement within the process***		
Undercurrents, ground shifting	55	-underneath all this there was sort of felt like a big um a big volcano kind of bubbling along
Edge of a cliff, could fall himself	87	-support systems dropped off
too much, no control, fluid	97	-the feelings started to flood in
what was spilling, her or him?	120	-contained me er when when he was really um struggling emotionally
pendulum; knocked off feet?	181	-swinging from being very very sad to very angry
she's on his journey	185	-its just staying with it really
Outward focus but she's the internal?	250	-He was on send, not receive
Fluid	256	-sometimes I did feel very drained
fluid, underwater, drowning	290	-that sort of murkiness where people are in the depths of a problem
Rush, full speed ahead, she's on board	300	-felt a bit like launching, ready to launch into life again
travelling with him	334	-I was sort of on his journey
Core conditions drove relationship	378	-think it's those things that really got us through
contained but free to move forward	466	-just a feeling of teamwork, that helps, um, all working towards the same end
Super ordinate theme 2 - ***… and the role of stillness***		
keep it simple	62	-I think its just important um to just be where the person is
'doing' wasn't right – stay with the client	64	-it um wouldn't have been useful for him for me to start exploring feelings particularly or slow him down too much or go off his agenda
held herself in check by being fully open and aware	244	-then there would be times when I wouldn't…
hold the power to move but more gained by not using it	277	-the space to allow people to answer their own questions
In the moment, accept	446	-to just be with that sadness really
Don't fight it	460	-there's something about just accepting life and death as it is really

Super ordinate theme 3 - ***Counsellor as 'the tool'***		
Voice slows, presence stills; way of being, even now in interview she *is* her craft	48	-become quite calm myself and try to slow things down and calm things down with my own way of being with them really.
Thinking not not doing; hold theory lightly	102	-I use the dual process model in my thinking
She's the tool, holistic	345	-that then helped me with my um well our work to say 'what is going on there?'

Super ordinate theme 4 - ***Impact of the work on self of counsellor***		
Complicated is normal; her baseline (self?) is changed	12	-tend to take clients that have more complicated presentations
carried concern for client	147	-at that point I was quite worried about him
counsellor held big emotion	179	-I did feel very sad for him
been holding my breath (hope?)	257	-feel like I need to go [exhales]
too much to fully escape, some sticks	257	-kind of just shake it all out
not normal 'social' idea is normal for her; altered baseline (self?)	307	-you're basically saying to somebody 'I hope I don't see you again'
personal gain	315	-he taught me stuff as well
Her own journey too	335	-that's about me also learning through his experience and reflecting as a counsellor myself
strong emotions from her too	347	-frightening periods of time
In it together but still falls to her	411	-when I would have to reassure myself er that what we were doing was enough
her story is her reaction to his story	442	-it was is useful for me er to to just offload that really, not with any particular reason just just to tell the story of it.
checking self, questioning, modifying	452	-I'm quite good at reasonably quite good – not quite good, I'm ok at looking after myself most of the time
rich rewards	474	-its rewarding and I get a lot of satisfaction out of it myself
past and present and future self; personal and professional	476	-positive feelings about myself really as a person, and also in terms of preparing for ultimately sadness's in my own life […]you need to kind of be very aware of your own loss history
benefit to self	491	-its been really good to er think about my work with him

Super ordinate theme 5 - ***Narrative reflects process***		
and him and them together but separate	255	-I'm quite aware of how I feel and how they feel and what's between us really
process; feeling/learning/being	260	-But I suppose I I think then what's that about, what am I feeling? And then I kind of, then I use that…
Narrative reflects process (hard to articulate)	274	-how how how can he ever think about a future with anybody else
less tangible	356	-Um… [whispers] benefits. Mmm.

Super ordinate theme 6 - ***Nature and role of relationship***		
Boundaries within boundaries; churning inside	105	-privately within our sessions and within himself he he was really overwhelmed
We're enough	126	-a sort of belief in his own resources in his resources I suppose as well as my own
who is she working with?	138	-he was having sort of like an identity crisis, erm that you know 'who am I?'
she saw 'both' of him	143	-finding it harder to hold himself together with this outside persona
can be real with him	160	-it was one of those relationships where you can laugh and er also tell, be cross
in it together but still separate	163	-when we had that period, we went through a period of deep sadness when he, the reality of the loss erm became more apparent to him
relationship gave permission	239	-because we had the relationship then that was ok
she's in it too	315	-it was such an intimate relationship
still present for her	382	-I'm sort of smiling to myself because they were always quite funny times
Unique relationship, own language	387	-sort of you know 'headless chicken' kind of thing

Super ordinate theme 7 - ***Essence; not concrete but can still work with it***		
Intangible, about the essence	116	-there's something about my own experience of working with other people in the same situation
no certainty but enough; essence	122	-People generally do move forward
essence not structure of sentence; don't need to pin it down	282	-Its about you know, I suppose its about that non judgemental and erm being kind
essence, hard to put into words but enough to work with	289	-erm, I think I could sense a difference
nature of knowing hard to define; is 'knowledge' the right word? Essence.	293	-because of my I suppose knowledge of him
essence of danger	421	-a stroke or you know, stress, stress factors, mmm, and yeah.
counsellor continues essence of relationship	495	-In my little fantasy I've got that he's met somebody else

Super ordinate theme 8 - ***Different relationship***		
She's not 'people', she's different	51	-I think he was getting a lot of pressure from people
she's not 'people', unique	145	-he wouldn't allow people to see what the emotions his emotions and feelings
offers him 'normality'	186	-its that sort of belief that its ok and kind of normalising it
offers something different	468	-we're there to provide a support at that time, in a way that perhaps society doesn't

Super ordinate theme 9 - ***The experience of experience***		
Experience signposts journey; not 'lost'	61	-it felt ok cos I've seen it before
knowledge stabilised, comforted	120	-that knowledge I suppose reassured me and held me
her experience of his experience	169	-I think I recognised in myself 'oh, here we go again'
her experience held him too	231	-he had a sort of respect for my knowledge and I think that held the sometimes troubled bits
experience gave hope	295	-I suppose working with other people as well and seeing that process
signposted, familiar; that experience has its own language now	429	-I'm in that bit where um where the client is in a way, where they really feel like they're not able to tread water and feeling overwhelmed

Super ordinate theme 10 - ***Changing nature; making something 'different'***		
Quite/strong; modify emotion to make it manageable?	181	-it was quite strong emotions
'emotion'/feeling to 'interesting'/cognitive; can convert to cognitive if fits clients process	200	-[it was] a bit of a no no to show people your feelings and emotions yeah so er so that we we would have interesting conversations
grief is its own thing, in control	207	-what the grief was doing
grief is its own thing in the process	211	-I just think that's the way grief is
not said in a direct challenging way; making it safe?	233	-where um perhaps I could be a bit challenging really erm
new things generated from relationship	259	-the emotions that he generated within me
changes nature of it; danger to safe?	405	-it doesn't overwhelm me but you know you can get an understanding really what's what's going on

Super ordinate theme 11 - ***Building the base of the work***		
built the base, foundation	38	-that was sort of the the grounding to the relationship
Positives buried at end of the answer; are positives that stable base?	367	-usually its just working through that and um reminding myself of their strength and my strength and together we'll sort it out
strengthens base	369	-it sort of reinforces that
Supervision supports her, base	441	-the supervision was that sort of erm erm held me, really

Super ordinate theme 12 - ***Layers/levels of the process***		
who is she to him? Been different people	75	-I was in contact with him just in a very practical way
Kept separate part of her available	77	-I was always mindful of the fact that there may be a point where
Very quite strongly; every part of the spectrum	93	-feelings were very very quite strongly saddened
Different 'parts' to their work	134	-there were periods of time when I was worried about him
different levels of work	192	-And also reflect on his own family, on his own children's grief
She's been many things to him	225	-there were sort of periods of time that erm I I think his relationship to being helped and supported was a sort of key theme of our our work together
Another time frame, another 'them'	284	-that lasted quite a long time, that period
different layers	317	-it felt sad but happy
levels, layers	333	-there were so many layers, and um so many different periods
two levels	404	-for me it's just staying with that feeling with it and but also using it as well

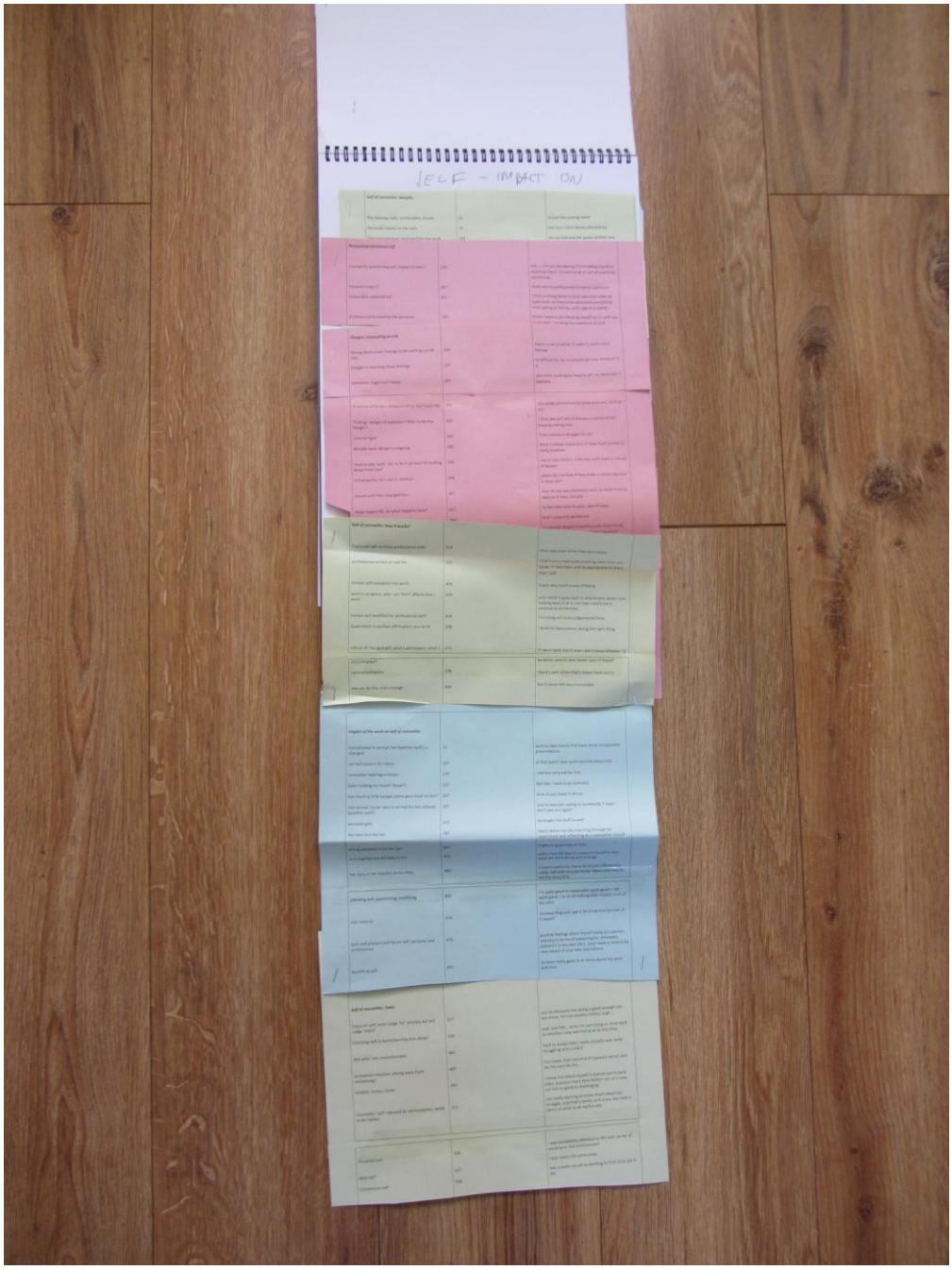
Super ordinate theme 13 - ***Counsellor as witness/observer***		
counsellor as witness; saw him when he did not	36	-nothing about himself really
Suppressed her voice, mute observer	45	-didn't perhaps note er with him what what I was feeling was going on for him
she'd spotted it first; witness	89	-became more aware of his own grief
observer, glass wall	115	-I could see the pain that he was in
When does witness become helpless?	151	-started to somatise some of his symptoms

Appendix 20 (a)

Example of clustering individual super ordinate themes from all four participants to form overarching super ordinate themes.

Appendix 20 (b)

Example of <u>individual</u> overarching super ordinate theme with relevant data from each participant



Appendix 21

Extract of super ordinate and sub themes across all participants

Example: Super ordinate theme 1 – Shifting sands; movement, moment and malleability in the counselling room

1a Working on different levels		
*its balancing on that holding in mind the freedom of any person, and the need for care in any person	169.6	Marie
*you have to hold people sometimes, erm, but it's a whole issue you don't make people dependent either	202.7	Marie
* there's such a mis-match between what she says and how she says it	290.10	Marie
* initially it was all [through a child's eyes] but now she she would say 'as a child this, as an adult of course I know this'	355.12	Marie
*, its not just the context of her present bereavement, its intertwined, yeah? And at times it got intertwined very much	417.14	Marie
* on the one hand I think she hears it and I think she knows, um, but she's too scared to let got of that identity	491.17	Marie
* when she goes into that childhood feeling	152.4	Stephen
* she doesn't present in any way that makes me feel I have to be concerned about it, but its something that's there in my mind.	288.8	Stephen
*its about the acceptance of their, them in their reflecting about where they are, not in about them carrying out violence	324.9	Stephen
*a description of love between a couple, it was just beautiful to be part of really	41.2	Dawn
*there was an aspect of me [holding and normalising the physical symptoms] and another part of me thinking 'my God, is he going to have a heart attack'	105.4	Dawn
* and there was a bit of me that went phew	114.4	Dawn
* it was out of the ordinary from my experience of working with the bereaved, and yet ah it doesn't surprise me at all really	124.4	Dawn
*maybe it felt also ok, I don't have to justify [number of sessions to management]	284.10	Dawn
*my feelings were very very quite strongly saddened	93.4	Lisa
* And also [the client would] reflect on his own family, on his own children's grief and what was happening to them	192.7	Lisa
*it felt sad but happy	317.11	Lisa
*it was a testing kind of um relationship, because there were so many layers, and um so many different periods	332.12	Lisa
* for me it's just staying with that feeling with it and but also using it as well	403.14	Lisa

1b - Tangible vs intangible		
*[suicide is] also tangible in so far that she's not really rooted here anymore	131.5	Marie
*because of the gap that doesn't seem to be there for her…	338.11	Marie
* she has all those rational systems in place to erm create it in nothing	366.12	Marie
*it was the otherness that connected us, not so much the content of our otherness	446.15	Marie
*this is kind of bigger than I can make sense of in my, rationally, um, but *I can hold it in a more spiritual way of being.	541.18	Marie
*that was the whole sense in the in the room	344.9	Stephen
*I don't know exactly how that works, but I'm very aware of that	393.10	Stephen
* And I managed to catch it enough in myself	473.12	Stephen
* my sense of it was I don't know what's going to happen here	581.15	Stephen
*it would be quite painful to be in a room with him because it was palpable how much he was hurting	68.3	Dawn
*there was a sense of a maybe going round and round the same stuff	272.9	Dawn
*it was kind of like electric in the room when he was telling me about that	302.10	Dawn
*I couldn't hold hope for him	324.11	Dawn
* she wanted to wear [her grief]	445.15	Dawn
* that's a bit of what was going on in the room, it was [*yeah*] it was – wow, that's interesting, cos it was kind of tangible.	671.22	Dawn
*I suppose its about that non judgemental and erm being kind		
*I think I could sense a difference	281.10	Lisa
	289.10	Lisa

1c - Ideas of movement		
*how could I expect her to […] walk this path of her present bereavement?	90.3	Marie
*with her its like on the on the edge of life and death	207.7	Marie
*she brings me in all sorts of kind of waters	316.11	Marie
* so it is walking with that	359.12	Marie
* I'm not sure she will walk that path	505.17	Marie
* that walking together in a framework of not knowing	555.19	Marie
*she's moved through that, or she is moving through, a sort of recognition of what really causes her problems	93.3	Stephen
*she can't pull herself into moving on in any way	217.6	Stephen
*that feeling of being stuck	390.10	Stephen
* initially it was sort of spilling out, for me, into the rest of my life	170.5	Stephen
* I sort of I flow between the client/person-centred	433.11	Stephen
*that went round and round again	498.13	Stephen
*[a] huge sense of just not going anywhere	593.15	Stephen
* I was just a bit ahead of him suddenly starting to engage with looking for other women	665.22	Dawn
* the feelings started to flood in	97.4	Lisa
* People generally do move forward	122.4	Lisa
*[emotions] swinging from being very very sad to very angry	181.6	Lisa
*felt a bit like launching, ready to launch into life again	300.10	Lisa
*I was sort of on his journey	334.11	Lisa

1d - Chronology; time is not linear		
*bang in the middle of course, do I continue living?	126.5	Marie
*being with her erm as an abused child	335.11	Marie
*she talks as if, as if it is happening now	341.12	Marie
*that took her back into it	191.5	Stephen
* And that really got me, yeah. It does get to me, that.	671.17	Stephen
* to actually start trying to end up with something specific that means a different way of working	706.18	Stephen
*[client's connection was] very current, absolutely current	130.5	Dawn
* he felt safest at home because that's where she was	90.3	Dawn
*I was just so moved by that, still am, it was a few years ago and still am	376.12	Dawn

Appendix 22

Participant Acceptance Letter

Dear

Thank you for your interest in participating in my MA research dissertation.

I can confirm the interview will take place on DAY DATE TIME at LOCATION. The interview will last approximately one hour, and will be audiotaped as per the information you have already received.

Please find enclosed a copy of the interview guide, and two copies of the audiotaping consent form. Please sign both copies and return them to me in the envelope provided.

May I thank you again for your interest and participation and I look forward to meeting you at the interview. Please do not hesitate to contact me if you require any further information in the meantime.

Kind regards

Eleanor Warman

Appendix 23

Participant Decline Letter

Dear

Thank you for your interest in participating in my MA research dissertation.

Unfortunately, I will not be requesting a research interview with you [though I would like to keep you as a reserve participant if possible; please let me know if this is not acceptable].

May I thank you again for your interest in my research.

Kind regards

Eleanor Warman

Appendix 24

Final Thank You Letter

Dear

I am writing to thank you for your participation in my research dissertation exploring the experiences of person-centred counsellors working with clients who present with complicated grief.

I hope you found the experience beneficial, but please do not hesitate to contact me if you have any concerns or questions about the research.

Thank you again for your assistance in researching this topic.

Kind regards

Eleanor Warman

Appendix 25

Transcript Approval Letter

Dear

Please find enclosed the typed transcript of our interview, conducted on DATE.

Please read the transcript carefully, and highlight anything you wish to be removed from the final version, which will be used in the research dissertation.

If you have anything you wish to be added in to the transcript, please attach this separately, and I will integrate it into your interview once any other amendments have been made.

If I have not heard from you in two weeks I will assume you have no amendments you wish to be made. This does not affect your right to withdraw from the research at any time.

I thank you for your continued participation and interest.

Kind regards

Eleanor Warman

Appendix 26

Invitation to view super ordinate table of themes (for member checks) and subsequent email if participant wished to do so.

Initial invitation
Hello Marie I hope you are well. I am now at the stage where, if you wish, I can send you a rough table of analytic themes based upon our interview. If you are interested in seeing this please let me know in the next day or so and I will email it over. If you have any questions please don't hesitate to ask. Kind regards Eleanor

Email with attached table of super ordinate themes
Hi Marie Thanks so much for your continued interest, Attached is a table of superordinate themes for my IPA analysis. I have also attached a copy of the transcript with line numbers in case you wished to read the quotes in context. The themes are presented in a semi-rough manner, and may be refined or the quotes cut down by the final analysis. It is unlikely every theme/quote will be included in the finished dissertation. While IPA is about my interpretation of your experiences, any comments or observations about the themes or the process of being interviewed are most welcome. Unfortunately due to the tight timeframe I will have to ask you to get any comments back to me by the weekend, when I am due to begin cross-referencing the themes of all four interviews in order to be able to begin picking out overarching themes and thus begin planning the write-up of my analysis. If you have any further questions please don't hesitate to contact me! Many thanks again Kind regards Eleanor

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