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# Attachment and Loss, Death and Dying. Theoretical Foundations for Bereavement Counselling

Grief is the price we pay for love.  
Without attachment there would be no sense of loss.<sup>1</sup>

This chapter explores the different theories that underpin bereavement counselling. Views on the most effective ways to support those who are bereaved have changed over many years (Parkes 2002). In looking at the variety of approaches to grief work you will discover many overlaps and see how growth from one view to another has taken place. It will show how today's thanatologists, those who study death and the practices associated with it, think and practice. They bring sociological, anthropological and cultural perspectives to their work (Boerner & Heckhausen 2003). However, throughout this exploration we need to hold on to the idea that grief takes as many forms as there are grieving people (Alexander 2000; Benoliel 1999).

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<sup>1</sup> I first used this quotation in my book *Managing Loss, Separation and Bereavement: Best Policy and Practice* (July 2001) though its origins were unclear to me. Since then it has been attributed to Queen Elizabeth II who sent it in a message of condolence to the American people following the attack on the Twin Towers on 9/11 2001. The line is carved in stone at St Thomas's Cathedral, New York and on a wooden pergola in the memorial garden in Grosvenor Square, London.

## The first bonds: why love gives us hope

Why is attachment relevant to bereavement counselling?

It is important to understand attachment since it is essential for healthy emotional growth and for building resilience (Huertas 2005). Numerous theories of attachment provide a foundation for bereavement counselling (Purnell 1996). Without attachment to a significant other person, usually the parent, a child's emotional growth will be impaired and he may experience severe difficulty in relating to others in a positive way (Bowlby 1980; Ainsworth et al 1978). When a baby cries he is looked after and so he learns to trust others in his world. From this foundation of trust grows his ability to relate to others and to empathise. Later, he will make other attachments to siblings, friends, a partner and, possibly, his own children. When a primary attachment, as these are termed, is ended through separation or death, then grieving takes place. Grief is the price we pay for love, or attachment. This is pivotal in the research by Bowlby which we will examine later in this chapter.

In her book *Why Love Matters*, Sue Gerhardt demonstrates how early experiences within the womb and during the first two years of life influence the child physically and emotionally. She says, 'This is when the "social brain" is shaped and when an individual's emotional style and emotional resources are established' (2004: 3). This part of the brain learns how to manage feelings and how to react to other people, as well as how to react to stress, which in turn affects the immune system. This mind-body link is important when we recognise that a bereaved person will react physically, emotionally and cognitively to death: 'It is as babies that we first feel and learn what to do with our feelings, when we start to organise our experience in a way that will affect our later behaviour and thinking capacities' (2004: 10). A person who has had early stress, trauma and poor attachment may find grieving more difficult than someone who had secure early attachment. Those who have been bereaved as a child may find that their grief is reactivated when they experience someone's death in adulthood. Research by Margaret Stroebe demonstrates that insecure attachment is linked to complicated grief in the adult bereaved population (Wijngaards-de-melj et al. 2007).

Reactive attachment disorder (RAD) is caused by the disruption of the normal cycle of loving care that a baby receives from her parents. Instead of care she may be neglected, abused or have inconsistent care which may impair the ability to make bonds with others (Bowlby 1980; Frayley & Shaver 1999). In later life the child may be unable to trust others or to allow others to have control. Accessing bereavement counselling can be problematic for someone with RAD since building therapeutic rapport may be difficult.

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**What you need to know about  
attachment - the basics**

The first thorough study of grief and loss was by the father of psychoanalysis, Sigmund Freud. His early paper 'Mourning and Melancholia' published in 1917, is regarded as a classic text on bereavement. He argued that the psychological purpose of grief is to withdraw emotional energy from the deceased (cathexis) and then to become detached from the loved one (decathexis). He believed the bereaved person has to work through his grief by reviewing thoughts and memories of the deceased (hypercathexis). By this process, painful as it is, the bereaved can achieve detachment from the loved one and the bereaved's bonds with the deceased become looser. This 'attachment' became a major factor in understanding grief for many later theorists. However, this theoretical position is not echoed in a letter Freud sent to his friend Ludwig Binswanger in 1929.

Binswanger's son had died and Freud wrote: 'Although we know after such a loss the acute state of mourning will subside, we also know we shall remain inconsolable and will never find a substitute. No matter what may fill the gap, even if it be filled completely, it nevertheless remains something else. And, actually this is how it should be, it is the only way of perpetuating that love which we do not want to relinquish' (Freud 1960: 386). His words indicate the need for continuing connection with the loved one which is central to the theoretical position of Attig (2000), Silverman, Klass and others who write of the importance of continuing bonds (Klass et al. 1996).

Freud's concept of grief as a job of work which we neglect at our peril is very useful when we consider grief to be part of a reconstruction process which Colin Murray Parkes (1971, 1996) calls 'psychosocial transition'. Parkes (1988) introduced the concept of the 'assumptive world' which is changed in bereavement. All that we assumed was securely in place, our expectations about the world, our relationships and our place in it are thrown into disarray when death appears: the familiar world has become unfamiliar. Each day most of us assume we will come back home. We assume we will see our friend at the usual time. We assume we will shop on Thursday after work. Then something awful happens, like a sudden critical illness, and our assumptive world is undermined.

Where the event is a traumatic bereavement then the assumptive world may be utterly shattered (Trickey 2005). Where the loss has been traumatic the rebuilding of the bereaved's world may be more difficult because trauma impedes grief. Making sense of the event, talking about it, remembering the deceased and thinking about it may cause hyper-arousal, which the bereaved seeks to avoid. Thus, bereavement counselling or bereavement support may be much more problematic and in-depth psychological or psychiatric intervention may be needed. Parkes says that in mourning we make readjustments to our assumptive world and this constitutes a psychological shift and psychosocial change. People may need help to rebuild

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their assumptive world following bereavement because loss has shaken the foundations of their world (Neimeyer 2005).

For the bereaved their sense of identity may have to be redefined. Who am I now that I am no longer a father? Where do I fit in now that I am no longer a part of a couple? (Caserta and Lund 1992) Some people will retreat from social interaction perhaps because of an unconscious fear of further losses, feeling it is better not to invest emotionally in case others are taken away. Others re-evaluate their social relationships and take greater care in maintaining those relationships; may pay more attention by prioritising relationships above work, for example. The experience may lead to greater maturity and a deeper sense of understanding of the emotional life of others.

Psychoanalyst John Bowlby established attachment theory in the 1960s. In his research with babies and young children and their mothers he studied the impact of separation and the situations that cause us to feel fear and anxiety. He concluded that fear is initially brought about by elemental situations: that is, darkness, sudden movement or separation. Though these situations may be harmless in themselves, they indicate an increased risk of danger. Bowlby examined the way young children respond to the temporary or permanent loss of a mother figure and note the expressions of sadness, anxiety, protest, grief and mourning that accompany such loss. From his observations he developed a new paradigm of understanding attachment and the impact of the breaking attachment bonds (Bowlby 1980).

With psychologist Mary Ainsworth Bowlby recognized that in order to understand a person's behaviour you had to understand their environment. The child and parent, the patient and doctor and the bereaved and bereavement counsellor are in a mutual field of activity, a system in which each influences the other (Bowlby 1975; Wiener 1989). This systemic approach takes into account the fact that we are influenced by other people, the food we eat and the air we breathe. Bowlby saw grief as an adaptive response which included both the present loss as well as past losses. He said it was affected by environmental factors in the bereaved person's life as well as by the psychological make-up of the bereaved person.

Bowlby and Parkes (1970) presented four main stages in the grief process:

- 1 Numbness, shock and denial with a sense of unreality;
- 2 Yearning and protest. It involves waves of grief, sobbing, sighing, anxiety, tension, loss of appetite, irritability and lack of concentration. The bereaved may sense the presence of the dead person, may have a sense of guilt that they did not do enough to keep the deceased alive and may blame others for the death;
- 3 Despair, disorganisation, hopelessness, low mood;
- 4 Re-organisation, involving letting go of the attachment and investing in the future.

At the time the theory did not make reference to wider cultural differences which are highly relevant in the grieving process. In Japan, for example, the bereaved are encouraged to maintain emotional bonds with the deceased,

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and letting go of the attachment, stage 4 above, would be counter to their cultural mores (Deeken 2004; Yamamoto 1970). In other cultures yearning for the dead person would be regarded with disapproval since the dead person is on his designated karmic journey (Laungani 1997). However, Parkes, Laugani and Young (1997) redressed the balance in *Death and Bereavement across Cultures* which covers variations in grief responses in different cultures in great depth and is an excellent addition to the body of knowledge in bereavement care in the twenty-first century.

In the 1960s Elisabeth Kubler-Ross, a Swiss-born physician and psychiatrist, pioneered death studies. Her seminal book *On Death and Dying* (1970) was based on her work with dying patients. She adopted Parkes' stages of grief to describe the five stages of dying experienced by those who were diagnosed with terminal illness:

- 1 Denial – the patient does not believe he has a terminal illness.
- 2 Anger – Why me? Anger towards family or doctors because they have not done enough.
- 3 Bargaining – The patient may bargain with God or some unseen force, to give him extra time.
- 4 Depression – The patient realises he is about to die and feels very low.
- 5 Acceptance – Given the opportunity to grieve, the patient may accept his fate, which may lead to a period of quiet reflection, silence and contemplation.

Kubler-Ross emphasised that these stages are not linear and some may be missed out altogether. Some people may never reach the point of acceptance and may die still filled with anger or other strong emotion. For others, denial fortifies them: when they have to live for a long time with a terminal illness, their hope sustains them. However, the views of Kubler-Ross have been challenged because a number of researchers have not found evidence to support them and dying people show a range of conflicting reactions (Spiegel & Yalom 1978; Stroebe & Schut 1999).

Rachel Naomi Remen has worked with people with life-threatening illness for many years. She believes that the Kubler-Ross stages are useful but she disagrees that the final stage is acceptance. She says:

I have counselled people with life-threatening illness who have lost valuable parts of their bodies, relationships and capacities. And in my experience of watching people heal from loss, the final step is gratitude. And wisdom. That's the final step of healing from loss. It doesn't make cognitive sense, but it makes deep emotional and spiritual sense. ( Redwood 2002: 6)

Reactions to dying are very much influenced by cultural views and religious beliefs. The response of someone who believes in reincarnation will be quite different from someone who believes in heaven and hell and who fears eternal damnation. Negative reactions to death and dying are not universal and personal philosophies will influence individual reactions.

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J. William Worden, an Associate Professor of Psychology at Harvard University and grief specialist, introduced the concept of 'grief work' in the 1980s. Continuing Freud's concept of grief as a job of work he described four 'tasks' of mourning that the bereaved person must accomplish (Worden 1992):

- 1 The individual needs to accept the reality of the loss and that reunion is not possible.
- 2 The individual has to experience the pain of grief. The extreme hurt and sadness felt may also physically affect the bereaved.
- 3 The individual needs to adjust to the environment where the deceased is missing. The consequences of the death may be enormous emotionally and financially, and the bereaved may be forced to adopt a completely new lifestyle. Some, though, will be stuck in an old pattern of existence, especially with the death of a spouse.
- 4 The individual needs to relocate the deceased and invest in a new life.

His theory points to the need to break bonds with the deceased person in order to invest in a new life. This view that the bereaved must disengage with the deceased was espoused by others (Dietrich & Shabad 1989; Volcan 1981). This last task is one that many people find the most difficult to complete (Stroebe et al. 1992). The deceased is not forgotten, nor are the memories, but the bereaved may still find enjoyment in life once more. The person who has been bereaved is not the person she was before and will never be the same again, as the following statement shows:

'I had first hand experience of healing which comes through confronting the pain. And I knew that however deep the grief, it has its own rhythm .... I have been to the most dreaded place and come out altered but alive. I am re-engaging with life. I celebrate the life of my beautiful son.' (Wendy Evans whose son aged 24 died in a house fire)

More recently, Worden's views have been challenged (Stroebe 1992–1993). Do people have to let go in order to make progress? Margaret Stroebe argues that there is little scientific research evidence to support this view and studies that have been done seem contradictory. Camille Wortman and Roxanne Silver (2001) found four differing patterns of grieving: normal, chronic, delayed and absent. If we consider Worden's last stage, 'relocate the deceased and invest in a new life', it is worth noting that many people are afraid of investing in a new way of living since this can feel like a betrayal of the dead person. Additionally, there may be fears about investing in a new relationship in case this, too, is taken from them.

The Dual Process Model of Grief and Loss was introduced in 1995 by Margaret Stroebe and Henk Schut and was the first to state that there were no defined stages of grief. They described two types of coping processes. 'Loss-oriented coping' deals with the loss of the deceased person, and 'restitution-oriented coping' deals with specific problems and the development of new activities. People oscillate between these two as they go

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through grieving. Current thinking on grief encompasses both the letting go of bonds and the holding on to the attachment (Klass et al. 1996).

This Oscillation Model, going in and out of grief, remembering and forgetting, focusing on the past and paying attention to the present, seems to reflect the actual experience of the grieving process (Didion 2005b). The bereaved move between the emotions of grief work and the learning of new roles and adapting to a different life. In working with people who are bereaved we can help them let go and keep hold at the same time (Dutta 2006). As Dennis Klass says on working with parents whose child has died, 'The goal of grief then, is not severing the bond with the child, but integrating the child into the parent's life and social networks in a new way' (Klass 2000). In *Continuing Bonds: New Understandings of Grief*, which he edited with Silverman and Nickman (1996), he argues that bonds do not need to be broken in order to 'complete' the grieving process.

There has been a shift towards understanding that 'letting go' of the deceased—achieving 'closure', as it is sometimes termed—may be less helpful than recognising the importance of continuing symbolic bonds. Attig in *The Heart of Grief: Death and the Search for Lasting Love* says:

Grieving persons who want their loved ones back need to look for some other way to love them while they are apart. Desperate longing prevents their finding that different way of loving. Letting go of having them with us in the flesh is painful and necessary. But it is not the same as completely letting go. We still hold the gifts they gave us, the values and meanings we found in their lives. We can still have them as we cherish their memories and treasure their legacies in our practical lives, souls and spirits. (2000: xii)

When writing about permanent loss as opposed to temporary separation, Bowlby (1980) recognised that a continued attachment to the deceased was the norm rather than the exception. Remembering events with the lost loved one may bring comfort and reduce feelings of isolation (Hedtke & Winslade 2004; Vickio 1998). Clearly, much depends on the nature of the relationship prior to death but where there was a positive relationship, recalling important times and sharing memories with others may facilitate the grieving process (Dunn et al. 2005). The wishes of the deceased loved one may guide the bereaved actions, whilst visits to the cemetery may provide comfort and continued connection (Shuchter & Zisook 1993).

Robert Neimeyer, Professor of Psychology at the University of Memphis, argues that a new generation of theories in grief work is needed as we move beyond the assumptions that mourning is a private and sequential process of emotional change (Neimeyer 2005). This view is supported by Rosenblatt, who talks of societies where the expression of grief is regulated; it is not a free form of expression. He argues that grief is in some way a public performance, which may not fit in with private thoughts and feelings (Rosenblatt 2001). The mask of grief may conceal hidden thoughts and feelings.

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Neimeyer has been developing a new paradigm in grief theory in which meaning reconstruction is central to the process. This is described as a constructivist or narrative approach which fits in with the Stroebe and Schut dual process model. The social constructivist model is based on the view that the assumptive world is radically upset by any major loss. To function in the world we make many assumptions and have many core beliefs that give us a sense of security. They provide us with a set of expectations about the world, such as the belief that our home will be there when we return from a journey and that when we wake up in the morning our environment will be the same as it was when we went to sleep. Any disruption between the world we know and the world we are confronted by, at a death for example, brings about a sense of loss of meaning. We need to re-establish, reconstruct, meaning using psychological, social, cultural, emotional and cognitive resources (Bailey 1996; Berder 2004-5).

Neimeyer's research into the responses of people bereaved by violent death, for example survivors of suicide, homicide and accident, demonstrates that the inability to make sense of the loss is perhaps the primary factor that sets them apart from those whose losses are more anticipated in the context of serious illness in the loved one (Neimeyer 2005). Neimeyer says of his constructivist view of meaning reconstruction, 'The narrative themes that people draw on are as varied as their personal biographies, and as complex as the overlapping cultural belief systems that inform their attempts at meaning making' (p. 28).

Grief is not a passive process, nor a series of stages that happen to the bereaved: in recognising this we can help those who are bereaved to become empowered in their mourning (Parkes 1986). Grief work is an active process which is both personal and social. In grief counselling the bereaved may need to reconnect with the deceased and address 'unfinished business' or emotional ambiguity in the relationship as well as making adjustments to their new social status. People react differently to loss: some show great resilience and adaptability in the first months, others sink into chronic grief or depression, whilst others show considerable improvement in mood and outlook, particularly those who have looked after a chronically ill partner over a long period (Attig 1991). For some the death of someone close is a relief (Ellison & McGonigle 2003). A study by Bonnano, Wortman and Nesse (2004) confirms that there is no single trajectory which plots a linear path of grief.

The death of a loved one does not mean that the relationship has ended. The attachment described as 'continuing bonds' by Klass and his colleagues are maintained (Klass et al. 2000). They continue in memories of the person, dreams in which the bereaved feature and at significant points in the year such as anniversaries. The aim of bereavement counselling is not to extinguish these bonds. Fear of this may cause some bereaved people to avoid seeking support earlier because 'I thought you'd make me forget about him and I can never do that.'



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### **The need to understand loss**

The dead help us to write their stories – ours as well. In a sense, every story has a ghost writer. (Becker & Knudson, 2003: 714)

Humans are meaning-making animals, and when confronted with the death of someone we care about we need to understand what happened and why, and build a narrative around loss (McLeod 1997; Walter 1999). As social animals we try to explain what happened, the sequence of events, how we felt and how we are different or the same (Gilbert 2002). Others also have a part in telling the story of the dead: coroners and forensic scientists give information and more is stored in obituaries (Walter 2006). Evidence indicates that where we can find meaning in the experience of loss we are more likely to experience positive adaptation (Hansen 2004; Walter 1996b; Wortman et al. 1993). Where the bereaved struggle to make meaning of the loss, they may become susceptible to chronic, or complicated forms of grief (Roos 2002). People reorganise their life stories following significant loss and can find meaning in future stories that are waiting to be scripted (Walter 1996a). Nadeau's work on family stories which seek to make sense of death and its impact have also added to our understanding of this aspect of grief work (Nadeu 1998).

### **The social dimension of grief**

Grieving is a social as well as an individual process. Families and others in social groups may facilitate or hinder the grieving process, because the support of others has a significant impact on the resolution of mourning (Maddison & Walker 1967). David Kissane and Sydney Bloch (2003) use Family Focused Grief Therapy to promote mutual support and problem-solving in bereaved families. Their research shows that relationships with the family are crucial in the grieving process and interventions that strengthen family relationships and interpersonal communication have much to offer the bereaved.

Marc Cleiren (1999) likens life to a building with cornerstones that keep it stable. For some a cornerstone will be marriage, for others 'career', being a parent and so on. In bereavement, when the cornerstone crumbles we are forced to look at where we can gain stability in order to keep going. 'Systematic studies constantly show that attachment, coping style and personality characteristics are highly related to coping with loss' (Cleiren 1999: 110); these include a flexible problem-focused and an emotional-focused coping style which are responsive to the demands of the unique situation in which the bereaved finds himself (Parkes 1986).

Research from a family systems perspective shows that the ways in which a family sticks together and communicate predict the course of grieving

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(Traylor et al. 2003). Where a member of a family dies, the roles of all are affected, the system is altered.

Social support has been identified as a crucial factor in managing anticipatory grief positively as well as indicating greater successful adaptation to loss post-bereavement (Berkman & Syme 1979; Irwin et al. 1987; Spiegel 1993). Work by House and his colleagues (House et al. 1988) shows strong evidence that social support reduces the risk of the bereaved experiencing health problems and of dying following bereavement. In working with the bereaved it is helpful to ascertain the way in which they see their social network (Rubin 1984). If they can identify it, can they access it?

#### A new model of grief

British sociologist Tony Walter approaches the experience of grief in a post-modern way. Moving away from 'grand theories' he says that in our present world it is the individualisation of loss that is significant; the journey through bereavement is more to do with personality, habits of coping with stress than a 'one size fits all' overarching 'grief process'. Those who live on want to talk about the deceased and to talk with others who knew the dead person. In this way, Walter (1996a) says, the bereaved construct a story that places the dead person within their lives and the story they create is capable of enduring through time. Using this model, the purpose of grief is therefore the construction of a durable biography that enables the living to integrate the memory of the dead into their ongoing lives; the process by which this is achieved is principally conversation with others who knew the deceased. In bereavement counselling it may be constructed by the bereaved telling the counsellor about the life and death of the deceased and the relationship they had. As the relationship with the deceased cannot exist in the same way as it did before death, in the process of transformation the bereaved build a relationship that can endure beyond death (Atting 2000; Bowlby 1980; Klass 2001; Rando 1993; Rubin 1999).

Walter notes that it can sometimes be useful to repress painful emotions. In his article 'A new model of grief' (1996b) he points out that bereavement is part of the never-ending and reflexive conversation with self and others through which we try to make sense of our existence. In a sense we are telling our stories or trying to make a narrative that is biographical. His 'Reintegrative, sociological model of grief' (Walter 1999) is different from the 'get over it' model which seeks for 'closure'. The terms 'closure' and 'resolution of grief' are not particularly helpful if we think the bereaved have to forget the past and start again – the past is always with us (Parkes 2007). The work for the bereaved person is to weave the loss into their altered life, both personal and social (Ashby 2004). After a major loss, there is no usual or normal world to go back to because everything has changed.

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Walter's (1996a) model recognises the importance of social support and connection with others in bereavement. It emphasises the significance of cultural differences in mourning and the need for counsellors to be both aware and respectful of cultural diversity. Attitudes to death vary widely across cultures. As Tony Walter points out, 'One Hindu describes his practice "The belief is that you should die on the floor (to be closer to Mother Earth). Here a lot of people die in hospitals and a lot of us families are very shy to ask for what we want. We feel out of place ..." Dying on the floor, with a dozen or more family members praying and chanting is certainly not the way of a British hospital and may disturb other patients as much as staff' (Walter 2003: 219). Yet, by not making the opportunity for cultural traditions and religious practices to be followed, we may make the process of dying and subsequent bereavement much more problematic.

The relationship with the deceased continues in the bonds we have with them, and Walter believes these can enhance and influence the life of the bereaved. He cites the following roles:

- The deceased is a role model for the bereaved.
- The deceased gives advice or guidance.
- The deceased provides basic values in life that are emulated.
- The deceased is a significant part of the life or biography of the bereaved.

The purpose of grief involves the construction of a biography 'that enables the living to integrate the memory of the dead in their ongoing lives' (Walter 1996b: 7).

Bereavement support and counselling can help the bereaved to reconstruct their personal story and their family system, because we do not live with or face grief in a vacuum. Irish writer John McGahern's *Memoir* movingly describes his close relationship with his mother who died when he was nine years old. His time with her was precious and his writing reveals the continuing bond he still felt with her:

When I reflect on those rare moments when I stumble without warning into that extraordinary sense of security, that deep peace, I know that, consciously or unconsciously, she has been with me all my life. (2005: 272)

Patrice Cox says, 'Our life stories, and those of our families and communities, are filled with weaving and reweaving of webs of connection, patterns of caring within which we find and make meaning. Bereavement strikes a blow to those webs, to our personal, family and community integrity. The weaves of our daily life patterns are in tatters' (2005: 1). She described grief as a process of relearning our worlds in general and in particular relearning the relationship to the deceased (Boerner & Heckhausen 2003).

Phyllis Silverman, an eminent American thanatologist, adds to our understanding of the grief process in her ongoing research (Silverman 2001).

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She argues that our values, attitudes and beliefs about death and bereavement are not fixed in stone, but are responsive to and modified by dynamic historic, economic and social forces. Our attitudes to death are socially constructed so what we expect of mourners differs across cultures. Loss also involves taking on new, probably unwelcome roles – ‘widow’, ‘orphan’ – and ways of life previously unknown.

In the final analysis, it is our clients and patients who know what is helpful to them. Bereavement counsellors and others may do more harm than good by sticking to a rigid theory which dictates what is the right or wrong way to grieve for the loss of someone the person has loved and still loves. Also, the fact of death of a significant person involves not only the loss of that person but the loss of ‘self’, the self that is so inextricably linked to the dead person (Howarth 2000).

There are no easy formulas for dealing with grief and bereavement. Each person has to live with it, live through it and grow through it. There are no fixed times for its duration, despite theories of time-bound grief models, nor are there certainties about when or if understanding or acceptance will occur. Responding with sensitivity and care, and holding the emotions of the bereaved as they travel through their grief, are essential healing aspects of our work. Though our work is underpinned by theory it is the quality of the relationship we build that matters most. As Yalom says, ‘Therapy should not be theory-driven but relationship-driven’ (Yalom 2000 p 10).

### Reflective exercises

#### *Exercise 1 - Working with the bereaved*

- Think about a person you have worked with in the past.
- Which of the models discussed in this chapter reflect their grieving process?
- In what ways did their social group – family and friends – support them?
- Can you identify any factors that inhibited the grieving process?
- Having read this chapter, what changes might you make to the way in which you work with the bereaved?

#### *Exercise 2 - Words associated with death and dying*

Write down any words you associate with death and dying.

How do these words reflect societal or cultural aspects of your world?

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How many are euphemisms that mask the finality of death?

Some euphemisms for you to consider:

- Lost
- Gone to sleep
- Asleep in the arms of Jesus
- Passed over
- Passed on
- Passed away
- Gone to a better place
- Kicked the bucket
- Pushing up daisies

Clear communication is essential when talking about death, particularly with children, vulnerable adults and others who may take the euphemism literally.

*Exercise 3 - Early experiences*

Complete the following statements. Not all the statements may be relevant for you, but complete any that are.

- The first experience of death was when ..... died.
- I was .....years of age.
- At that time I felt.....
- I was puzzled by.....
- I was frightened by .....
- When I think about that death now I remember .....
- The funeral was .....
- I was curious about the funeral because.....
- The first significant death of someone my own age was .....
- This person died ..... years ago. I felt .....
- The most traumatic death I have experienced was.....
- At ..... I had an experience that brought me close to death. I felt ..... and I thought.....
- These events have changed the way I live because now I .....
- In reflecting on these events I realise I can build on them in my work supporting bereaved people because .....