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Loss and psychotherapy – an explorative study

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## **ABSTRACT**

The aim of this study is to explore how loss is understood from a psychotherapeutic perspective. It firstly offers some definitions for grief and bereavement. The study describes and compares some of the most taught contemporary theories on grief, starting from the groundwork of the psychoanalytic view, with Freud's *Mourning and melancholia* (1917). It then examines and compares the different contemporary theories and identifies various understandings of the process of grief. According to Freud, the recovery from loss is accomplished once the bonds between the bereaved person and the deceased are broken and reinvested into a new relationship. The next shift in the field occurred when grief researchers challenged the concept of emotional detachment which is felt by the bereaved towards the deceased. Recent theorists in that field suggest maintaining emotional bonds with the deceased. This study examines three psychotherapeutic modalities to see how they address the concept of loss. These modalities are: existential, person-centred and gestalt. The existential modality is discussed more in detail as an approach to the search for a meaning of life following loss. The conclusion will suggest that all the three approaches are effective in supporting clients dealing with loss in different ways.

## CHAPTER 1: INTRODUCTION

Loss is a part of life and it is experienced in various ways. The death of a loved person is one of the most painful human experiences. Dealing with this type of a loss can be an extremely challenging time in a person's life. In terms of loss from a psychotherapeutic perspective, death is often the most focused upon. However, there are many different kinds of loss other than the death of a loved one, such as loss of a relationship, divorce or emigration (Barbato & Irwin, 1992). The latter category has received relatively little attention in the existing literature.

This dissertation aims to explore how loss is understood in psychotherapy, and the first objective is to examine the understanding of loss and grief in the psychotherapeutic environment through a theoretical review of grief and loss.

The first major bereavement theory began with Freud's essay on mourning and melancholia. It is considered to be the first foundation of understanding the process of grief. The present author will focus on his early bereavement theory in detail. Freud proposes that bereaved individuals should detach emotionally from the "love-object" and reinvest this energy into a new relationship (Rothaupt & Becker, 2016). This will end the process of mourning in case of a "normal mourning".

Freud's theory of breaking bonds with the deceased was elaborated by a number of contemporary theorists. Bowlby argued that there is a connection between the infant's reactions to separation from their caregiver and those of a grown-up in relation to loss (Worden, 2010). Kübler-Ross (2007) has developed the five stages of grief theory, which suggests that people who experience loss are undergoing this process not necessarily in a linear order. This theory was questioned by Worden who believed in the four tasks model and stated that individuals could take an active role in their healing. The next shift in the field was when grief researchers

challenged the concept of emotional detachment towards the deceased which is felt by the bereaved. Rando (1985) proposed that the goal of the recovery is to maintain a different relationship with the deceased. Neimeyer (2000) argues that grief counselling is not helpful for individuals who are experiencing a normal bereavement, though it can be beneficial for clients who have prolonged grief. These recent theories look at grieving as a meaning reconstruction following loss.

The second objective of this dissertation is to examine some psychotherapeutic modalities and investigate how they address the concept of loss. Three humanistic approaches—the existential, the person-centred and gestalt modalities—will be discussed and compared in terms of their efficacy in dealing with grieving clients. When people are experiencing any type of a loss, they often lose their sense purpose or a sense of meaning to their life. The existential approach helps people to face fears originating from the basic anxiety of the human nature, such as death, isolation, meaninglessness (Van Deurzen, 2012). This essay will focus on finding meaning in one's life based on Yalom and Frankl's theories. The loss of a loved one may call many things in question, such as a fear of our own mortality, losing meaning or feeling isolated with our pain. Therefore, the present author will discuss the existential approach more in detail. The study will consider why the existential approach is a supportive complementary therapy for those suffering from any type of loss, especially loss of a loved one.

## **CHAPTER 2: UNDERSTANDING LOSS**

### **2.1 Definitions and General Understanding of Loss**

In a general sense, loss is something that every person experiences at one time or another in their lives. There is suffering and grief in every human life, which causes one to question the meaning of the events causing the pain (Das, 1998). It is important to distinguish the term “grief” from “bereavement” following loss.

Firstly, Loss (Enez, 2017) can be defined as a detrimental external occurrence, which the individual has no control over and which changes the person’s cognitions and belief system. Grief is considered to be strictly different from bereavement and can be defined as the response to a loss which includes physical, emotional, behavioural and spiritual expressions; ‘put simply, grief is the price we pay for love’ (Hall, 2014). Bereavement is a state of having lost someone significant, whereas grief is an instinctive reaction to bereavement that has specific symptoms along with behavioural and emotional responses (Miller, 2012). Normal grief is a common process and is supposed to end within six months following loss, whereas complicated grief is a condition where normal grief is extended due to complications in the natural healing process (Enez, 2017).

For some individuals, the death of a loved one can cause intense emotional pain that is extremely difficult to recover from. Grief counselling presents a special challenge to mental health professionals. As Bowlby says: ‘The loss of a loved person is one of the most intensely painful experiences any human being can suffer, and not only is it a painful experience, but also painful to witness, if only because others are so impotent to help’ (Worden, 2010 p. 251).

However, there are many other types of loss, for example: loss of a job, relationship losses or physical health losses. The coping processes in relation to any other types of loss have received

relatively little attention in the existing literature. When people experience loss, they may begin to question the meaning of life because the concepts on which they had built their lives have been disrupted (Das, 1998).

## **2.2 Theoretical Review of Grief and Loss**

There are several models and theories that have attempted to understand the complexity of loss and grief. In this chapter, Freud's model will be discussed in more detail and some of the most taught modern theories of bereavement will be explored.

### **2.2.1 The Groundwork of Psychoanalytic View of the Grief Process**

Freud wrote *Mourning and Melancholia* in 1915 during the first World War, when loss was a common phenomenon in a war-torn Europe. Freud was also personally affected by the First World War. His theory represented a significant change in understanding of how people deal with various kinds of loss (Bradbury, 2001).

Freud compares the phenomenon of mourning and that of melancholia following loss or death of a loved one (Clewell, 2004). These two responses to loss have similar symptoms, such as loss of capacity to love and loss of interest in the external world (Freud, 1917 p. 244). Furthermore, both phenomena may arise from a wide variety of loss, such as loss of a loved person, that of one's country, liberty or ideals (Freud, 1917 p.243).

Despite their similarities, Freud argues that there are some significant differences mourning and melancholia: mourning is considered to be a normal, healthy grief that is necessary to recover after a loss, whereas melancholia is recognised as an abnormal pathology, a serious illness that needs to be treated (Worden, 2010, p.31).

In melancholia, the loved object, or the “libidinal object” has perhaps not actually died, so there is no evident “object-loss” to the subject. Freud suggests that in melancholia, the loss is, to some extent, related to a process happening only in the unconscious (Freud, 1917, p.244).

Freud suggests that in melancholia there is an identification with the abandoned or “lost” object (Bradbury, 2001). As the love object or the “libidinal object” becomes internalised, angry and hostile impulses towards the lost external object are turned inward. In other words, “object loss” is transformed into “ego-loss” (Freud, 1917, p.247). This can explain loss of one’s own self-regard. The self-regard is perceived as worthless and, in this respect, it is understood that the loss occurs in the actual ego itself. Therefore, Freud argues that those who are depressed turn their accusations against their own egos, against themselves (1917, p.245). He suggests that the aggression, defined as a symptom of melancholia, combined with feelings of hostility is directed towards the self (Bradbury, 2001). Therefore, according to Clewell (2004), sufferers of melancholia constantly attack themselves as a means of taking a revenge on the lost object. This could explain why the harm towards the lost object becomes self-harm.

Freud notes that, in the case of normal mourning, there is no loss of self-regard because there is no identification with the loved object (Bradbury, 2001). Instead, the sufferers are undergoing the long and painful process of grief by facing the reality of the loss of the loved object and starting to break the libidinal attachments linked with it.

In other words, the emotional attachment to the old object will be replaced in a new object. This will end the process of mourning within a relatively short period of time. However, Freud’s experiences in relation to the loss of his daughter contradicted the notion of disconnecting from the deceased in the resolution of grief (Clewell 2004). He felt a strong attachment to his daughter some 30 years after her death (Hall, 2014).

### 2.2.2 A Comparison of Contemporary Grief Models and Theories

Freud's theory of breaking the emotional bonds with the deceased person was examined and elaborated on by a number of grief theorists. Lindemann (1944), a pioneer in the field of bereavement, argues that one needs to confront the reality of loss and break the emotional attachment with the deceased in order to have the capacity to build new relationships. Again, the task of the emotional detaching one's self from the deceased was recognised as the main goal of grief work.

The quality of the primary attachment has a significant effect on the capacity to make affectional relationships later in life. There is a connection between early attachment patterns and later reactions to loss and grief (Rothaupt & Becker, 2016). Bowlby states that attachment derives from an innate need for safety and security (Worden, 2010, p.13), which develops between mother and child in the early years. Bowlby described attachment as a long-lasting connection with one primary figure, usually the mother. Bowlby argued that when loss occurs in the case of individuals with a "secured attachment style", grief was a normal adaptive reaction. He also mentioned that these individuals might experience an intense period of grief (Wayment & Vierthaler, 2002). Furthermore, the nature of the attachment with the deceased is as important as the attachment style in the mourning process, such as the strength or the security of the attachment, or ambivalence and conflicts within the relationship (Worden, 2010, p. 58-59).

Kübler-Ross (2007) has developed her research with terminally ill patients. She adapted Bowlby and Parker's theories to describe the five-stage response of death: denial, anger, bargaining, depression and acceptance. She now states that these stages are not necessarily linear and people may experience them differently. Some may not go through them at all. Since its publication, this stage model has been applied to other losses, including divorce, chronic

illness, and infertility (Maciejewski, Zhang, Block & Prigerson, 2007). The perspective of stages has been extensively criticised for suggesting that bereaved people have to go through the five stages (Hall, 2014).

Contrary to Kubler-Ross, Worden (2010) does not believe in the stage model of bereavement. He states that individuals experiencing the loss of a loved one, can take an active role in their healing, unlike the case of stages when people go from one stage to the other passively. The four tasks are: accepting the reality of loss, processing the pain of grief, adjusting to a world without the deceased and moving on with life while forming new relationships with their loved ones (Hall, 2014). Worden suggests that these four tasks should be accomplished before mourning can be completed. Otherwise, the grieving individuals can become stuck in their mourning process and this could lead to physical, emotional or mental problems (Blevins, 2008). These early stage theories have been criticised because they were thought to be too rigid.

Rando was among the first grief researchers who challenged the thought concerning emotional detachment between the deceased and the bereaved (Rothaupt & Becker, 2016). Instead of breaking the relationship with the deceased, Rando proposes that the goal of the recovery is to preserve a new and a different relationship with the deceased and to integrate loss into the life of the grieving individual (Rando, 1985). This idea means that death ends a life but not necessarily a relationship (Hall, 2014).

The current trend in grief research is the development of growth models. Nerken (1993) refers to a dyadic model as consisting of a “reflective” and a “core” self. He argues that the core self is our identity, including our dreams, ideas and talents. This is where feelings are located. They are mediated by the reflective side. Following loss, the reflective self of the individual gets hurt and believes that a part of the self is missing, meanwhile the core self remains undamaged. The grief work thus consists of reflecting upon the deceased as well as on the meanings and changes

taking place for the bereaved individuals. Other researchers in that field have emphasised how bereavement could stimulate increasing coping skills and personal growth (Rothaupt & Becker, 2007).

In contrast to earlier studies of grief, Neimeyer (2000) argues that grief counselling and therapies are ineffective for individuals experiencing a normal bereavement. Scientifically controlled research suggest that grief therapy is difficult to justify for individuals going through normal bereavement. There are two reasons for this at a methodological level, according to Neimeyer. It could be because medically oriented researchers are examining an irrelevant territory of outcome, focusing on psychiatric and physical symptoms rather than on typical characteristics of grief. A second possible reason for showing grief counselling as ineffective is that it is hard to find the best possible principle in the treatment that would suit the individual. On the other hand, grief therapy could be beneficial for those who have been traumatised following loss. Neimeyer also suggests that meaning reconstruction following loss would be essential to providing a stronger groundwork for clinical intervention (Hall, 2014).

As this research shows, bereavement theories originate from different disciplines and there is no one currently appropriate theory because they continue to change and develop constantly: beginning with Freud's grief work, the detachment from the deceased and searching for new attachment, moving to the concept of stages and finally to the approach of continuing bonds with the lost loved person.

## **CHAPTER 3: PSYCHOTHERAPEUTIC MODALITIES AND THE CONCEPT OF LOSS**

In this chapter, three psychotherapeutic modalities will be explored. Firstly, the existential modality will be described and how the existential approach could be supportive for clients experiencing loss will be examined. Loss of a loved one is one of the most painful human experiences and has a significant impact upon the person experiencing it. It can call many things in question, such as fear of our own mortality. Yalom's (1980) concept of death and the principle of searching for meaning will be discussed based on the of Frankl's book, *Man's search for meaning* (1985). Afterwards, person-centred and gestalt therapies will be examined to examine how they work with loss.

### **3.1 Existential Modality**

#### **3.1.1 Death Anxiety – Yalom**

Existential theorists suggest that the fear of death is the core of human anxiety. Death anxiety exists at the deepest levels of being and is strongly repressed. They propose that death and life are interdependent and that fully recognising and accepting death might decrease anxiety to some extent: 'Learning to live well is to learn to die well, and conversely, learning to die well is to learn to live well' (Yalom, 1980, p.30).

Death is one of the ultimate concerns of the existential concept (Garrow, 2001). The most common fears about death include the fact of not knowing what comes after death, the fear of the event of dying and ceasing to be. The latter is considered to be the greatest fear of death referring to extinction or annihilation, which are the most difficult to accept (Yalom, 1980,

p.43). Sometimes the denial of death is so strongly present in one's life that all the life energy is consumed to erect defences against it (Yalom, 1980 p.27).

### 3.1.2 Search for Meaning – Frankl

Yalom raises the questions: “What is the meaning of life?” “Why do we live?” and “What do we live for?” The sense of purpose and meaning is a crucial element of human life. Without meaning or goals one could experience a great amount of distress and in extreme cases this can lead to suicide (Yalom, 1980, pp. 419-422).

Frankl (1985) proposes that following even the absolute loss in the most horrible circumstances, one can survive and go on if one can find the meaning of their own life.

Viktor Frankl's post- Holocaust papers were written as a means of coping with trauma after loss and finding new meaning in life. He was a holocaust survivor, who during his detention in Nazi concentration camps lost all of his immediate family. In one of Frankl's most famous books, *Man's search for meaning*, he described life within a concentration camp from the perspective of a psychiatrist and concluded that even in the most brutal and dehumanising conditions one can find meaning and thus continue living (Kimble& Ellor, 2000). Nietzsche's words reflect the idea of searching for meaning in order to survive in the worst circumstances: ‘He who has a why, to live for can bear almost any how.’ (Frankl, 1985, p. 109). He also writes about his fellow prisoners who had lost their “why” and died shortly after (Frankl, 1985, p. 21). Everything was lost under this influence, the freedom, the value of human life and human dignity.

### 3.1.3 Existential Psychotherapy

Suffering from the loss of a loved one often leads to losing one's purpose in life, especially when the bereaved individual's goal was to make that person happy (Yalom & Lieberman, 1991). Existentialist theorists suggest that one can learn how to live when they first feel that their life is meaningless, when they can start creating meaning. Consequently, people who have lost the meaning of their lives or feel stuck would hugely benefit from the existential approach (Van Deurzen, 2012 p. 159).

Frankl was the founder of logotherapy, which is a form of existential therapy. Logotherapy is considered to be the third Viennese school of psychotherapy. When lack of meaning is part of the picture, logotherapy can be used as a complementary treatment (Das, 1998). Frankl introduces one of the concepts of logotherapy, which he calls the existential vacuum. It is manifested in the feelings of meaninglessness, inner emptiness and in the state of boredom (Frankl, 1985, p. 111). If this state of existence continues for a long time, this vacuum which he defines as a spiritual distress could lead to noogenic neurosis (Das, 1998). Individuals suffering from this psychoneurotic condition, might feel that they have no goal or purpose in their life. Frankl clarifies that suffering deriving from existential frustration is not a mental disease, it is rather a human experience (Frankl, 1985, p.108).

There are many types of loss and anything can be lost, except for one thing: spiritual freedom. This makes one's life meaningful and that keeps one filled with life (Frankl, 1985, p.75). Frankl used this idea as a significant foundation in psychotherapy. The will to have meaning helps the individual overcome intense pain and grief (Das, 1998). Furthermore, according to Frankl (1985 p.76), if there is a meaning in life, there must be a purpose in suffering as well, especially when facing a hopeless situation that cannot be changed. He describes a case (1985 p. 117) when one of his patients consulted him who suffered from a severe depression following the

loss of his beloved wife. Frankl helped the client to realise that the meaning of his suffering was to spare her wife from this suffering since she died before him. He supported the client by changing his attitude toward death.

Meaning-centred psychotherapy derives from the concepts of Victor Frankl's *Man's search for meaning*. Frankl suggests that people aim to find meaning in their life even during times of suffering and loss. Meaning-centred psychotherapy represents some promise for increasing the sense of meaning and spiritual well-being for client suffering from cancer. (Montross Thomas, Meier & Irwin, 2014).

The aim of existential therapy is to focus on life itself and to assist clients in learning to deal with the inevitable problems and crises of existence (Van Deurzen, 2012. p. 30).

### **3.2 Person-Centred Modality**

In the support of loss, the person-centred approach is considered to be an efficient type of treatment because it enables the individuals to find their authentic way of being through their grief. From this, they can grow and self-actualise in a non-judgemental space. This form of therapy provides an exceptional opportunity to be heard and strong therapeutic relationship is essential during the encounter (Cutcliffe, 2004).

The quality of the relationship has a significant impact on the dying or the bereaved person. The therapist provides a space where the patient knows that they could tell anything in a safe holding environment. The presence of the core conditions creates a caring, supportive atmosphere for the client. The core conditions are empathy, unconditional positive regard and congruence (Currier & Neimeyer, 2008). Through empathy, the client is experiencing that the therapist is present to the client's pain, to their intense feelings of loss. Moreover, Rogers (Cutcliffe, 2004) argues that empathy enables the therapist to uncover feelings in the bereaved

individuals of which they were previously not aware. More precisely, in the context of caring for grieving persons, empathy allows for the development of a so called “death competence”. The death competence requires awareness of feelings about death and an understanding of one’s own loss history (Capretto, 2014).

According to Prochaska (1979, as cited in Barbato & Irwin, 1992) the principal method in client-centred counselling in the support of bereaved individuals is the reflection upon feelings. This enables the client to become fully aware of feelings that they have denied during their bereavement process. A client-centred method is considered to be greatly helpful especially at the beginning of the grieving process by helping the clients to express their intense feelings in relation to their grief experience.

### **3.3 Gestalt Psychotherapy**

Gestalt therapy may be supportive for client experiencing loss. Prochaska (1979, as cited in Barbato & Harvey, 1992) draws a parallel between the “pathological personality”, which means the person is stuck in the natural process of maturation and bereaved persons who are denying the intense pain of their loss and are stuck in their process of grieving as a result. Gestalt therapy encourages clients to realise that they need to live without the deceased person. Gestalt techniques are helpful in supporting clients to achieve a here and now feeling. It means that they become fully aware of what they are feeling in the present moment (Sills, Fish & Lapworth, 2006, p.125). The empty chair technique is considered to be a valuable therapeutic tool in cases when the bereaved individual did not have the opportunity to say a final goodbye to their loved one. Clients engage in a five minutes monologue imagining the deceased person sitting in an empty chair opposite them. During the process they may experience intense feelings associated with the loss, such as guilt, anger or helplessness (Field & Horowitz, 1998).

It may be also helpful to work with this technique in the case of depression in relation to loss. Instead of imagining a person, the client is invited to visualise their depression in the empty chair opposite them and begin to talk with this as an externalised part of themselves (Sills, Fish & Lapworth, 2006, p.139).

## CHAPTER 4: CONCLUSION

This study set out to explore loss from psychotherapeutic perspectives and to examine different therapeutic approaches that support clients in their grieving process. In the examination of the grief literature, it became clear that there is no specific intervention that can be used to facilitate bereaved individuals. There have been a number of theories and much research carried out in the field of grief and it continues to change. Previous concepts have been challenged by new methodologies which are replacing them. Freud's theory in *Mourning and melancholia* was the first major contribution to grief and bereavement literature. In the first chapter, Freud's theory was discussed in more detail. According to his views, a normal grief process is resolved once the bond between the survivor and the deceased is broken and built into a new relationship. New research was explored and proposed that the goal of the healing process is to preserve a new and different relationship with the deceased. It was also clear from the literature that the grieving process may have potential for personal growth and development.

The best way is to use a variety of approaches. Grief and bereavement are complex processes and every person experiences them differently. This type of a counselling lays out many challenges and requires a sensitive approach from caring professionals. Therapists meet clients who, following the loss of a significant other, feel devastated and are questioning the meaning of their lives.

In the second chapter, three psychotherapeutic modalities were described in relation to loss. The three humanistic approaches are the person-centred, the existential and gestalt modalities. The present author put an emphasis on the work of Yalom and Frankl's theory of the search for a meaning.

Concerning the methodology of the three types of psychotherapy, some common characteristics were observed in relation to dealing with bereaved individuals. One of them

being that they all work in the here and now. In addition, the quality of the client-therapist relationship is a crucial element of all the three approaches in supporting clients with their loss by providing empathy and a genuine relationship between themselves and the world around them. Suggesting the living of an authentic life is a common goal in both person-centred and existential approaches. This encourages the clients to go through their grief in their own authentic way, whereas gestalt therapists suggest clients become more self-aware in order to live a happier life.

Some differences emerge in the examination of these different modalities. In the client-centred approach, expressing feelings is an important part of processing, where the catharsis of crying, for instance, may bring some relief in the clients in the short term. At the same time, if the painful experiences are encouraged repeatedly, this could lead to the re-traumatisation of the client. In contrast to this, existential therapists believe in the understanding of emotions and making sense of them. Following loss, people seeking for professional help often lose purpose in their lives. Therefore, the existential approach may provide this group of clients with a great support in discovering meaning of their own life. Another important aspect of the existential view is coming to term with the realities of life, such as death, isolation and facing the world alone. The therapist tries to support clients in order to ease their pain and existential anxiety by helping them to find their inner place of strength and safety to face their existence alone.

Throughout this study, the following question have arisen that might be beneficial for further exploration: what approaches and techniques would be the most efficient for working with people who are experiencing the loss of something or someone other than the loved one? For instance, in relation to the loss of a relationship, a job loss or the loss of one's country.

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