

## Part IV, Chapter 6

### Bereavement and Loss

**Greg Madison**

*'After her death  
at last  
the strong face broke  
through the blurred mask.*

*Now perhaps  
(if she could see it)  
she would also accept the tree again  
in front of the window'.  
- Mother, Hans W Cohen*

#### Introduction and Context

The forerunner of our modern word 'bereavement' was the old English word *bereafian*, which included the definitions 'to be robbed' or 'deprived of something valuable' (Chambers Dictionary, 1995). In contemporary society *bereavement* most commonly refers to the death of a significant person. Bereavement can be expressed in culturally specific acts of *mourning* - funeral rites, or ritualized withdrawal from public activities, for example. 'Grieving' refers to the psychological component of bereavement, the feelings evoked by a significant loss, especially the suffering entailed when a loved person dies.

Since Freud, grieving and mourning have been conceived as the processes whereby the bereaved person adjusts to the reality of their loss, enabling them to disengage from the deceased and reinvest in new relationships (see Klass et.al.,1996: 3-16). John Bowlby's attachment theory (1969-80) and Colin Murray Parkes' psycho-social

elaborations (1972) offer psychological models of bereavement, allowing predictions regarding the outcome of an individual's bereavement process (Parkes, 1993).

Bowlby believed that our emotional bonds 'arise out of deep seated innate mechanisms which have evolved in order to ensure survival' (Parkes, 1993: 246).

Bowlby argued that infants of many species have physical features and behaviours, which call forth care and protection from older group members. Infants also possess a motivational 'attachment system' 'designed by natural selection to regulate and maintain proximity between infants and their caregivers' (Fraley and Shaver, 1999: 736). The theory implies a cause-effect relationship between early attachment patterns and later reactions to bereavement, arguing that 'whether an individual exhibits a healthy or problematic pattern of grief following separation depends on the way his or her attachment system has become organized over the course of development' (ibid., 1999: 740). While accepting Bowlby's theory, Parkes also emphasizes the importance of the psycho-social transitions required after bereavement (see Parkes, 1993: 241-7).

Since the publication of Elisabeth Kubler-Ross's seminal book *On Death And Dying* in 1969, stage models of grief and coming to terms with death have also predominated. Kubler-Ross suggests five distinct phases; denial and isolation, anger, bargaining, depression, and finally, acceptance (Kubler-Ross, 1969). Any person who is bereaved, facing his or her own death, or dealing with loss, should move through these phases sequentially. Potentially a person could get 'stuck' at any stage, impeding their movement to the next stage and thus obstructing 'resolution' of their grieving process.

These various understandings of bereavement allow that each person can have individualized features to their response to loss, but that the process of 'resolving' their bereavement is based upon a predictable template, observable by mental health professionals. Thus we have expectations and theoretical concepts of what is considered 'normal' regarding bereavement, giving rise to 'risk factors' that predict a greater likelihood of 'complicated bereavement' and even diagnoses of 'pathological, unresolved, grief'. An example of this practice is the tendency to pathologize as 'denial' or 'separation anxiety' reports by the bereaved that the deceased may be seen, heard, or conferred with, despite indications that these occurrences may in fact be very common, as well as comforting and reassuring for the bereaved.

The orthodox theories of Parkes (1972, 1983), Bowlby (1969-80), Worden (1991), and Kubler-Ross (1969), are now being challenged and modified according to a more generally post-modern (and in some respects, existential) approach to understanding in the human sciences and in psychotherapy. In this critique, modernist clinical assumptions regarding healthy outcomes are relativized as one possibility among many and not to be prioritized or imposed universally upon the experience of bereaved people.

In their introductory chapter to *Continuing Bonds*, Silverman and Klass (1996: 3-27) argue that the prevailing model of bereavement emphasizes our separateness from each other, putting a positive value on autonomy and individuation while devaluing interdependence (ibid., 1996: 14-5). Silverman and Klass do not see bereavement or grieving as ever fully resolved, culminating in 'closure' or 'recovery'. They propose that 'rather than emphasising letting go, the emphasis should be on negotiating and

renegotiating the meaning of the loss over time. While the death is permanent and unchanging, the process is not' (ibid., 1996: 18-9). The work of grieving and mourning in this view is to maintain the presence of the deceased in the web of family and social relationships by establishing a continuing role for them within the lives of the bereaved. For example bereaved parents may indicate the deceased child's on-going presence in the family with statements such as, 'We've got three children, one of whom has died' (Walter, 1996: 10).

Bowlby-enthusiasts dispute that these recent challenges, emphasising continuing bonds to the deceased rather than breaking bonds to develop new relationships, contradict attachment theory. As the controversy continues, it is at least apparent that *Continuing Bonds* challenges theories that had become sedimented as fact while reclaiming as possibilities reactions that were previously pathologized. These reclaimed possibilities may have constituted the norm in other cultures or at other times, for example various rituals of ancestor worship or communicating with the dead. An existential-phenomenological stance offers an opportunity to augment these views while offering a less directive approach to bereavement counselling.

## **Existential Contributions**

Bereavement epitomizes a linked confrontation of two fundamental existential givens; death and relatedness. How do we remain open to others, form bonds with them, seek their company, fall in love, knowing the day will come ...? In the words of Eric Klinger,

'The essence of tragedy is that humans are the playthings of the gods: that people's lives are vehicles for the expression of cosmic forces, that people's fortunes must often submit to forces beyond their control.'  
(Klinger, 1977: 137).

The discussion will emphasize the following themes:

- an intersubjective and interactional view of human existence as opposed to the individualism of other approaches
- questioning the ethological underpinning for bereavement theories
- the impact that the death of another can have on our awareness of personal mortality
- a note on bereavement counselling and working phenomenologically

### **Intersubjectivity**

In *Being and Time* (1927) Heidegger describes how human beings are absorbed in the world, inextricably responsive to it, concerned with it, since fundamentally our being is an *opening onto existence*. We are not complete sealed-off subjects separated from an outside by the skin of our bodies<sup>1</sup>. Each human existence *essentially is* interaction with the world and with other people. 'Heidegger's name for this communal dimension of my own Being-in-the-world is *Being-with*' (Polt, 1999: 60). 'Being-with' challenges the concept of separate subjects needing to form 'attachments' across their isolation in order to survive. Heidegger fundamentally questions the idea of individuals having 'inner worlds' pointed at 'outer' objects.

Before we can have an 'attachment theory' we have to presuppose a 'separation theory', which from an existential-phenomenological stance is not sustainable. Even the choice to be alone is within the context of relationships - a comment on it. We are inescapably *with-beings*, thrown into and responding to specific social and cultural worlds.

The French existential philosopher Merleau-Ponty refers to society as a 'between-world' (c.f. Madison, 2001: 4). He attributes this to the intersubjective aspect of our early childhood experiences in which we live in a sort of anonymous collectivity and this continues to function in, and remains the ground of, our later adult relationships (Merleau-Ponty, 1964). We remain forever associated in a nexus which exceeds our understanding, and our 'emotional ties with others are possible only because we continue to live primarily in the other's gestures and responses' (Diamond, 1966: 129).

Eugene Gendlin, an American existential philosopher and psychologist, furthers this phenomenological tradition by prioritising bodily 'interaction'. He points out that we usually separate a relationship into the 'individuals' involved and focus on them. According to Gendlin our being-in-the-world is fundamental, 'It's not that the interaction affects the individual and then makes him different. In the very ongoing of that interaction, he is already different' (Gendlin, 1966:216-7). Interaction is first, so that *how we live* our situations (and relationships) is not merely inner, subjective, a hidden variable of objective space. Gendlin points us back to how our bodies live 'opened up to' situations, especially other humans – the two people are *derived from*

their specific situational relationship – so what happens when one person is no longer there?

The bereaved person not only metaphorically, but also literally has lost a part of their world. The bereaved body will continue to 'imply' the deceased in order to fill in that co-created interaction, that relationship within which they both lived. Widows<sup>ii</sup> describe poignantly their spontaneous imaginings of the dead husband about to return home, ready to share the day's events together as always, his place set at the table, a whole world recreated before the unfulfilled interaction reveals his absence, the 'mourned-for' again falls out from the assumed environment. Such moments can lead to heartfelt grief and once again, even years after the death, a world fails to materialize because he is not there. For some, an approximate 'filling-in' of this implying can be found in *socially supported* continuing bonds to the deceased. For others, it may be that eventually the need for the lost relationship is addressed when a new relationship allows the implied interaction to reoccur in some way. Still others will choose to withdraw from the world of relationship and carry their loss along unchanged. Each choice reveals aspects of the person's way of being and this can be disclosed and explored in counselling without presuming which choice is preferable.

While writing this chapter I experienced the bereavement of a favourite tutor and mentor. I had visited him once in hospital and was planning to visit him again the morning I was told of his death. I had seen him infrequently the months before he died but since his death he has at times become almost physically present for me. His absence is now "present" in a compelling way. In certain settings, like the training college where we both taught, I can 'recognize him' whenever I see a stout old man

with white hair across the park. Immediately I feel a warmth and sadness rise in my chest. It's as if something in me implies his existence and his meaning for me. If I stay with that feeling I find in it a tragic sense related to the circumstances of his dying, something of my own mortality and how unexpected it might be, and a distinct feeling of "something more" that's not easily thought.

### **Human Being and Animal Behaviour**

As well as questioning the individualism of attachment theory, an existential stance challenges the appropriateness of the theory's underlying ethology. Are humans so similar to other species that the scientific study of animal behaviour can form the basis of an understanding of complex human experiences like bereavement? Can a duck use relationships to bolster self-esteem, express love, deny death, and fulfil its future?<sup>iii</sup> According to Heidegger, 'Da-sein is a being that does not simply occur among other beings. Rather it is ontically distinguished by the fact that in its being this being is concerned *about* its very being' (Heidegger, 1996: 10). Da-sein, human being, is unique in that we 'care' about our existence (it matters to us). Significant aspects of our 'care' would include an awareness of our interrelatedness and the anxiety concerning our own mortality. The death of someone significant is a powerful reminder of one's own impotence, vulnerable openness, and impending demise. Bereavement simultaneously calls forth an awareness of personal mortality imbued with the experience of an implied interaction which cannot be fulfilled, an incompleteness frozen in the face of the end of all possibilities. Of course not all bereavements imply such 'lack' and mourning, but even this variation in possibilities

further highlights that Dasein's distinctive mode of being necessitates a distinctively human understanding of our response to death and loss.

### **Bereavement and mortality**

In *Existential Psychotherapy* (1980), Irvin Yalom proposes that the uniqueness of the existential approach is that it does not assume 'suppressed instincts', or 'internalized parental conflicts', but rather seeks to explore the 'conflict that flows from the individual's confrontation with the givens of existence' (Yalom, 1980: 8). In working with the bereaved, Yalom has found,

'The death of someone close will, if the therapist persists, always lead to an increased death awareness. There are many components to grief – the sheer loss, the ambivalence and guilt, the disruption of a life plan – and all need to be thoroughly dealt with in treatment. But, ... the death of another also brings one closer to facing one's own death; and this part of grief work is commonly omitted. Some psychotherapists may feel that the bereaved is already too overwhelmed to accept the added task of dealing with his or her own finiteness. I think, however, that assumption is often an error: some individuals can grow enormously as a result of personal tragedy (ibid., 1980: 167-8).

Yalom's view is that loss and bereavement can cause a rip in the fabric of our assumed world, through which unwelcome existential realities may be glimpsed. Bereavement, therefore, could be an 'existential opportunity' though a painful or even overwhelming one. The edifices we construct around a 'self'; our reputations,

self-esteem, relationships, values, and possessions, can be exposed as folly in the face of death. At the very least, it highlights how death can interrupt life unexpectedly, making a mockery of our well-laid plans. In the words of Victor Frankl, 'As a finite being, man never perfectly completes his life task. When he is willing and able to shoulder the burden of this incompleteness, he is acknowledging this finiteness' (Frankl, 1967: 54). As stated above, the tension of bereavement can highlight the primordial human paradox of being fundamentally intersubjective, while inexorably retaining the formidable 'mine' of existence, my death.

### **Bereavement counselling**

From an existential perspective, it would be more accurate to say 'counselling instigated by a bereavement' rather than 'bereavement counselling'. This is an important distinction because it acknowledges the impossibility of separating out from a person's world one issue and providing counselling for just that. Clients do not experience their world in such a compartmentalized way and rarely do they stick to discussing only their bereavement, even in 'bereavement counselling'. In the words of one client, 'I'm not looking for a bereavement counsellor... I want to look at myself, at my whole life. I want to find out what it is all about' (Jonathan, 1997: 128).

Bereavement often initiates intensive self-reflection regarding life in general. Rather than cause-effect interpretations based upon the client's earliest attachments, the existential therapist explores the client's own interpretations of the meaning of their choices, as well as unfulfilled potentials, future intentions, personal values, and their

response to the limits inherent in life. The therapist gives up the pretence of knowing in advance and does not predict appropriate outcomes for the client, but rather remains democratic, descriptive, and exploratory. Counselling sessions seek to increase the client's awareness of what remains implicit in their responses and actions and to explore shared human experiences as they are revealed within the therapeutic dyad. This means that the counsellor does not remain distant and impersonal, but enters fully into a mutual dialogue concerning the client's experience. Gendlin's concept of 'interaction first' (1997:22) reminds us that there cannot be a purely 'professional relationship'. What the client is feeling and thinking will be what-the-client-is-like-*with-this-therapist* but also vice versa. It opens up the possible range of interventions to include relationship variables: asking how the client is feeling talking to the therapist, therapist disclosure of what the interaction feels like from their side, therapist self-disclosure about their own life and bereavements. Anything that moves and deepens the therapeutic relationship will also imply change in the client because there is no *separated-off* client.

Most people do not seek, or need, counselling after bereavement. In *A New Model of Grief: Bereavement and Biography*, Tony Walter (1996) suggests that grief is not an individual process best responded to in counselling sessions, but rather a social process<sup>iv</sup>. His own experience of bereavement was that 'this was not social support for an intrinsically personal grief process, but an intrinsically social process in which we negotiated and re-negotiated who Corina was, how she had died and what she meant to us' (Walter, 1996: 13). If we accept that the preferred response to bereavement is social dialogue, incorporating the network of people who knew the deceased, what is the role of so-called 'bereavement counselling'?

Contrary to Walter's description, bereaved people can be made to feel there is something wrong with continuing to locate the deceased in their on-going lives. It is not uncommon for the bereaved to enter counselling precisely because the people around them are no longer interested in discussing the deceased. On the other hand, some clients may seek counselling because they, unlike their friends and family, cannot talk about the deceased. And there are also instances when the social world does not recognize the legitimacy of the required discourse, so that the bereaved cannot locate and process the new roles and reality impinging upon them<sup>v</sup>. Perhaps the role of counselling is to offer a relationship that allows the bereaved to re-enter a world of discourse, to approximate the social world when, for whatever reason, it has receded from their daily lives.

### **Case Illustration: When he died I could finally grieve for myself**

While a hospital in-patient, Mrs. N learned that her husband had also fallen ill and been admitted to a different ward in the same hospital. Mrs. N was too ill to visit her husband and two days later he died – they had been married 49 years. A counsellor agreed to meet with Mrs. N and to sit with her while the rest of the family attended the funeral in a few days time.

Mrs. N quickly warmed to the idea of counselling and asked the counsellor to call her Antonia. She was a polite 72 year-old native Austrian who presented as quite self-conscious and reserved. She felt ashamed of not crying or acting upset at her

husband's death and explained this away as 'shock'. She made it clear from the outset that she wanted to concentrate on what had been 'good' in her relationship with her husband, implying that some things had not been so good between them. Antonia and the counsellor agreed to meet weekly for what turned out to be the duration of her hospital stay, six months.

The story of Mrs. N's life gradually unfolded over the ensuing weeks. She had grown up as an only child in a small town in Austria during the Nazi occupation. Her parents were cold and abusive towards her. She thought of herself as weak and easily frightened, though she gradually questioned this as she recalled situations in which she acted with extreme courage. For example, Antonia described her efforts to feed a Jewish family in hiding near her childhood home. She would bring them bread when possible until she was exposed and spent a terrifying afternoon undergoing Gestapo interrogation. When the allies liberated her town she met a young British soldier who promptly asked her to marry him and she soon left for London against the advice of her parents and friends.

Early in the counselling, Mrs. N alluded to how her husband's behaviour became violent when she arrived in London, but she maintained that he 'was a good man, difficult, but good'. It emerged that he regularly attacked her and gave her black eyes and bruises. She felt too ashamed and too proud to admit the relationship was a mistake and leave him. Antonia had never confessed these things to anyone else. Although her children were aware of the abuse, they never spoke of it, nor was Antonia allowed to talk to them about her past. Her children were left with only a cursory idea of who their mother was.

Although the original counselling issue was bereavement, the sessions quickly broadened out to include Mrs. N's whole way of living as it was expressed in her past decisions, her relationship with her husband and children, her present relationship with the counsellor, and her hopes for the future. Telling her story for the first time to the counsellor allowed Antonia to feel a growing self-respect for her ability to stand up to tyrants. She had been suffering from terrifying night visions of her husband's corpse standing in the doorway to her room, looking angry, but these gradually receded as her image of herself as courageous and independent increased<sup>vi</sup>. As her self-respect grew, so did her ability to face the abusiveness of her husband. This finally triggered her bereavement, not for the loss of her husband, but a deep grief for the years he had taken from her.

Antonia also gradually started to share her life story with her children and grandchildren, although this was very difficult for all of them. Her children began to see her as resilient and even 'heroic' rather than as the frightened victim of their father. They stopped trying to control her future (as their father had) and listened to what she wanted for herself. Antonia dreamed about getting a flat of her own with flowers on the balcony, buying herself new dresses for the first time in years, and going to church again.

Antonia was enthusiastic about counselling and the opportunity to finally tell her story, and to begin to challenge her assumptions about life. It is interesting that once Antonia began to talk about her life with the counsellor, she was gradually able to share these details with her children. This seems to support the view that as an

approximation of the social world, counselling can act as a 'rehearsal' for re-negotiating significant relationships in that world in a more honest and satisfying way. Theories about the 'bereavement process' and 'bereavement counselling' seemed less useful than staying close to Antonia's expressed needs and her gradual freedom from her own expectations of what bereavement should entail.

Antonia would have rated high on specific 'risk factors' and could have been the object of a well-intentioned plan of bereavement counselling or other intervention. The agendas usually presumed in such approaches may have hindered the unfolding of an entirely unpredictable process, directed by the client herself. It seems that working phenomenologically, without imposing the counsellor's preconceptions and in fact challenging the client's own preconceptions about what she should feel, provided an opening for her to engage in a comprehensive review of her life and her general way of being-in-the-world. We should remember that not every reaction to bereavement is grief and not every bond is a loving one.

## **Critical Considerations**

Paradoxically, critiques of an existential approach generally mirror what from another angle could be seen as its benefits. Bereavement counselling, like most 'specialisms' in counselling, is heavily imbued with a medical, 'treatment', approach to people. In this approach counsellors are considered experts in alleviating or curing another's distress. With scarce resources it is of course important that publicly-funded counselling is as 'effective' as possible. But how is that defined?

An approach that offers treatment protocols, working assumptions of who is most 'at risk' and therefore prioritized for treatment, will be very attractive to funders. These approaches will also be seductive to counsellors who want to feel secure that they are being effective, and to clients in search of similar certainty. Such approaches, because they have a clear view of what is a positive outcome, are in a much better position to provide evidence for the efficacy of their approach. The phenomenological method is not compatible with attempts to develop counselling interventions based upon theoretical preconceptions. In fact, as was suggested earlier, a phenomenological counsellor will approach a bereaved client with the same openness as any other client, with no presumption regarding what should take place. This is difficult to sell in a marketplace where strictly delineated brief therapy is increasingly prescribed for bereavement.

Existential practitioners will need to acknowledge the interests of NHS institutions and publicly funded voluntary agencies if the approach is to achieve the significant impact it is capable of having in the area of bereavement counselling. In order to do this, existential therapists will need to engage in psychotherapy research<sup>vii</sup>. This research could include studies based upon what bereaved clients themselves say about their counselling experiences, and research into what kinds of processes unfold and carry forward the client's experience as counselling continues. It may also be instructive to explore whether there really is such a thing as 'bereavement counselling' distinguishable from generic counselling in practice.

## Further Reading

R. C. Fraley & P. R. Shaver 'Loss and Bereavement. Attachment Theory and Recent Controversies Concerning "Grief Work" and the Nature of Detachment'. In Cassidy, J. & Shaver, P. R. (Eds.) *Handbook of Attachment. Theory, Research, and Clinical Applications*.

E.T. Gendlin (1996) *Focusing-Oriented Psychotherapy*.

D. Klass, P. R. Silverman & S. L. Nickman (Eds.) *Continuing Bonds: New Understandings of Grief*.

C. M. Parkes, P. Laungani & B. Young (Eds.) *Death and Bereavement Across Cultures*.

T. Walter 'A new model of grief: bereavement and biography', *Mortality*.

J. W. Worden *Grief Counselling and Grief Therapy. A handbook for the mental health practitioner*.

## REFERENCES SECTION:

Cohen, Hans W (1999) *With All Five Senses*. Menard Press: London

Gendlin, E. T. (1966). Existentialism and Experiential Psychotherapy. *Existential Child Psychotherapy*. C. Moustakas. New York, Basic Books Publ. Inc.: 206-46.

Gendlin, E.T (1997) *A Process Model*. Unpublished manuscript. Available from [www.focuisng.org](http://www.focuisng.org)

Pietila, Minna (2002) Support groups: a psychological or social device for suicide bereavement? *British Journal of Guidance & Counselling*. 30 (4): 401-414

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<sup>i</sup> We will discuss later the work of Eugene Gendlin, who suggests that our bodies *are* constant body-environment interaction, the site of our *connection with* rather than *separation from* the world.

<sup>ii</sup> The same phenomenon can presumably occur with any bereaved person.

<sup>iii</sup> There is no neutral ground from which to compare human and animal behaviour – we cannot know an animal's world since we must perceive from within our own human world-view. The Norwegian philosopher Arne Naess uses the term 'maze epistemology' to refer to the experimenter who watches a rat in a maze and, without acknowledging it, projects his human motivations onto the rat to interpret the rat's behaviour.

<sup>iv</sup> Minna Pietila's study of support groups for family members bereaved by suicide suggests that sharing experiences with others in a group is enough to overcome cultural expectations, specifically white middle class 'stage and task' theories of grief and their 'coercive rules for normal grieving' (Pietila, 2002:410). She emphasizes the sociological side of bereavement and the necessity of dealing with the person's world-interactions as much as with the hypothesized realm of 'individual inner psychology'.

<sup>v</sup> Relationships which are not socially recognized may include, for example, gay relationships.

<sup>vi</sup> These visions clearly were not symbols of a positive continuing bond, nor were they signs of pathology, but rather indications of Antonia's self-construct at that time, and of her abusive marriage.

<sup>vii</sup> A recent volume of *Existential Analysis* (Vol. 15.1) includes a number of articles dealing with psychotherapy research from an existential perspective.