DOCTORAL THESIS

Caught in the Complex Web of Words: A Foucauldian Discourse Analysis of Counselling Psychologists' Accounts of Grief Work

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Award date:
2016

Awarding institution:
University of Roehampton

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A Foucauldian Discourse Analysis of Counselling Psychologists' Accounts of Grief Work

by

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A thesis submitted in partial fulfilment of the requirements for the degree of PsychD Counselling Psychology

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June 2015

ABSTRACT

Even though loss and grief are common experiences, literatures informing counselling psychology illustrate some of the varied and problematic ways in which grief is talked about in psychological therapies. This study aimed to investigate and critique how counselling psychologists (CoPs) discursively construct grief in the context of their practice. Ten semi-structured interviews were conducted with accredited, practising CoPs who identified themselves as having worked with bereaved clients. The data was analysed, informed by a post-structuralist epistemological approach and a Foucauldian Discourse Analysis (FDA) was applied.

The rationale for this approach resulted from these participants' accounts being resourced by diverse and power laden knowledges. Their multiple, conflicting and contrasting ways of talking about grief and bereavement counselling practices seemed to warrant closer attention. Specifically, the findings of this analysis identified three distinct subject positions; "The Expert Practitioner," "The Human to Human Practitioner" and "The Reflexive Practitioner." These subjectivities highlighted the multiple, mutable and contradictory spaces within which these CoP participants were located in their talk about grief work. Overall, these subject positions illustrate the heterogeneity and opacity in the language of grief work for counselling psychology. It is argued that these findings propose that CoPs working with multiple knowledges can cultivate a meta-perspective to appreciate the diverse, discursive power games in particular therapeutic accounts of grief work, as this research makes visible.

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Acknowledgements

Firstly I would like to thank my supervisor, Dr. Jean O'Callaghan who has managed to sustain me, (as well as my main analytic argument) over the last couple of years. She offered inspiration, knowledge, fevour and support through tumultuous times and has taught me to be curious and have conviction in research, thesis writing and life.

My Director of Studies, Dr. Anastasios Gaitanidis provided humour and insight in equal measure, often stepping in at the right moment for a clarifying conversation.

It was a privilege to hear the accounts of my participants, who kindly volunteered their time and willingly spoke about their grief work. Our discussions alerted me to the many complexities we face in therapeutic situations, and how hard and confusing this work can sometimes be.

I would also like to acknowledge the many grieving clients I have seen in therapy over the last few years. Not only did their accounts of loss incite my curiosity in this area, but they also allowed me the privilege of hearing their stories.

Thank you to the PsychD course lecturers at Roehampton and my placement and private supervisors who have offered professional inspiration through the training. I have also been lucky enough to form some firm friendships over the four years with fellow trainees.

Thank you to my friends and wider family who regularly offered much needed distraction, fun, motivation, encouragement and… proof reading.

Thank you to my mother, Lyn Davidson whose absolute support, even in difficult circumstances, has made this opportunity to study possible in every sense and who has encouraged me to never hold back.

Thank you to my brother Will Davidson who, whilst often geographically distant has shown remarkable kindness, and provided perspective and wise words during this process, as well as endless generosity of spirit.

This thesis is dedicated to my late father, Ian Davidson whose untimely death undoubtedly inspired this investigation. Paradoxically, while I had hoped that through this experience I would gain some insight into how to tolerate loss, his death and enduring influence has ultimately taught me more about how to live than how to grieve. A gentle, daily reminder to attack that hill…

Transcription notation conventions

[…] indicates where material is deliberately omitted.
(text) brackets surround words for speech clarification.
(text) brackets with italicised words indicate where, for example, there is laughter.
[text] indicates clarification of relevant information.
(.) indicates a short pause.

(Malson, 1998, xv)

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CHAPTER ONE

The Grief Experience and Counselling Psychology: An Introduction

"Everyone can master a grief but he that has it"

(Shakespeare, (1632) *Much Ado About Nothing*, Act 3, Scene 2: 28)

1.1 Introduction to Chapter One

This thesis is about language; specifically how we talk about grief as Counselling Psychologists (CoPs) and the discursive power games that are implicated in what is claimed as true about working with grief, within wider cultural and social discourses about mortality and mourning. It therefore offers a critical gaze on some of the extant expert knowledges CoPs' utilise, and aims to make visible the multiple discourses from which their therapeutic talk is resourced.

While it is acknowledged that grief can occur in many guises and as a result of many different, significant life events, this research focuses on references to grief in relation to the death of a significant other. The terms *grief, bereavement, mourning* and *loss* will be used interchangeably as appropriate throughout the thesis because they currently resource the language of grief work. However, the diversity of grief terms and their theoretical and discursive significance will be discussed specifically in section 1.2 of this chapter, and in Chapter Two.

A post-structuralist epistemological approach will be employed in order to interrogate participant CoPs' truth claims about how they understand and work with grieving clients, informed by Foucault's ideas about discourse and power (Foucault, 1972, 1977, 1982). This research aims to identify some of the professional discursive constructions of grief within the field of Counselling Psychology, considering the power dynamics at play. It therefore takes a qualitative approach to answering the question *"What are the discursive power relations in CoP accounts of therapeutic grief work?"*

Ten qualified CoPs who identified themselves as having experience of working with bereaved clients were recruited via targeted advertising. Semi-structured interviews were conducted to explore participants' accounts of grief. Therefore the question above will be considered by exploring how the participants who took part were positioned and positioned themselves as CoPs in their accounts of working with grieving clients, and what was enabled and constrained by these truth claims about their clinical practice. A Foucauldian Discourse Analysis (FDA) was applied to explore and critique the discursive resources deployed by these participants.

In this introductory chapter firstly a rationale for this proposed research will be offered, arguing that the language CoPs use to talk about grief is problematic and important to consider and critically reflect upon. Secondly, the positioning of CoPs will be discussed, reviewing their training and their theoretical and professional locale within the UK contemporary mental health system. Thirdly, an argument will be made for the post-structuralist approach chosen for this research, considering the

place of qualitative research in Counselling Psychology and applying Foucault's gaze. Three analytic concerns will also be identified in this chapter; grief as a discursive object; power, knowledge and the social regulation of grief; and finally grief and subjectivity.

1.2 The complexities of grief and the rationale for this study

The focus of this section is to contextualise and problematise the opaque and varied ways in which grief is defined, described and located within various cultural, historical and expert knowledges. In order to provide sufficient rationale to justify this research, I argue that grief can be understood as a discursively constructed object carrying social meaning. It is suggested that a discursive analytic approach will enable an interrogation of the linguistic limitations of the various grief theories and highlight the power relations for the profession of counselling psychology.

Grief may be defined as referring to the feelings of 'mental pain, distress, deep or violent sorrow' following a significant loss (often but not exclusively as a result of a death) (The Oxford English Dictionary, 1991: 890). However, definitions across sociological, psychological and therapeutic professions are divergent and contrasting, demonstrating the opacity of grief language across western culture and its diverse professions. Parkes (2008) acknowledges that part of the difficulty in conceptualising grief lies in the lack of an accepted definition of what grief is and Leader (2008) identifies that theorists have spent more time classifying grief behaviours than addressing the deeper psychology of mourning. Here, some

definitions and descriptions will be presented in order to introduce the diversity of understandings, positioning grief within vernacular language as well as expert classifications.

> "After the mind has suffered from an acute paroxysm of grief (…) we fall into a state of low spirits; or we may be utterly cast down and dejected (…) if we expect to suffer, we are anxious; if we have no hope of relief, we despair" (Darwin, 1872: 176).

> "Mourning is (…) the mental process by which man's psychic equilibrium is restored following the loss of a meaningful love object (…) it is a normal process to any significant loss" (Freud, 1915: 122).

> "No one ever told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing (…) At other times it feels like being mildly drunk, or concussed. There is a sort of invisible blanket between the world and me. I find it hard to take in what anyone says. Or perhaps, hard to want to take it in. It is so uninteresting. Yet I want the others to be about me. I dread the moments when the house is empty. If only they would talk to one another and not to me" (Lewis, 1961: 3).

> "The five stages - denial, anger, bargaining, depression, and acceptance - are a part of the framework that makes up our learning to live with the

> one we lost. They are tools to help us frame and identify what we may be feeling. But they are not stops on some linear timeline in grief." (Kubler-Ross & Kesler, 2005: 7)

> "As we grieve we relearn a complex world. Our relearning itself is multidimensional. It involves simultaneously finding and making meaning on many levels. We grieve individually and collectively in complex and interdependent interactions…" (Attig, 2001: 33).

These diverse examples of grief descriptions make visible the evolving and various definitions of loss and mourning and are arguably different in their focus. For example, Darwin (1872) offered initial insights into the emotions experienced in grief locating it as an affective condition with symptoms of anxiety and despair. His exploration of grief was positioned within his wider classifying and descriptive work on naturalisation and evolution (1859), while Freud (1915) focused on grief as a normal but principally internal psychological process. C.S.Lewis (1961), in a personal account following the death of his wife equally highlights the individual, existential aspect of mourning, but also locates himself in relation to the social. He can be seen to make some attempt to describe the public and private division of grief and makes visible the difficult negotiation between the two.

In contrast Kubler-Ross & Kessler's (2005) description places grief within an emotionally specific framework of 'learning to live' with grief, focusing on identification of symptoms as 'tools' in understanding the experience and

positioning grief as categorisable but arguably primarily individual. Finally Attig (2001) takes a social constructionist perspective on the meaning and inter-relational experience of grief addressing the complexity and perhaps articulating some of the intricacy of interactions that Lewis describes above. Such definitions give an initial indication of the potential power games inherent in grief talk and the social and historical influences on grief knowledge.

Beyond definitions, accounts and interpretations of grief have varied across time and cultures as noted by Archer (1999), including historical and anthropological accounts, as well as references to grief in poetry and literature. Small (2001) highlights that theories of grief have changed over time and are influenced by and contribute to wider social changes, arguing that psychological understandings are firmly embedded at a social level. Considering psychological literatures informing counselling psychology, a similar diversity is evident, including psychoanalytic theory (Freud, 1917; Abraham, 1927 & Klein, 1940), attachment and stage theory (Bowlby 1961, Parkes, 1985, Kubler-Ross, 1969, 2005; & Worden, 1991), and most recently social-constructionist and post-structuralist literatures (Neimeyer, 2001; Klass, Silverman & Nickman, 1996, Walter, 1994).

In 1915 Freud made an attempt to define the psychological manifestation of mourning and later delineated between the inflictions of mourning compared with melancholia (1917). Freud's contribution will be addressed further in Chapter Two (section 2.3.1) but initially it is of note that his writings add an additional complexity to the definitions of grief by positioning *mourning* (until that point a term used

predominantly to describe the social rituals surrounding grief (Stroebe et al., 2008) as a psychological, individual process. However, more recently sociological based definitions can be seen to understand mourning in a different way. For example Katz (2001) describes mourning as a practice associated with grief and draws on Stroebe & Schut's definition, 'mourning refers to the social expressions or acts expressive of grief which are shaped by the practices of a given society or cultural group' (1998: 7). It is argued that the confusion between *mourning* as an individual psychological process and *mourning* as a socially located expression is representative of the ambiguity of grief as an experience and where it is positioned in relation to the public/private spheres.

Secondly, it is suggested that an enduring emotional differentiation between the terms *mourning* and *melancholia* has led contemporary theorists to define melancholic manifestations of grief within a pathological framework of *complicated, acute* or *prolonged* grief. Stroebe et al. tentatively describe 'normal grief (…) as an emotional reaction to bereavement falling within expected norms given the circumstances and implications of the death with respect to time course and/or intensity of symptoms,' compared with 'complicated grief (…) as a deviation from the (cultural) norm (…) in the time course or intensity of specific or general symptom of grief' (2008: 6-7). Here, it could be argued that a binary, socially regulated definition has been applied, locating grief within an observable, symptomatic framework of normative behaviour and positioning the individual emotion of grief in relation to socially expected expression.

Psychiatric explanations of grief have prescribed the discursive constructs of *acute, complicated* or *Prolonged Grief Disorder* (PGD) as a modern day melancholia, however it has been argued that this quantitative medicalised exploration creates a limited understanding and a binary division where grief is viewed within the biomedical framework of illness and disorder (Howarth, 2007). Furthermore the medical and psychiatric professions have offered a construction of grief assuming cultural universality (Currer, 2001) and an individual psychological response, rather than locating grief socially or culturally (Field, Hockey & Small, 1997).

Such medically positioned theorists may also explain grief in symptomatic terms as 'a complex syndrome, within which a variety of symptoms may be apparent' (Stroebe et al, 2008: 5), highlighting the 'chronically debilitating' foothold of acute grief, which if it remains an untreated illness potentially interferes with natural healing (Shear et al, 2011). With a focus on empirical studies (e.g. Boelen & Bout, 2008; Prigerson et al. 2009; Shear et al. 2011), a realist, psychiatric perspective may also seek to define grief in terms of measurable severity, reporting the depth or number of people it affects, 'approximately 80-90% of bereaved individuals experience normal grief' (Prigerson, 2004, in Prigerson, Vanderwerker & Maciejewski 2008: 168).

Kubler-Ross (1969, 2005) and other stage theorists (Parkes, 1985; Worden, 1991) have further defined grief in terms of work or tasks to be progressed through in order to 'accept' (Kubler-Ross, 1969), 'reorganise' (Parkes, 1985) or 'reinvest' (Worden, 1991). Walter argues that the process of grief with detachment as an end

point is a ‘fashionable idea’ that lacks scientific validity and is based on a ‘western cultural value of autonomy’ (1999: 173), highlighting the potential for an individual focus and the cultural influences on contemporary definitions. By contrast a social-constructionist perspective may focus on the reorganisation and meaning making resulting from a loss (Neimeyer, 2001). A post-structualist perspective distinctively offers more radical, relativist stances, questioning claims of definite truths and focusing on language as discourse in the social construction of grief (Howarth, 2007), thus privileging the social relativity of grief over the individual psychological process (Small, 2001). This disparity of definitions and indeed the theoretically created expectations of a grief experience could be seen to have practical implication for therapeutic outcomes and client goals, so how CoPs negotiate such expectations in their therapeutic grief work is of interest in this study.

The various definitions of grief and theoretical constructions illustrate the variations, contradictions and fluidity of how grief experiences are understood and how these have translated into various and conflicting psychological theories and expert knowledges of the grieving process. Jacobs & Kim (1990) argue that there is no shared understanding of grief definitions and terminology, demonstrating the ambiguous and mutable nature of the experience, which has been illustrated above. It is argued that for this thesis, a discursive analytic approach will enable an interrogation of the linguistic opacity of grief constructions and their diverse, discursive power relations in terms of what is worked up as true and enabled, or silenced and constrained for the profession of counselling psychology.

1.3 Grief work and counselling psychology

The problematic nature of grief as a psychological construct in relation to the emergent profession of counselling psychology is important to consider. This section explores the position of CoPs within the wider psychological/mental health professions. It also problematises the concept of grief counselling in relation to CoP practice and explores the power, knowledge and social regulation inherent in counselling psychology in order to provide a rationale for the application of an FDA.

1.3.1 Counselling psychology as a profession

Counselling Psychology is a comparably new field in the psychological and therapeutic professions and became a separate section of the British Psychological Society (BPS) in 1982 (Woolfe, Strawbridge, Douglas & Dryden, 2010). The therapeutic approach instructs CoPs to understand and explore psychological experiences in an inclusive and flexible way, developing the ability to reflect critically on clinical work. The training encompasses medical, psychological, humanistic, psychodynamic and behavioural techniques (ibid), acquiring both a psychological and therapeutic approach to clinical practice. Such therapeutic methods could be considered integrative (Lapworth, Sills & Fish, 2001), relational (Mearns & Cooper, 2005) or pluralistic (Cooper & McLeod, 2011).

Larsson, Loewenthal & Brooks (2012) argue that counselling psychology is subject to many epistemological positions. These include the science-practitioner, reflective practitioner, the influence of humanistic values as well as post-structuralist and post-modernist philosophies (Strawbridge & Woolfe, 2010). With this diversity of

therapeutic and epistemological positions in mind, Risq (2007) suggests CoPs may be in a position of navigating between empirical, science based theory, and valuing a client's subjective experience in practice. Therefore their application and negotiation of these diverse and dominant knowledges is of central interest in relation to their therapeutic work with grief.

Indeed, the BPS (2005) indicates that CoPs are encouraged to see clients in a respectful and holistic way. However, Larsson et al. (2012) argue that the foundation of counselling psychology is firmly in the scientist-practitioner model, with an emphasis on psychological knowledge. This has been further emphasised with the requirement for professional registration with the Health and Care Professionals Council (HCPC). Thus it is important to consider CoPs' value systems and attitudes towards diagnosis, labelling and disorders (BPS 2009) as well as the wider theoretical frameworks within which they explain and understand grief.

It is proposed that this study will offer a critical edge to examining the theoretical and epistemological diversity of the counselling psychology profession. It has been illustrated that the profession is positioned within various knowledges and theoretical orientations that it is suggested, may lead to contradictory epistemological positions in practice. In particular considering that grief has been shown to be ambiguously defined theoretically, how CoPs employ various knowledges within the conceptual framework of pluralistic or integrative practice, upholding humanistic, relational values whilst engaging in evidence based practice (Larsson et al, 2012) is of particular analytic concern.

1.3.2 Counselling psychology and bereavement counselling

In order to explore the various understandings of grief and locate therapeutic knowledges therein I will briefly here address bereavement counselling in the context of counselling psychology practice. This will be addressed in more detail in Chapter 2 (section 2.3.7).

Considering the provision of therapeutic interventions for grief related issues specifically, of particular relevance to this study is the term 'bereavement counselling,' which is produced by, and produces a type of knowledge and a series of cultural expectations (Small & Hockey, 2001). Therefore CoPs who work with bereaved clients are implicated in the circulating discourses specific to grief counselling. As has been illustrated above, CoPs are required to negotiate various epistemological and theoretical positions in their profession within a wider context of therapeutic intervention, and it is argued that the positioning of bereavement counselling as a practice is equally as institutionally bound and analytically relevant to this research.

On critiquing the extant literature, Walter (2000) observed that the dominant twentieth century grief theories (including Lindemann, 1944; Engel, 1960; Bowlby, 1969; Kubler-Ross, 1969; and Parkes, 1972) have been developed by psychiatrists, and suggests that their focus is on medicalisation of experience as well as promoting healing and healthy outcomes. Neimeyer (2001) recognises that alongside these mid-century theoretical developments, the hospice movement and related bereavement organisations emerged. He argues that whilst the theories themselves

could be critiqued, these developments positively shifted the provision of professional services for those who were grieving.

However, it could be argued that such service developments aligned the grief experience with expert knowledges and professional intervention. Rosenblatt (1996) suggests that grief therapy has emerged from a westernised culture of 'help' and this has produced a power dynamic within bereavement counselling practice, of seeking expert support following a loss. Furthermore, Small & Hockey (2001) propose that a discourse of bereavement care has been produced and a proliferation of bereavement support has been formed by the multiplicity of ways that grief is institutionally and socially policed (Walter, 1999).

It is suggested that bereavement counselling as a practice has become a discourse concerned with social and institutional power, and that as a consequence of the emergence of a 'help' seeking society, CoPs working within these institutions are likely to encounter bereavement referrals in their clinical practice. For example, Parkes' study (1998) indicated that a third of GP referrals are psychological, and a quarter of psychological consultations are resulting from a type of loss, a possible demonstration of the number of people seeking professional support for psychological and specifically loss related issues. With this in mind it is argued that CoPs practising within the discourse of bereavement counselling would benefit from considering their clinical practice in relation to the inherent expectations and expert assumptions the term 'bereavement counselling' makes visible.

Furthermore it is proposed that in a similar way to the profession of counselling psychology, the practice of bereavement counselling has been influenced by various psychological, psychiatric and medicalised ideologies and practices. How these historically embedded practices are reconciled alongside the CoP profession's equally valued position of relational connectivity and integrative practice (Rizq, 2001) in counselling is of interest. Given tangential and varied theories of grief available to therapeutic practitioners (including CoPs) it is proposed that adopting a perspective of open and critical thinking in practice (Small & Hockey, 2001) would be of benefit to CoPs as they negotiate the grief literatures in relation to their therapeutic grief work.

1.3.3 Power, knowledge and social regulation in counselling psychology

Here, it is argued that firstly there is an inherent power dynamic between a therapist and client due to the positioning of psychological interventions as an expert practice. Secondly, it will be suggested that despite the diverse epistemological influences on counselling psychology, the profession is arguably subject to socially and institutionally regulated practices and power-laden knowledges. And finally it will be suggested that how CoPs position themselves in relation to the power of expert knowledge and the social regulation of bereavement practices is of interest for this thesis.

The power dynamic created in therapeutic practice by the deployment of expert knowledges is of particular importance in therapeutic work (Pope & Vasquez, 2007) and one which is emphasised explicitly in ethical and practice guidelines (HCPC

2012). The BPS Code of Ethics and Conduct states; 'clearly, not all clients are powerless but many are disadvantaged by lack of knowledge and certainty compared to the psychologist whose judgment they require' (BPS 2009: 5). This indicates that CoPs are placed in a position of expert judgment and power; thus the power relations that emerge through CoP talk are important to examine and make visible through this research.

In recent years traditional psychology has been criticised by critical psychologists (e.g. Parker, 1999) as it is seen to reinforce social norms and dominant cultural values, as well as favouring categorisation, label and pathologisation (Rose, 1996; Davies, 2013). It is suggested that the field of counselling psychology, whilst a contemporary, emerging and epistemologically diverse field of psychology, falls into the category of 'expert' (Foucault, 1982). This is arguably as a result of the socially understood process of attending a doctoral course in an accredited training institution, and through the clinical work undertaken in the NHS or other therapeutic institutions where psychological knowledge occupies a position of power. In addition it has been argued that CoPs are influenced by 'evidence based' practices and medical knowledges (Larrson et al, 2012), such as those that position grief as a potentially pathological manifestation. This is further emphasised by the 'science practitioner' label (Woolfe et al, 2010) used in reference to CoPs, a potentially power laden term in relation to a profession aiming to adopt an integrative (Lapworth, Sills & Fish, 2001) or pluralistic (Cooper & McLeod, 2011) stance.

To conclude it is proposed that the theoretical basis of the counselling psychology profession, which is ideologically integrative or pluralistic is being challenged

currently. CoPs may be required to work in institutions where number based evidence is favoured (Currer, 2001), privileging a medical model of diagnosis and treatment, whilst attempting to maintain the integrity of their profession and philosophy of non-pathologisation (BPS, 2009; Larsson et al. 2012), and also maintaining a critically reflexive stance (Gergen, 2001). Strawbridge & Woolfe (2010) suggest that the counselling psychology profession has a tangential and critical edge and it is a professional requirement of the HCPC to critically 'reflect on counselling practice and consider alternative ways of working' (2012: 13).

Through this research is it proposed that the CoP participants' grief talk may uncover 'truth claims' regulated by social and expert values and it is important to consider this knowledge critically. The following section explores the epistemological influence of post-structuralism and its impact on research in the counselling psychology field, considering in particular the power of language as a medium of communication for illustrating knowledge, discourse and power relations.

1.4 A post-structualist approach to counselling psychology research

Considering the arguments developed above that highlight the complexities of grief as a discursive object, as well as the potentially power laden and epistemologically broad positioning of CoPs working with grief, the aim of this proposed research is to take a post-structuralist gaze upon the opacity of grief language. It attempts to make visible the multiple discourses from which CoP participants' grief talk is resourced. This section will consider post-structuralism in the context of counselling psychology

research by way of introducing Foucault's ideas, however this will also be returned to in Chapter Three.

Post-structuralism is informed by a philosophical stance that emerged during the 1960s and 1970s (Poster, 1989). This movement challenged essentialist, post-enlightenment 'truths' by questioning categories and assumptions. The philosophy proposed that language was a representation rather than a reality (Burr, 2003) and that discourse was a relative, co-created 'communal interchange' (Gergen, 1985, p266). The post-structuralist assumption is that language is flexible, mutable and socially contextual so meaning changes and develops over time. Additionally the movement postulated that individuals inhabit various positions constructed by discourse, rather than one single, coherent identity, focusing on the way meaning and subject positions are created through the power circulating linguistically within societies.

The complex relationship between counselling psychology, medical science and empirical research has already been suggested (Gergen, 2001). In contrast post-structuralist, qualitative research challenges these assumptions, questioning the idea of fixed identity and empirically known classifications. Instead it exposes the socially constructed nature of knowledge and truth explicating discursive fields within which some forms of knowledge become more dominant and scientific paradigms become inevitably contextually bound (Kuhn, 1962).

Furthermore, Bruner (1987) suggests that it is impossible to separate individuals from institutions and structures which they are a part of in order to study them, making accounts complex and unstable, as well as susceptible to cultural and linguistic influences, so meaning is multiple and constantly shifting (Burman & Parker, 1993). Therefore this research acknowledges that the subject of grief is empirically unknowable and it will be approached as a socially constructed idea where knowledge is a co-constructed discourse, generated during an interchange. No truth about grief is sought, just an exploration into the various ways of talking about an experience of loss, which are seen to be inextricably connected to the power relations implicated in a counselling psychology context. Thus, the constructions of loss will be explored in relation to what is enabled, and what is constrained through talk, and which various viewpoints are worked up as 'true.'

1.5 Language and Foucault's gaze

Michael Foucault's (1926-1984) philosophical work on discourse, power, knowledge and subjectivity are acknowledged as useful to psychology (Arribas-Ayllon & Walkerdine, 2008, Willig, 2008). In particular his analyses of madness (1961), discipline (1977) and sexuality (1978, 1984b, 1986) and how they are socially constructed provide an important foundation to this research within the context of post-structuralist philosophy that is represented in his middle and later work. Certainly his concern with knowledge is pertinent, but perhaps even more so, his later turn to discursive power and 'the subject' (Foucault, 1982) which highlighted the human subject's complex position as an agent for discourse, subjected to real and perceived forms of regulation.

Foucault was interested in considering the ways in which contemporary knowledges were constructed considering historical influences and social effects. Latterly he used genealogical methods to 'construct a history of the present' (Foucault, 1977) whereby he traced how contemporary knowledges emerged, seeking out the historic strands of discourse. His work could be defined as 'an intellectual orientation that pays attention to how our ways of talking about and representing reality contribute to its very appearance and effects' (Willig & Stainton-Rogers, 2008: 7). His focus was on deconstructing the concepts that underpin knowledge, the ways in which talking about and therefore representing reality feed into wider power relations and how discourse is maintained by social institutions and establishments. Next, I turn to Foucault and his central ideas about the role of language. In particular his theory on discourse, power and knowledge, and subjectivity will be explored.

1.5.1 Foucault and discourse

"[Discourses are] ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern." (Weedon, 1987: 108).

Foucault used the term 'discourse' to refer to the systems and categorisations prevalent within society, and suggested that language both enables and constrains certain understandings and knowledges, dictating what can be said, and by whom.

Thus discourses 'systematically form the objects of which they speak,' (Foucault, 1978: 100) defining what is socially acceptable and what knowledge is socially dominant.

Discourses emerge through language, which powerfully shapes the behaviour and experience of people in the world (Burman & Parker, 1993). The way we understand ourselves is embedded in language, and the way we categorise ourselves in society. For example, as was illustrated in section 1.3.1, a psychologist is subject to multiple external influences such as training institutions, the social and political assumptions of a psychologist and a medical or scientific discourse, as well as a therapeutic discourse. Equally they are subject to their own sense of identity within a personal, social and cultural context. This complex negotiation of defining ourselves within various settings leads to 'shared patterns of meaning and contrasting ways of speaking' (ibid: 2).

For example, it is suggested that the expert scientist discourse has emerged hegemonically, drawing the psychological professions into their version of reality, and legitimising certain aspects of psychological knowledge, whilst exempting others (Crowe, 2000). This is exemplified by the publication of the Diagnostics and Statistics Manual (DSM), a manual containing expert information about psychological disorders. With each new edition, psychological conditions and categories have been removed, added or amended, illustrating the shifts, changes and patterns in knowledge; as different discourses become prevalent, others diminish.

1.5.2 Foucault, power and knowledge

As mentioned previously, there are certain key aspects of Foucault's philosophy that are pertinent to this study. Here, his consideration of power and social regulation (1980), madness (1961), and medical expert knowledge (1973) will be considered. Foucault asserted that while medicine and psychiatry have a solid, scientific foundation, they are also 'profoundly enmeshed in social structures' (Foucault, 1980: 109) and for propositions to become scientifically acceptable, they are politically governed and imposed upon. He suggested that in order to be understood, the human sciences needed to be considered in relation to the development of techniques and practices, which served to impose order and regulation on human populations (Gordon, 1980).

Foucault's developing concept of knowledge and power, seen in his writings are also of note, shifting from the initial assertion that power dominates and controls people somewhat negatively through regulation and prohibition (Foucault, 1977) to proposing that power is worked up and evolves through social interactions and relationships (Foucault, 1982) in converse and power laden ways. In his later works he emphasised the productive character of power as something which 'traverses and produces things' (Gordon, 1980: 119), emphasising that knowledge is used to authorise and legitimise power, as well as to work up certain characteristics and consequences (Danaher, Schirato & Webb, 2000). Thus, each society has generalisable truths, which enable the distinction between true and false, and inevitably sanctions certain ideas (Gordon, 1980), elevating those who advocate 'truth' to a position of hegemonic dominance.

Indeed, such interpretations of power and governance suggest a 'normative' way of behaving and functioning, both for individuals and society. Rather than seeing any deviance from the norm as an imperfection in the construction of the discourse, or 'truth,' such nonconformity becomes understood as individual and social pathology, which Gordon claims is actually as 'natural as the norm itself' (1980: 249) and could be a complimentary rather than opposing form of knowledge.

"…the world that thought to measure and justify madness through psychology must justify itself before madness…" (Foucault, 1961: 274)

Specifically Foucault addressed the idea of madness in the context of power and knowledge, particularly expert medical knowledge. The space within which doctors and patients communicate is defined by the 'subjective symptoms' of the patient, and the doctor's interpretation of the symptoms as objects to be known or described (Foucault, 1973). Behind this is Foucault's assertion that institutions (including the medical institutions) are socially regulated, culturally legitimised (Rabinow, 1984) and take an authoritative position due to being able to speak about 'truths' (Danaher, Schirato & Webb, 2000). In the case of medical institutions this would mean diagnosis and categorisation of symptoms and behaviour, thus regulating and defining normal and abnormal presentations, monitoring behaviour in a panopticon way (Foucault, 1977), and taking an authoritative gaze.

The historic links between criminality, evil and madness, along with the development of the asylum as an institution meant that madness became a discourse to be feared and avoided. Society dreaded its spread and contamination, as much as they feared institutional confinement (Foucault, 1961). Clinical observations and description of symptoms and behaviours led to definitions of madness. Therefore, the purpose of the hospital was to correct conditions pertaining to madness (ibid).

"…Madness was now detached from its truth which was unreason and (…) henceforth nothing but a phenomenon adrift, insignificant upon the undefined surface of nature. An enigma without any truth except that which could reduce it." (Foucault, 1961: 188)

As mentioned previously, issues of knowledge and power are considered to be of critical importance to counselling psychology. Furthermore the reduction of psychological experiences to classifiable symptoms and conditions could be considered in a socially regulated way, where symptoms of pathology are defined and categorised by expert, medical professionals. Indeed, the current discourse for positioning grief as a mental health disorder, appropriate to categorise and label as such in the DSM is an example of how socially regulated an experience such as loss can become (this will be explored further in Chapter 2). A way of talking about psychological issues has developed, representative of social norms and influences. However, Foucault reminds us that the power at play itself should not be seen as negative but simply acknowledged as creating conditions for certain discourses to become dominant, thus marginalising other discourses (Foucault, 1984).

Consequently Foucault's understanding of language as a way of both enabling and constraining aspects of experience is of particular relevance to the investigation into grief understandings.

1.5.3 Foucault and subjectivity

Foucault defined a 'subject' as being 'subject to someone else by control and dependence, and subject to his own identity by a conscience or self-knowledge' (Foucault, 1982: 781). With this in mind the post-structuralist approach is an appropriate one within which to consider the position of the counselling psychology profession, as one which sits between the control of organisations and society at large, but is also subject to learning and self reflection, meaning a CoP could be seen as a subject to others and to themselves (Foucault, 1988).

As well as being subject to his or her own identity and self-knowledge, Foucault also indicated that people become subject to objects of socially constructed knowledge (1982). Therefore it is possible that a CoP's way of understanding grief will influence their way of being in the world and how they experience themselves and others. Foucault acknowledged that identity and knowledge were ever changing and repositioning though talk (1980), yet at various points people become subject to various 'truth claims.' Whilst it is understood that post-structurally, an interpretation of subjectivity is speculative (Willig, 2001), it is of central importance to this thesis to explore power relations and CoPs' positioning within them.

Subject positions are positions from which certain truth claims are spoken and morals are managed or maintained. Through their positions individuals can take on different ways of being within their own social and cultural context (Burman & Parker, 1993). Subjectivity is conflicting, fluctuating and changeable (Foucault, 1980), a person can change and alter their subject position and as such is active and mutable; by repositioning themselves in relation to the truths, they effect a changing relationship with themselves (Butler, 2005). However, this is dependent on discursive availability (Foucault, 1982) and is therefore limited and boundaried by language; in other words what is and is not spoken about, recognised and made available through talk. By employing a critical stance, the limits of language will be exposed and the boundaries of what is available and understood through talk will be considered. Further consideration of subject positions will be discussed in Chapter Three, Analytic Steps (section 3.4) and Chapter Four.

1.6 An overview of the aims and potential contribution of this research

In this chapter, some of the concerns and variances in grief understandings have been identified. It has been argued that grief is a discursive object that gives rise to tensions in understanding and is therefore problematic and worthy of investigation in the field of counselling psychology. With numerous models and definitions of grief circulating, it is suggested that it is of value for CoPs to expand and interrogate their understandings in relation to both the possibilities and constraints of their knowledge. It is hoped that the discursive resources that are drawn on by the

participants can be explored and the constituent power relations for clinical work interrogated and problematised.

The specific aims of this study are threefold. Firstly to consider the CoP participants' understanding of grief as a complex and variously defined experience, secondly to reflect on the potential impact this understanding has for therapeutic grief work and thirdly to address the implications for wider practice. It is argued that a counselling psychology practitioner would benefit from an awareness of the sociological influences on the field of psychology, connecting the outside world to practice and encouraging discussion and debate about working with grief. Furthermore, the BPS Code of Ethics and Conduct 'promotes ethical behaviour, attitudes and judgements [by] providing opportunities for discourse' (BPS, 2009: 2).

The findings of this research may enable CoPs (and the wider disciplines who work with bereaved individuals such as clinical psychologists, psychiatrists, GPs, medical staff and social workers) to contest their assumptions surrounding grief and encourage a critical and reflective approach. It may also be of use to future developments around guidelines and recommended practice when working with bereaved people (for example, the NICE Palliative Care Guidelines, 2004).

However, it is by no means assumed that the data collected is a representation of all counselling psychologists. It is hoped that this research will give an indication of implications for clinical practice and add to existing knowledge in the field of psychology, psychiatry, counselling and psychotherapy. In turn, the critical analysis

may encourage a reflexive approach in the profession of psychology, and particularly in trainees, promoting discussions, alerting them to choices in their theoretical understandings, and encouraging reflective practice and a critical self-awareness in professional work (HCPC, 2012). Finally, it is noted that this study does not have an agenda to uncover truth, but offers one interpretation of many possible readings through the application of a post-structuralist, critical gaze.

1.7 Introduction to the chapters of this thesis

Having introduced the broad rationale, research question and methodological approach of this proposed study, the following chapters will address particular issues to valorise the overall rhetorical argument as follows. Chapter Two presents a genealogy of the language of grief, providing a history of its present uses and a critical literature review of relevant contemporary theories and research. In Chapter Three, the method and methodological approach informed by a post-structuralist epistemological position will be outlined and discussed. The findings and the analysis of the study will be presented in Chapter Four. Chapter Five will discuss and evaluate the study, exploring the possible implications of the findings generated, particularly for counselling psychology, which may also be applied to wider therapeutic interests in grief work.

CHAPTER TWO

The Complex Web of Contemporary Grief Understandings:

A Genealogy and Critical Literature Review

"What makes power hold good, what makes it accepted, is simply the fact that it doesn't only weigh on us a force that says no, but that it traverses and produces things, it induces pleasure, forms knowledge, produces discourse. It needs to be considered as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression." (Foucault, 1984: 61)

2.1 Introduction to Chapter Two

Accounts of grief are pervasive and diverse. The aim of this chapter is to critically review some of the multiple constructions of grief theory, particularly in the context of psychological therapies, mental health and specifically, counselling psychology. Prominent influential theories such as the various psychoanalytic perspectives and humanistic approaches (existential, behavioural and social constructionist theories) will be considered in terms of their discursive problematisation of grief. These will be presented from a genealogical stance to provide some understanding of the history of our present constructions and practices of grief work, while also acknowledging the wider contemporary cultural influences on loss and mourning.

As introduced in Chapter One, the integrative training of CoPs requires them to negotiate psychodynamic, humanistic/existential, cognitive-behavioural and

relational perspectives (Woolfe et al. 2011). In addition they may be influenced by related fields of knowledge such as the medical model psychiatric diagnostic categories (DSM-5 APA 2013) and empirical as well as sociological research into grief practices. These will therefore be considered and critiqued in the contemporary genealogy of psychological constructions of grief, due to their relevance in integrative or pluralistic frameworks of CoP practice.

From a Foucauldian perspective, it is important to carry out a genealogical enquiry of the historic influences on discursive resources that produce contemporary professional talk about therapeutically working with grief in order to 'trace its descent' into its present categorical truth claims (Malson, 1999:47). Therefore, in line with Foucault's approach, this genealogical (Foucault, 1977b) review holds the position that constructions of grief are inextricably intertwined with society, politics and culture, and it focuses on the conditions that make certain ideas possible, exposing what is unrealised as well was what is realised, outside of 'monotonous finality' (Foucault, 1977b: 76; Hook, 2001). As such, grief and the experience of mourning are understood discursively as a culturally and historically situated discourse, subject to change and movement (Malson, 1999).

Foucault, in referring to genealogy, alluded to the importance of noting the conditions within which an idea or discourse becomes possible (Hook, 2001), thus interrupting prevalent and contemporary norms, and considering how and why certain constructions of a phenomenon are problematised and objectified as true to which individuals and groups become subject. The chapter therefore explores some

of the varied historical constructions of mourning, grief, loss and bereavement that have produced contemporary pathologising constructs such as Prolonged Grief Disorder (PGD) and counter social constructionist theories (Neimeyer, 2001).

Of particular interest in this review is the perceived shift, identified in the literature, to regulating grief by means of expert knowledges that problematises and dislocates it from public to a private and individualised psychological experience. Thus any reactions that are deemed to fall outside of what are considered appropriate normative expressions are produced as requiring expert help (Small & Hockey, 2001). In addition, the historic developments of how grief has now come to be understood and talked about in such potentially mutable and reductive ways will be highlighted.

Of focus in this study are the linguistic discursive constructions and developments of grief. Therefore, given the constraints of the thesis, this literature review will mainly focus on how grief as a therapeutic concept has developed socially and psychologically, contextualising the current, prevailing understandings. However, where appropriate, historical death understandings and practices as well as mourning rituals will be highlighted in order to explore the impact on how experiences of grief are produced. It is of note that while it was stipulated in Chapter One that the terms grief, loss and mourning would be used interchangeably, historically mourning has been used to describe the social expressions of grief (Howarth, 2007) and will be utilised in this way throughout the genealogy presented here.

This chapter will firstly offer a brief genealogical perspective on pre-psychological accounts of grief, taking an interdisciplinary approach to the construction of pre-twentieth century knowledges which have informed the secularisation, privatisation and medicalisation of grief. Secondly the diversity of psychological theories of grief will be explored, and finally it will be argued that the historic influences and contemporary understandings have created multiple and mutable constructions of grief that variously contribute to the prevailing discourses circulating in CoP practice.

2.2 Pre-psychological accounts of grief

2.2.1 Ancient Greek and Ancient Egyptian grief practices

Death, mourning and the surrounding rituals have always been culturally expressed, written and theorised about; 'from time and immemorial, cultures have provided the bereaved with advice and rituals to address and express the experience of grief' (Aries, 1981: 614). Early grief rituals and writings can be found in Ancient Greek literature which gives insight into both religious beliefs and associated mourning rituals, but also the socio-economic structures of Ancient Greek society (Garland, 2001) and early linguistic descriptions of grief. For example, their belief in the afterlife meant that the Ancient Greeks participated in many elaborate rituals post death. A formal mourning period included women standing by the body, wailing and pulling their hair (the prosthesis), whilst men greeted the visitors in a distant, formal manner.

The Ancient Greeks also conducted a funeral procession (the ekphora), which included professional mourners and singers, and a banquet was held to honour the dead. Practices ensured that the deceased passed successfully into the underworld, remained benevolent and did not linger as a ghost (Ibid). Furthermore, tombstones became increasingly prevalent between the sixth and fourth century B.C. as the Greeks created cemeteries, often outside cities, both to commemorate the dead, and also to avoid excessive spiritual 'pollution' in the deceased's home (Retief, 2006). Mourning rituals signified the strength of familial ties as well as publicly displaying wealth and status within the community (Garland, 2001). In ancient Greece the words 'lupe' and 'penthos' denoted the manifestations of grief, which included sobs, ritualised actions (tearing out hair and breast beating) and lamentation (Konstan, 2006). It is also of note that Aristotle used the word 'lupe' for pain, though it is unclear from the text translations whether in the context of grief this pain denoted a physical or psychological suffering (ibid).

Of interest here are the overt ritual practices firmly based in beliefs of the afterlife as well as a shared expression of loss within the family and the community. Furthermore, the division of public and private mourning according to gender positioned expressions of grief in the female domain (Vermeule, 1979). Finally, the language used to describe grief that emphasises the pain of loss as a potentially psychological and physical manifestation can be seen to locate grief within an emotional and behavioural context.

Both the Ancient Greeks and Ancient Egyptians engaged in processes following a death that lead to preparation for the afterlife, care and respect for the dead and visible demonstrations of mourning. For example, the Ancient Egyptians embalmed and mummified the deceased in a process that lasted for many days (Tomorad, 2009), enough care was taken to facilitate the corpse's safe passing to the afterlife and bodies were placed in tombs. Elaborate beliefs in the afterlife were reflected in Egyptian artwork and architecture (Archer, 1999). The Ancient Egyptians saw their ancestors as friendly powers in a world beset with danger so offered proper burials and built tombs in return for protection and to avoid punishment in life. Egyptian scripts and imagery show mourning gestures including hair pulling, wailing, placing the head on the knee, and women exposing breasts and raising arms upwards, again denoting the woman's role in the mourning rituals.

Other images include pouring dust on the face to induce tears and gripping other mourners for support (Assmann, 2001). McDermott (2006) suggests that mourning rituals in Ancient Egypt were as ideological as they were emotional, indicating the significance of cultural and community influences on grief at this time, imposing appropriate behaviours and making mourning visible; the colour yellow was worn to denote a deceased kinsman, and eyebrows were shaved when a relative died (Davey, 1890). Ancient Egyptian practices can be seen to locate the act of grieving as a continuing connectivity and accountability to the dead, which could be seen as having a reassuring influence on the pain of grief described in Greek texts. In addition the public displays of mourning dress and actions, along with gender specific roles offered a socially defined way of grieving. Yet here an early indication

of the private pain of grief expressed through language can be seen in contrast to public mourning rituals and practices.

2.2.2 Biblical constructions of grief

Locating grief within the origins of Christianity, the Bible emphasised the commonality of mourning, referencing multiple occasions where characters experienced loss and sadness (Wright, 2004) and were united in their grief, 'mourn with those who mourn' (Romans 12:15 KJV, 1769). Furthermore, the ubiquitously held belief in the afterlife promoted in both the Old and New Testaments offered hope of reuniting in death, which served as a reassurance and, it could be argued, inoculated against the pain of loss.

The scriptures also offered advice and a form of reassurance to those in mourning by firstly acknowledging the temporary experience of grief; 'Weeping may remain for a night, but rejoicing comes in the morning' (Psalm 30:5, KJV, 1769), but also finding perspective and purpose in grief (Wright, 2004). Finally God's role as a supporter in mourning is emphasised as one who sees grief, does not disdain it but offers hope and the reassurance of control and knowledge to those who choose to express their grief to him (ibid). This early, Christian-based documentation of mourning positions grief in a religious, community context, as well as being an early example of literature offering guidance through grief. Grief is constructed as a purposeful experience, where God is located as a provider of hope and support, indicating that grief is not solitary but can be shared and expressed and consolation was always available through prayer.

2.2.3 The Middle Ages

From the Early Middle Ages, westernised grieving was positioned within a framework of Christian practices and beliefs where monotheism became established and ancient pagan practices of worshipping multiple deities and their contingent mourning rituals were abandoned. This can be seen particularly in early forms of Catholicism and Protestantism (Howarth, 2007). Here, firstly the deceased body changed from an object of pollution to an object of purity due to the baptism purification process. This meant the body was respected and prepared by the family at home in a private, ritualistic way and mourning was located within the home. Secondly there was a puritanical anxiety about death, where salvation was earned through life and in death the deceased was at the hands of God's judgment (Aries, 1981).

This placed death in the hands of the clergy rather than the medical profession, and physicians were not present when a medical case became hopeless; instead of survival, the focus was on salvation, prayers and communion at the point of death in the hope of giving the soul a good passage (Paxton, 1990). The power in these discourses to regulate grief included the prevailing concern in leading a puritanical life and behaving appropriately even in grief, along with the reassuring assumption that in death, a way out of life's misery was offered (Archer, 1999).

In addition, due to belief in life after death, a relationship continued to be sought with the deceased, and during this time the development of urban and rural

churches with graveyards meant that the living and dead formed a single community; the dead became another 'age group' in medieval society (Geary, 1994). Indeed, the integration of the death into commemorative practices also bound communities, through recording names in books, reading psalms and conducting masses, and offering gifts in exchange for prayers for the dead and their surviving relatives. The social integration of death can be further seen by the use of cemeteries as market places and for public performances (Aries, 1981). However, Borst (1988) suggests that such practices, whilst community binding, may have been created out of a shared death anxiety.

Aries (1981) has offered a history of death rituals spanning the last thousand years. He suggested that during the late Middle Ages, society was intimately connected with death and saw it as a natural progression after life (Aries, 1974). However, death that was previously acknowledged as mysterious and overwhelming became 'tamed' and domesticated by comprehensive beliefs and practices associated with Christianity, in other words, Christian faith provided a framework for meaning in life that was contexualised through a belief in God and the afterlife (Aries, 1981; Howarth, 2007).

For those left grieving, the church offered a contained, meaningful environment within which to carry out mourning rituals and maintain a connection with the soul of the deceased. However, missionaries who spread Christian practices across the Western world, rejected cultural diversity and preached prohibition towards religious dissent (Howarth, 2007), demonstrating the dominance of religion over life,

death and therefore mourning practices. Continuing the communal grieving rituals that emerged in the medieval times, mourning was supported by prayers and religious practices locating it within the local church community and leading to a collective grief reaction (Walter, 1999). The religious context of grief during this period demonstrates that grief was positioned in the realm of community, where Christian religious rituals emerged which reduced the fear of death (Aries, 1981) and death was not an isolated or individual experience (Archer, 1999).

However, alongside religious mourning rituals, during the late Middle Ages and Renaissance period, literature detailing the private grief of the bereaved began to emerge, particularly in the courtly circles, where sorrow and sadness were expressed in song (Rider & Friedman, 2011) and a cult of melancholy flourished (Walter, 1999). Descriptions of grief can also be found in early diaries and letters of ordinary people and it is suggested that contemporary psychological constructs of grief have been influenced by such folklore (Archer, 1999). Archer (ibid) notes that entries recalled the waxing and waning of grief, and diaries from parents calling on the divine intervention of saints, offering financial contributions to the church and vowing pilgrimages if their child was saved from death, as well as expressions of remorse and guilt from grieving parents when a child died (Newman, 2007). Such entries not only embed grief further within a discourse of religious influence, but also offer an early insight into the personal, emotional literary expressions of grief that have continued to the present day.

Aries (1981) also notes this personal/public division of grief in his description of a 'close and distant death.' For example, in the Renaissance period he describes a shift from death acceptance of the inevitability of death to fearing and denying it. This shift, Archer (1999) suggests could possibly be due to improved living standards. Thus, the afterlife no longer offered reasons for living, and death did not seem to be constructed as a more desirable alternative (ibid). This shift in attitude could be seen as an initial example of the social rejection of death, where a less welcoming attitude towards the end of life meant individual expression of grief was less accepted too.

This is further emphasised by the mourning rituals of the time, which were heavily defined and regulated by religion and mourning clothing was a social requirement; the church required practices of conformity and discipline. Mourning itself was controlled and emotional displays were not appropriate; those who mourned for too long were no longer accepted in society and sent to rural monasteries (Aries, 1981). Thus grieving became socially regulated and emotions privatised, however tombstones from this time displayed emotional, romantic messages (Walter, 1999), paralleling the diary entries and evidence from literary sources where emotion was overtly expressed.

Textual sources from Tudor England indicate that physicians listed grief as a symptom, and sometimes a cause of death, endorsing a widely held belief at the time that grief could make you mad or even kill you (Archer, 1999). Burton, in a posthumous publication, *The Anatomy of Melancholia,* (1651) described grief as a 'cruel torment.' He also used the term melancholia, describing it as a disease and

distinguishing it from a melancholia that is felt as a natural reaction to death, suggesting the former becomes a habitual state, and the latter a transitionary period following a sorrowful occasion.

His work offers an early example of the use of binary terminology used to define grief. In contrast to the religious focus of grief accounts from the Middle Ages, in Tudor times grief was becoming located in the medical arena where loss was described and labeled symptomatically within the realm of melancholic manifestations, and potential madness. In addition, the continuation of socially defined and displayed grief, which was regulated and controlled by religious practices offered little opportunity for the personal expression of loss. The initial movement to symptomatise grief could be viewed as an example of the social rejection of certain grief afflictions, which became problematised within a medical framework where the torment of grief was pathologised by a society that was starting to regulate emotional reactions.

2.2.4 The Enlightenment

During the Enlightenment period that shifted the power relations from God to man's reason and capacity to enquire, the mystery of death was sought to be resolved through scientific enquiry into God's natural world (Howarth, 2007). First, at this point grief became increasingly located within a secular discourse as religion was carefully positioned alongside scientific exploration. Human experience was becoming definable and categorisable and this signified a change in the conceptualisation of grief where the word 'divine' was replaced with the word

'social' (Small, 2001). The pastoral elegy, or 'written wailings' was in decline as it was considered to be emotional and indulgent (Schor, 1994). Any sentimental expression of this nature was positioned with women whilst life experiences were placed in the realm of masculine ideals of reason, thought and order.

Aries (1981) argues that secularisation became problematic for the bereaved, as their role shifted from caring for the soul of the person who lived on and continuing a relationship with god, to a preoccupation over the lost, physical relationship. It is also of note that during the eighteenth century the word 'bereaved,' which originates in the old English, 'bereave' meaning to rob or take away by force (Clark, 1993), became more commonly used to describe the experience of loss by death. Such a shift in terminological use could demonstrate the shift from a death accepting to a death denying culture.

Secondly from a philosophical perspective, the line between public morality and private morals was being explored, where the relationship between social norms and individual judgments was being contemplated and a discourse of emotional regulation was developed. Grief was located variously within individualist and collectivist paradigms (Archer, 1999) and a gradual development of scientific and expert practices concerning mourning emerged. However, alongside this development sixteenth and seventeenth century writers were increasingly developing interest in personal, subjective experience and melancholia was expressed reflexively (Walter, 1999), further emphasising the contrasting private/public division of the mourning experience.

Finally, society attended to the melancholic personality in a negative manner. Not only did melancholics represent the mental misery and suffering that Enlightenment society was attempting to overcome (Schor, 1994), but their overt relationship with death bridged a gap between living and dying, which became an uncomfortable notion for an emerging death defying (Aries, 1981) western world. In addition, as Enlightenment philosophers were arguing the supremacy of the mind, the concept that emotion could overwhelm or corrode the mind was unthinkable (Ingram, 2006).

"Excessive grief was generally deprecated. To surrender to one's feelings showed a lack of faith, reason, self control, even a perverse willfulness. Not to feel grief at all, however, was unnatural" (Houlbrooke, 1998; in Walter, 1999: 221).

This extract describes the social distinction of negotiating between experiencing feelings and controlling them, a balance the melancholic individual was perceived not to have mastered. Melancholic individuals were often identified as 'grieving,' which located grief within the lexicon of melancholia and therefore oppositional to the dominant rational discourse of the time. It is argued that this problematised individuals who experienced a melancholic period following a loss, and thus excessive feelings of grief were required to become private and invisible (Murray, Toth & Clinkinbeard, 2005).

In this period, Walter (1999) notes that whilst excessive grief was frowned upon and mastering ones grief was encouraged (Gittings, 1997; in Walter, 1999: 128), the

progression of a culture of sympathy towards the bereaved emerged. Smith's (1759) publication 'Theory of Moral Sentiments' encouraged social solidarity through sympathy, the sufferer reducing his level of emotion to that of the comforters, and the comforters raising their level of emotion, in order to give and receive sympathy in an attempt to 'know how you feel' (Walter, 1999). Thus sympathy was highly socially regulated with the aim to restore tranquility in the mind of the bereaved. Of importance here is the indication of cultural regulation of responses to grief, offering not only advice on how to grieve, but also defining how society should react to the bereaved, moving towards what Walter (ibid) describes as a progression towards social solidarity but also the regulatory prescribed norms for managing emotions.

2.2.5 Early psychiatric influences

Psychiatry can be traced to the Ancient Greek medicalisation of madness, but as a medical practice seeking to advance in understanding the science of mental life, it originated in the early nineteenth century under the name of 'alienist,' 'one who was designated as the intermediary between the social word and the world of the mentally ill' (Gask, 2004: 7). Initial psychiatric references to grief can be found in Rush's (1812) textbook, *Medical Inquiries and Observations upon Diseases of the Mind.* He hypothesised that grieving could make you mad, and perhaps result in death, but equally he argued that grieving individuals were not necessarily suffering from an illness. Rush listed grief characteristics symptomatically and suggested remedies and cure, including drugs. Here the distinction between grief as a sickness, and grief as a natural reaction is observable, along with early examples of symptomatisation and medicalisation of the experience as one to be cured or

resolved. Such classifications and explorations of the mind in relation to natural sciences at this time were also a feature of Charles Darwin's (1859) extensive categorisations of species tracing evolutionary and biological origins.

In 1872 Darwin also contributed his expertise to understanding grief, writing the Chapter, "Low Spirits, Anxiety, Grief, Dejection, Despair" in his publication, "The Expression of the Emotions in Man and Animals." In his study he mentions his observation of melancholic patients found in asylums and their persistent activation of 'grief muscles,' which differentiates them from 'sane' grievers. This discursive dividing practice can be compared to the Tudor belief that grief could make you 'mad.' Darwin's contribution included a further categorisation and differentiation between active, frantic grief, and a passive, depressive form (Granek, 2010), placing grief in a mental health arena in the context of the asylum. Through photographs and observations of grieving patients he identified involuntary patterns of movement and categorised accordingly, reporting that such displays are not confined to Europeans, but can be observed across cultures and countries.

Darwin's observations of grief also referenced the biologically adaptive functions of emotions suggesting that grief itself has an adaptive value in bringing together communities whose survival depends on social cohesion and bonding in tragedy (Averill, 1968; Gustafson, 1989). This inferred that those who can ultimately disengage from grief more effectively and re-engage their energies elsewhere could be perceived to be more socially adapted (Archer, 1999). Thus Darwin's contribution to grief understandings included an attempt to describe the universality of grief; the

biological function of socially cohesive mourning as well as recovery from grief. He also contributed to the discursive categorisation of grief reactions, highlighting the distinction between 'normal' and 'abnormal' grief, as well as clustering symptoms in order to classify and label grief reactions. Due to his iconic ideas on the origins of human beings, his position in society at that time could have enabled his expert knowledge in other areas such as understanding grief to become influential as scientific exploration became increasingly culturally acceptable.

2.2.6 The Victorian era

The progressive nature of Victorian society generated advancement in socially defined mourning and expressions of grief, and the process of mourning further divided between being socially defined, and personal and private (Walter, 1999). Firstly, in early Victorian times there were clearly gender-regulated practices following a death with associated periods of mourning ritual and dress (ibid, 1999). Particularly for women who were often grieving a loss of status and financial security in the case of a spouse death, the socially displayed grief often appropriately resembled the actual personal emotion they felt. The erosion of prescriptive practices in favour of private and lengthy grief periods superseded these early conventions.

Queen Victoria's mourning period for Prince Albert is an extreme yet culturally iconic example of the de-regulated, sustained, and personal grief felt, where her public display of mourning matched her private emotional state (Archer, 1999). For men it is of note that through this period, the romantic literary outpouring of emotion in

early Victorian times was gradually replaced with a stoic dominant response to loss, particularly in the privately educated middle and upper classes (Jalland, 1996), and accelerated at the end of the era by the First World War (Archer, 1999). It is suggested that a changing binary discourse emerged during this time, where gender roles in grief further divided as emotional reactions were located with women (in the 1890s Freud published articles on hysteria in women (Halligan, Bass & Marshall, 2001)) and men were positioned as the stoic and reasonable gender. However, it is suggested that Victorian society, whilst sustaining social mourning conventions, enabled a more permissible form of personal grief, where enduring, private responses were tolerated, made visible by Queen Victoria's experiences.

Secondly, the role of the cemetery changed at this time due to rapid industrialisation, urbanisation and population expansion. The need for more hygienic, contained burial grounds to distance the living from the diseases of infected corpses tarnished the sacred quality of village based, church grave yards (Howarth, 2007) and sterilised death practices, in turn dictating how grieving was managed as the deceased were relocated to large, rural cemeteries (Aries, 1981).

This positioned the opportunity for mourning within the cemetery and removed grief contemplation from daily life as individuals tried to reconcile their personal religious beliefs with social conventions and find ways to position their grief in relation to the distanced, socially defined locations of the Victorian cemetery (ibid). It could be argued that the large and ornate Victorian headstones, mausoleums and tombs were not only an expression of status (Cannadine, 1981) but also an expression of guilt as

the dead were placed out of sight in remote locations. The physical position of the cemetery as a distant, contained space, it is suggested, not only located death separately, but also limited the opportunity for social mourning conventions as an integrated part of everyday Victorian society. This enabled private, emotional reactions to develop as a way of coping with the social denial of death.

Finally, the issues with sanatisation in this period meant that death became an issue for government authorities and private institutions rather than the church. Laying the dead to rest was no longer guaranteed as body snatching for medical research became rife (Howarth, 2007) and a conflict occurred between the religious belief in the resurrection and medical advances through dissection (Richardson, 1987). In effect, the handling of the dead became a professional task (Howarth, 2007), where death and the surrounding rituals moved from being a visible, home and community based expression, to a social problem where the deceased were banished to outer areas (Aries, 1981). Aries (ibid) notes that during this time the undertaker became known as the 'funeral director,' a 'doctor of grief' who replaced the priest in conducting burials and whose mission was to restore the bereaved to normality in the shortest space of time. It could be argued that this commodified death within society and thus has discursive implications for grief, including setting a foundation of institutionally regulated practices and removing grief from the social and community sphere to one of individual contemplation.

Indeed Leader (2008) comments that during this time even mourning was professionalised and commodified. Returning to the hiring of professional mourners

that was observed as an Ancient Greek practice the Victorians, Leader argues, used professional mourners to bridge the widening gap between public and private grief, publically lamenting and enabling the bereaved to access their private grief and situate their loss. It is suggested that removing grief from the social sphere resulted in individual confusion over grief expression and through professional mourning the facilitation of grief was located within an expert discourse. Craib, (1995) argues further that in parallel with Foucault's observations of sexuality in Victorian times (1978), in a society where no one talked about grief, grief exploded as is evidenced in literature, arts and medical and psychiatric classifications, where it was brought under the control of professionals, split off from social life into a specialised, expert area (Giddens, 1991).

"Society has banished death…there is no way of knowing that something has happened: the old black and silver hearse has become an ordinary grey limousine, indistinguishable from the flow of traffic. Society no longer observes a pause; the disappearance of an individual no longer affects its continuity." (Aries, 1981: 560)

Thus grief became subject to new forms of discipline and control (Foucault, 1977). Furthermore the industrialisation of countries meant communities were fragmented; migration occurred and grief in turn became a personal, private problem that was not publically shared beyond the socially defined mourning rituals of the time. Such infrastructure changes meant that communities disintegrated and institutions became the centre of social order, a shift that Foucault traced in hospitals and asylums, and prisons (Foucault, 1961, 1973, 1977). Such social regulation by

discursive means, it is argued, can also be traced in the regulatory influences on mourning, in particular the move from a socially imposed period, to a morbid state that must be quickly treated and erased (Aries, 1981).

2.2.7 Summary of pre-psychological constructions of grief

It can be seen that throughout a broadly European history grief practices have been culturally defined, first being predominately religious, and more recently by socially influenced secular practices leading to what Walter (1999) describes as the 'social policing' of grief. Furthermore it has been demonstrated that for the last five hundred years there has been a continual negotiation between public displays of mourning and the private expression of grief, as individuals attempt to find personal meaning whilst upholding social convention. And finally it has been suggested that the secularisation of grief has placed the experience of loss within a paradigm of scientific enquiry and removed death rituals from local communities, placing them within the regulations of institutions and authorities where mourning is professionally dictated.

From a discursive perspective, these pre-psychological accounts and their contingent practice relating to grief may perpetuate binaries of public/private expression as well as normal/abnormal mourning, which provide reductive discursive spaces for the exploration of human experience. It is proposed that the inheritance of these categorical divisions and social constructs has influenced and remained prevalent in the contemporary psychological constructions of grief. Against this historical setting,

section 2.3 will introduce the prevailing psychological concepts of grief and locate it problematically in the context of psychological therapy.

2.3 Contemporary psychological constructions of grief

This section will interrogate the psychological and therapeutic knowledges of grief, commencing with Freud and early psychoanalytic theories, and trace the development of other theories of grief and related research to the present day. In particular, the various constructions of grief will be explored and problematised in the context of CoP understandings and therapeutic practices.

2.3.1 Mourning and melancholia

Freud's (1917) essay 'Mourning and Melancholia' is often considered the seminal psychological text on grieving (Archer, 1999). Whist in the previous section the term mourning was considered to be the social demonstration of grief (Howarth, 2007); as was addressed in Chapter One, in psychoanalytic terms it is of note that the term mourning is used interchangeably to describe the experience of grief (Stroebe et al. 2008), illustrating that grief language is mutable and context dependent. Here it will be argued that firstly Freud's understanding of mourning was complex and varied; secondly it will be suggested that Freud contributed to a contemporary psychological assumptions that grieving process requires work towards an end point; and finally that his use of dualistic terminology contributes to the current binary construction of grief.

Freud's theories on loss, death and mourning were featured in a number of his essays. For example, two years before the publication of 'Mourning and Melancholia,' Freud's (1915) essay 'On Transience' offers an initial insight into mourning and his desire to hypothesise over its function and process.

"Mourning over the loss of something that we have loved or admired seems so natural to the layman that he regards it as self evident. But to psychologists mourning is a great riddle (…) why it is that this detatchment of libido from its objects should be such a painful process is a mystery to us and we have not hitherto been able to frame any hypothesis to account for it (…) mourning, as we know, however painful it may be, comes to a spontaneous end." (Freud, 1915: 306)

Here some of Freud's initial ideas on mourning are presented, emphasising the painfulness of grief that can be traced back to Ancient Greek terminology, as well as addressing the psychological 'riddle' grief presents in relation to its commonplace occurrence and offering a preliminary indication of his hypothesis on libidinal detachment and the end of mourning. Freud's later essay 'Mourning and Melancholia' (1917) positioned grief as a concealed aggression towards the deceased (Wolpert, 2006) and it was suggested that decathexis from the lost object must occur in a painful process on which the success of mourning depends (Hagman, 2001).

"the high and unsatifiable cathexis of longing which is concentrated on the object by the bereaved person during the reproduction of situations in which he must undo the ties that bind him" (Freud, 1926, p172).

This extract from a later essay, 'Inhibitions, Symptoms and Anxiety' (1926) illustrates the psychoanalytic perception that the bereaved were bound or tied to the deceased in a negative way. Freud's 'recovery' from grief depended on a redirection of the libido onto other available survivors, removing the pain and creating new opportunities for pleasure (Hagman, 2001). However, he also re-emphasises the pain of grief in this essay (Freud, 1926), and the endless nature of grief (Freud, 1923), acknowledging that the anguish of grief that does not diminish (Freud, 1926) and rejecting his earlier theory of decathexis, particularly influenced by the death of his own daughter.

"We know that the acute grief we feel after a loss will come to an end, but that we will remain inconsolable, and will never find a substitute. Everything that comes to take the place of the lost object, even if it fills it completely, nevertheless remains different." (Freud, 1926, in Pollock, 1961: 353)

Secondly in 'Mourning and Melancholia' (Freud, 1917), grief is presented as a task to be completed, 'the task is carried through bit by bit, under the great expense of time and cathartic energy (…) when the work of mourning is complete the ego becomes free and uninhibited again' (244-245). Here the language formulates grief as work that takes time and energy and Freud presented three stages of the process

including understanding the loss and its circumstances, withdrawal of attachment (decathexis) and resumption of life including new relationships (recathexis) (Hagman, 2001).

Finally, Freud identified two distinct grief expressions, mourning and melancholia. His 1917 essay suggested the binary division of mourning (as the reaction to the loss of a loved one), and melancholia, (the pathological manifestation of mourning which includes a 'disturbance of self regard' (Freud, 1917: 243) in addition to traditional mourning features) were distinct experiences. He furthered his theory by stating that mourning was a 'normal' process which involved loss of interest in the outside world, preoccupation with memories, and a diminished capacity to emotionally invest in others (Freud, 1915b). In addition he claimed that 'uncomplicated mourning is not pathological and does not require treatment' (Freud, 1915b: 122) yet melancholic grief will involve the inability to detach from the lost object, which was considered a pathological manifestation of mourning (Hagman, 2001).

Hagman (2001) also argues that before the publication of 'Mourning and Melancholia,' grief was seen as commonplace and a predominantly social and relational experience. The social context of grief has been explored in section 2.2 and it is argued that Freud's work positioned grief within the internal, psychological sphere, where the bereaved became subject to standardised characteristics and potential pathologisation (Walter, 1994).

In summary Freud offered various and diverse accounts of grief. Small (2001) highlights that a narrow critique of the Freudian model has led to a linguistically simplistic suggestion that emotional bonds are simply cut and new attachments form. He proposes that the Freudian model also positively promoted overcoming the denial of the loss and enriching the self (ibid) through a process of mourning the reality and appreciating the full force of loss (Steiner, 1993). However, of interest in this thesis are the ideas he proposed that have been retained and have influenced subsequent psychological research, including the psychological detachment from the lost object as an end point, the binary division between mourning and melancholia and finally the 'work' of grieving. In particular, the Victorian privatisation of grief is observable here as Freud located grief as a psychic process, further removing grief from the social domain. In addition, the influence of previous attempts to scientifically understand, describe and potentially pathologise certain charateristics of grief are historically located in the Enlightenment period. In the next section these concepts will be considered in relation to other psychodynamic theorists' constructions of grief.

2.3.2 The psychodynamic contribution to grief understandings

Here it is argued that the psychodynamic theorists furthered Freud's initial grief model by working up the binary division of grief, the pathology of unresolved mourning and the idea of grief as a task or process. Grief categorisations are evidenced in Klein's work, locating grief within manic-depressive states and the psychodynamic concept of splitting, where she used the terms 'normal' and 'abnormal' mourning in her paper, 'Mourning and its Relation to Manic Depressive

States' (1940). It is argued that Klein's work further objectified the grief experience into acceptable psychic processes, which were delineated from concerning characteristics, though rather than letting go of the lost object as is proposed in Freud's work, she and other early psychodynamic theorists positioned 'successful' grieving as achieving an internalisation of the lost object.

Klein linked the adult state of mourning to the childhood depressive position. The child mourned the breast and the lost goodness of the mother (Klein, 1940) and splitting occurred, whereby the internal 'good object' is lost, and the internal 'bad object' predominates, leaving the inner world in danger of disruption, reactivating early psychotic anxieties (Ibid, 1940). Abraham suggested that 'normal' mourning was a success when the lost person was established in the ego of the survivor through internalisation (1927), thus recovering what was attained in childhood (Klein, 1940). In melancholia this was not achieved, their love for what was lost was denied and objects were not reinstated successfully (Ibid, 1940).

Deutsch's (1937) article, 'The Absence of Grief' built on the psychoanalytic concept of resolved, versus unresolved mourning, stating that grief had to be expressed and 'carried out to completion' (Hagman, 2001: 16) and thus the absence of expression became considered 'resistant,' it was assumed that expressing sadness is a part of successful grief (ibid). Lindemann's (1944) study on bereaved survivors of a nightclub fire in Boston used symptomatic terms to describe normal grief and potential pathology. He used the term 'acute' to describe grief with sustained symptoms including somatic distress, preoccupying thoughts of the deceased, guilt, hostility,

loss of functioning and assuming traits of the deceased. He also provided a model for grief 'work' which included the tasks of undoing emotional attachment to the deceased, readjusting to the environment and building new relationships (Humphrey & Zimpfer, 2008).

Therefore early psychoanalysts have also contributed to a binary categorical language of loss and stipulated the features of unresolved mourning, a theory that has been shown to originate in historical scientific processes of classification. It is also of note that they were the first to refer to grief as 'work' or 'tasks' (Freud, 1917; Klein, 1940; Lindemann, 1944), and specifically the 'painful' and exhaustive process that grieving is (Freud, 1926), working up the personal, emotional experience of grief, whilst implying that grief is something that must be worked through, and laying the foundation for the popular idea of grief as a process, which was developed conceptually by the attachment and stage theorists. However as well as contributing to the contemporary understanding of grief, it is also important to recognise that psychodynamic studies placed grief within a private, interior psychological process with specific dynamics and characteristics (Hagman, 2001) which had a significant impact on the evolving understanding of grief within a psychological framework.

Of additional interest are the specific aspects of early psychoanalytic theory including Freud's commentary on the enduring nature of grief (1923, 1926) and Abraham's alluding to the importance of preserving a relationship with the deceased (1927) that contradict the primary aforementioned theories. Whilst Hagman (2001) suggests that contemporary psychoanalysts have largely grown to accept the

relational and interpersonal framework of loss, often rejecting the Freudian claims of private mourning, standardised responses and the proposed task of detachment with the deceased, it is argued that the significance of early psychoanalytic theory has perpetuated. In particular it influenced Bowlby's attachment and loss studies (1969).

Bowlby's attachment theory (1969, 1973) contributed to the grief literature defining grief as quantifiably known and observable. In addition it offered a further hypothesis on the 'work' of a grief process and the potential for pathology. Like Klein's linking of grief to mental processes developed in childhood, Bowlby also used childhood experiences of attachment to inform his grief theory. However, attachment theory was also based on social observation, rather than the internal psychic processes proposed in psychodynamic models and as such, is seen to re-locate grief within the psychological and social spheres.

Based on Bowlby's and Robertson's (1952) work on childhood attachment and 'separation distress,' anxiety at the point of separation was considered to be a biological response to encourage safety and increase proximity to the caregiver (Bowlby & Robertson, 1952; Mikulincer & Shaver, 2008). In a similar way Bowlby proposed that adult attachments that were severed by death would lead to protest, panic and yearning for a reunion, followed by disorganisation and despair, with intense sorrow and social withdrawal (Weiss, 1993). Working with Parkes, Bowlby developed a model based on 'the work of grief' which included four phases; numbness, searching and anger, disorganisation and despair, and finally,

reorganisation (Bowlby, 1980, Parkes, 1985). 'Reorganisation,' the final task of grief, whereby the individual accepts the loss and integrates the loss within a new reality suggested psychologically successful mourning (Mikulincer & Shaver, 2008).

However, his model also implied an unsuccessful way of mourning. Bowlby (1980) suggested that early attachment insecurity led to chronic mourning or the absence of grieving, in other words a pervasive and intrusive process or a defensive reaction to emotion and a suppression of grief leading to maladaptive coping mechanisms and resulting in a significant impact to mental health. Thus, the capacity for grieving in a healthy way he proposed, was shaped by childhood attachment experiences (Small, 2001) and positioned within a potentially maladaptive, biological frame.

Whilst psychoanalytic and psychodynamic theories to date focused on the internal world of mourning, Bowlby used social observation to form the basis of his theory (Small, 2001). In particular he drew on the facial observations of separation distress, echoing the Darwinian surveillance of grieving individuals (Holmes, 1993) and the influence of biologically adaptive categorisation, based on early childhood experiences. However, it can also be seen that Bowlby's theory sustained the psychodynamic language of describing grief as a task-specific process with an end point, as well as progressing the potential for a pathological reaction, which he attributed to early attachment experiences.

The psychodynamic studies reviewed here offer a legacy of grief understanding that has perpetuated contemporary grief studies. It is argued that the complexity of grief

has been reduced by psychodynamic studies to a position where grief is located as an internal psychological process that requires work and resolution, and that deviance from this process has been cited as potentially pathological. From a sociological perspective, the internalisation of grief in the early part of the twentieth century could be considered a reaction to the social and emotional impact of the World Wars (Archer, 1999) and the relegation of emotional responses to the sphere of professional psychologists in a society overwhelmed by loss.

This can be seen to continue the progression observed in Victorian times of grief becoming de-socialised, intellectualised and located within expert knowledges. Of note is the shift in focus towards the emotional loss of the relationship rather than a continuing relationship with the soul and God as was evidenced in history previously, potentially demonstrating the increase in secularised frameworks. In line with the modernist approach to medical science and individualism, the psychodynamic theories contributed to categorising and symptomatising the grief experience with the aim of understanding and explaining the process. Further evidence of such expert classification can be observed in the work of the stage theorists.

2.3.3 Stage theories and the process of grief

During the mid-twentieth century emerging stage theories of grief further emphasised the process of grief as requiring a working through of stages with the goal of an end point. Such theories provided a categorisation of grief reactions emphasising the potential for pathological manifestations. Such models are of discursive interest, firstly because they continued to prescribe a fixed process of

grieving with an end point, secondly because they position grief within a knowable, modernist paradigm, and thirdly because the establishment of bereavement services alongside stage theory developments locates grief within an expert discourse of providing professional support for the bereaved.

Within this tradition, Parkes defined grief as a process, rather than a state, describing a 'succession of clinical pictures' (1986: 27) where one stage blends into another, ending in recovery. Other stage models have echoed this sequential and prescriptive positioning. For example Kubler-Ross's (1969, 2005) 'Stages of Grief' (applied from her 'Stages of Dying model, 1969) which involved denial, anger, bargaining, depression and acceptance, and Worden's 'Tasks of Grief' (1991) which included accepting the reality of a loss, working through the pain, adjusting to the new environment, emotionally relocating the deceased and moving on.

As well as prescribing a method of how to grieve, these theories also focused on a defined end or preferred outcome. This end point has been defined as 'reorganising' (Parkes, 1985), 'acceptance' (Kubler-Ross, 1969) and 'reinvesting' (Worden, 1991), implying that grief can be moved on from, echoing the psychoanalytic foundation of decathexis and laying a foundation for the development of formulaic grief in more contemporary bereavement studies, particularly the empirical work of recent years.

Some stage theorists focus on the process rather than the work of grief, including Rando (1993) who rejected end points but advocated reorganising the loss, reacting to the separation, recollecting the relationship, relinquishing old attachments,

readjusting and finally reinvesting. Whilst these processes were not prescribed in a linear way, Rando claimed that each part must be undertaken to ensure healthy grieving (Small, 2001).

Stroebe & Schut (1999) offered a dynamic process model, removing the end focus by suggesting an oscillation between loss orientated and restoration orientated concerns. Whilst this model removed the process of grief from the rigid stage model with an end point, there was still an implication of work, or 'tasks' involved, albeit as a dual process. Yet from the Stroebe and Schut model emerged another grief theory which returns to a form of categorisation; Machin's 'Range of Responses to Loss' model, suggesting that an individual who was in the overwhelmed (loss orientated) or controlled (restoration orientated) category would struggle with their grief, whereas those who were successfully oscillating (or balanced/resilient) would negotiate grief more easily (2009: 8).

Whilst Parkes (1996) has argued that his stages have been critiqued simplistically (for example by Wortman & Silver, 1989), Walter (1999) maintains that there remains a 'clinical lore' amongst practitioners who readily accept Parkes's stages (and other stage theories) as a fixed sequence towards recovery rather than using them as an informative, but not exhaustive resource. It is argued that such models of grief offer a potentially reductive and limited way of understanding experience by positioning grief within a modernist, definable and knowable paradigm.

Overall in these accounts there is a discursive grid of intelligibility that promotes grief as a process that can be worked through, continuing the psychodynamic understanding of grief 'work' and locating grief within a psychological framework of emotional investment in a process in order to grieve successfully. As has been illustrated above, appropriate ways to manage grief can be seen throughout history, but the psychodynamic and stage models of grief further locate the experience of loss in a private, emotional sphere of individual 'work,' dislocating it from the social and imposing a normative, psychological process on mourning.

In terms of the progression of service development for the bereaved, alongside the stage theory movement emerged the establishment of the hospice movement and bereavement counselling organisations (Neimeyer, 2001) and it is argued that these models played a role in shifting the discourse of bereavement into the remit of service development (Small, 2001). However, whilst the provision of support for the bereaved may have improved, such movements positioned grief within the domain of expert service providers and re-positioned grief understandings from one of individual insight to one requiring expertise to apply a grief schedule and achieve objectively desired outcomes (Samarel, 1995), endorsing the modernist paradigm of quantifiable progress. The next section takes this argument a step further by exploring the contemporary psychiatric and medical influences on therapeutic approaches to grief work.

2.3.4 The medical model of grief

'It is remarkable that psychiatrists have been so long in recognising bereavement as a major hazard to mental health' (Bowlby, 1972; in Parkes & Prigerson, 2010: ix)

As has been argued so far, the early psychoanalytic, psychodynamic and stage theories of grief have offered an expert categorisation and psychologisation of grief 'symptoms' defining and prescribing healthy processes and outcomes. Bowlby's quotation above remarks on psychiatry's lack of attention to the potentially pathological manifestations of grief, however it is argued that, as was initially shown in section 2.2, the location of grief within a mental health context has existed for five hundred years. This originated with Tudor physicians (Burton, 1651), was progressed in the Enlightenment era by Darwin (1872) and Rush (1812) and continued in the language of early psychoanalysts and psychologists who could be seen to contribute to the identification of grief within a pathological and medical framework, influencing the contemporary understanding of mental health. This section addresses the medicalisation of grief as a progression of this paradigm by first addressing the binary division of grief and in particular locating acute grief in a discourse of pathology. Grief will then be considered in relation to the DSM-V (APA, 2013) and finally the medical model of grief will be positioned in relation to contemporary sociological understandings of modernism.

Freud's essays and the influence of attachment theories and stage theories postulating a prescribed and predictable way to grieve that often involved movement or progression with an end point have influenced the medical domain,

which in turn has influenced the concept of grief in western society. The term 'Prolonged Grief Disorder' (PGD) emerged within the psychiatric arena, and was argued for inclusion in the fifth edition of the Diagnostic and Statistical Manual of Mental Diseases (DSM-V, 2013) recently published by the American Psychiatric Association (APA).

As illustrated, the potential pathology of grief has been discursively produced for many years, with possible influences from early categorical ways of attempting to understand it as noted above from the late Middle Ages until Victorian times. Lindemann described grief as a 'syndrome' that was remarkably uniform, consisting of physical and emotional responses, noting also that reactions were either 'normal' or 'morbid' (1944: 145). In 1960, Engel wrote a paper asking the question, 'is grief a disease?' He claimed that grief, in whatever form, represented a 'manifest and gross departure from the dynamic state considered representative of health and wellbeing' (1960: 20), thus a legitimate subject for medical scientists to study, comparable to the change of state one experiences when burnt – a natural but pathological state experienced in response to a trauma.

Engel's theory locates grief in a medical lexicon, paralleling Darwin and Rush's earlier medicalised definitions and removing grief from the 'natural' state that Freud's work also emphasised. This, it could be suggested, distances grief from an internal, emotional process and positions it within a wider, expert medical framework. Engel also defined 'uncomplicated' grief as running a 'consistent course' (1960: 18), paralleling the stage theorists' descriptions of a definable process with an end point

and illustrating further the way the language of loss has developed. Through these studies it is possible to see how grief was further valorised as a pathological process, shrouded in scientific language and categorised into binary divisions.

More recently, the medical and psychiatric arenas have progressed in classifying symptoms and defining pathology in mourning. PGD often also described as *complicated, acute* or *traumatic* grief in journal publications, is the term used to define the difference between a 'normal' grief reaction and a time when grief may be seen as pathological. Attempts have been made to quantify grief, measuring grief reactions and the grief experience. "Grief becomes a serious mental health concern for a relative few. For such individuals, intense grief persists, is distressing and disabling and may meet criteria as a mental health disorder" (Prigerson et al. 2009: 2).

The PGD studies (Prigerson et al, 2001; Boelen & Bout, 2008; Prigerson et al, 2009; Kersting & Kroker, 2010: Shear et al, 2011; Boelen & Prigerson, 2013) have inferred that by using diagnostic tools, both the detection and treatment of bereaved individuals will improve by recognising prolonged grief as a mental health disorder, and by recommending treatment options. Furthermore, there is an indication that though some researchers would not class PGD as a unique condition, they acknowledge an increased risk of mortality, physical and mental symptoms and improved access to medical services (Kersting & Kroker, 2010) if the disorder is named specifically, thus potentially validating its inclusion being in the patient's best interests.

Most recently, in the latest edition of the DSM-5 (APA, 2013), the bereavement exclusion has been removed from the diagnostic criteria for Major Depressive Disorder (APA, 2013: 160). Thus a grieving individual could now be categorised as depressed, regardless of the recency of a bereavement experience. Such a move further confuses the already complex and ambiguous distinctions between grief and depression, mourning and melancholia, and it is argued that this decision not only confuses the boundary between depressive and grief 'symptoms' but also further generalises the grief experience, placing it in the realm of mental health disorder and linking it to depression.

Additionally the empirical studies have suggested a prescribed time frame for grieving, with Maciejewski et al. (2007) proposing that grief should cause little impairment to daily life after six months, and the proposed criteria for the DSM V inclusion recommended the duration of 'at least six months from the onset of separation distress' (Prigerson et al, 2008). A lesser-referenced aspect of Bowlby's studies was his identification that healthy mourning can last longer than six months (Bowlby, 1988) yet this acknowledgement has not been theoretically developed. It could be argued that the omission of certain aspects of theoretical models and the focus on categorising specifics further removes grief theories from the individual nature of experiences and suggest delineating a normative, liminal and potentially limiting framework for conceptualising and commodifying grief in clearly understood terms.

However, research that challenges this assumption has also emerged, disputing the validity and reliability of the criteria employed, claiming the findings generated fail to discriminate disorder from an intense form of normal grief, with the concerning implication of false-positive diagnoses (Wakefield, 2012) and potentially therefore medicating a condition unnecessarily. A critique to this is offered by Shear et al (2011) who highlight the danger of 'over diagnosis' and recommended the withdrawal of the PGD proposal for the DSM V due to insufficient clarity in the definition of the criteria to separate it from depression or post-traumatic stress disorder (PTSD). This opinion is not unique, as mentioned previously; Freud (1917) aimed to distinguish between grief and depression, which became a catalyst for theoretical misinterpretation. In his 1917 paper he wrote, "It is also well worth noting that, although mourning involves grave departures from the normal attitude to life, it never occurs to us to regard it as a pathological condition and to refer it to medical treatment. We rely on it being overcome after a certain lapse of time, and we look upon any interference with it as useless or even harmful" (Freud, 1917: 243-244).

Walter (1999) highlights that the position of grief within a medical paradigm parallels the privatisation and sterilisation of death in hospitals and hospices. Rituals that have been hidden or removed from western societies which previously played a role in providing meaning and exposure to death, as well as providing a prescribed way of dealing with death (ibid) have been replaced by psychological and psychiatric frameworks. Gorer (1955) described this modernist paradigm as the 'pornography of

death,' whereby he proposed that in order to stop death's illicit, unmentionable concealment, society must re-admit grief and mourning.

Walter (1994) also suggests that today's bureaucratic processes, which have removed the process of dying from the community and the family, have been created by the binary division of good and bad deaths, superseded by the normal/abnormal dualism instigated in medical science in the early nineteenth century and the desire to catalogue and register deaths. Such a discourse has set up death within a position of professional, administrative and expert knowledge (Hockey, 2001) and inevitably grief has become subject to a similar categorisation process. For example, Worden (1991) suggested that the removal of a body from the family and placing it at a distance with professional funeral directors for reasons of sanitisation and propriety has lead to a confused reality over the loss and a problematic impact on the grieving process.

A further contribution to understanding discursive trends is offered by Valentine (2006) who argues that sociologically a discourse in twentieth century grief literature, representative of the positivist paradigm of the modern, western world has excluded self-reflection and subjective experiences. Thus grief is isolated from the social sphere and viewed within psychological measures, thereby privileging an approach to grief that is controllable and calculable. For Foucault, the history of psychology is inextricably linked with the history of psychiatry, taking the notion that 'what is characterised with a calm, objective, scientific gaze as mental illness in reality already existed and was waiting to be discovered' (Visker, 1995: 9). Indeed,

Cooper in his introduction to Foucault's 'Madness and Civilisation' (1961, 2004) claims that the prevalent psychiatric tradition is convenient but ultimately misguided as a way of evaluating the social meaning of madness and describes it as a 'quasi-academic compartmentalisation of certain states of experience into formally reduced types' (ix).

Such studies can be seen to further Engel's initial work (1960) into the pathology of grief, as well as the historic notion that grief can cause madness or even mortality. Utilising a medical paradigm of symptoms, diagnosis and cure places grief within a definable, categorical position, delineating healthy from unhealthy manifestations of grief and placing the bereaved individual in the hands of expert clinicians who are able to offer support with this psychological process. However, whilst the medical position potentially removes grief from the psychodynamic lexicon of an internal psychic process, instituitionalising and normalising responses, it also emphasises an emergent social norm, which the psycho-analysts proposed of going through and ending grief, rather than enduring a lifetime of loss as the Victorians adopted through mourning.

It has also been argued here that the contemporary psychiatric and medical definitions of grief have created a theoretically reductive way of understanding the experience, positioning grief within a discourse of expert knowledge and psychological intervention. It is of note that the BPS, under which CoPs operate views the DSM with caution and calls for a paradigm shift; 'to develop alternative approaches which recognise the centrality of the complex range of life experiences

in the emergence of mental distress, and the personal impact of social and relational circumstances including trauma' (BPS, 2013). It is suggested that this paradigm has furthered the removal of grief from the social sphere and progressed the development of a descriptive, categorical and binary understanding of mourning, selectively referencing earlier psychoanalytic and stage texts in order to validate psychiatric truth claims about PGD.

2.3.5 Behavioural constructs and positive psychology

Reviewing contemporary psychological knowledges that address understandings of grief, with reference to cognitive behavioural and positive psychology approaches, is important due to their discursive power to regulate how pain and suffering of this kind is constructed and managed in particular ways. Their grief construction appears to resonate with cultures that are solution focused, require "quick fixes" and are discomfort adverse. In particular the enduring concept of grief 'work' in the context of Cogntive Behavioural Therapy (CBT) will be considered, as well as the theories of resilience and post-traumatic growth after death in relation to the positive psychology movement.

It has been argued that specialist service developments alongside psychological theories have created a perception of grief as a definable experience at times requiring expert input. In line with the current favour in wider psychological services for cognitive-behavioural approaches, the discourse of 'grief work' has progressed, viewing bereavement as 'a goal directed activity rather than a state of being' (Valentine, 2006: 59). In line with the prevailing trend of CBT, a behaviourist model

has been promoted as a way of focusing on the 'symptomatic' experiences of grief, namely anxiety and depression, and addressing the symptoms as a way of rectifying any 'failure' to grieve.

Intervention includes establishing a routine, promoting self care, educating about grief, compartmentalising worries, preparing for new situations and challenging unhelpful thinking in order to provide structure and containment (Morris, 2008). The CBT approach to grief further exemplifies the binary division between rational (adaptive) and irrational (maladaptive), referencing grief as work once again, and making normal and abnormal distinctions based on observable symptoms. In addition, by describing grief symptoms within a context of anxiety and depression, bereavement is positioned in the domain of mental health, making its definition increasingly ambiguous and indistinct.

Recently the term 'resilience' has been used to describe the majority experience of bereavement. For example, Bonnano (2009) carried out studies that highlight the resilience of bereaved individuals. The studies recognise the narrow perspective of grief literature, demonstrating that the majority of people manage their grief, functioning well and even gaining a new sense of meaning in life as a result of a loss. It is also acknowledged that the absence of grief can be an equally healthy outcome. Resilience is also a term used in literature on children's grief. Stokes (2004) identifies the factors affecting resilience in children who have experienced a loss, encouraging grief as an experience interwoven into life, rather than moved through and moved on from. Here the cultural discourses require a positive outcome and the

expectation of a quick resolution of pain and suffering, utilising the appropriate expertise.

Indeed, alongside this promotion of healthy, resilient grief reactions, an additional strand of literature focusing on growth (Michael & Cooper, 2013) in bereavement has emerged. Whilst religious and philosophical traditions have endorsed the possibility that individuals can triumph out of tragedy, and make meaning in life, the psychological turn to this phenomenon is comparably recent (Calhoun & Tedeschi, 2001). For example, in a variety of traumatic loss situations, grieving individuals have been understood as benefiting from these experiences, glossed as 'post-traumatic growth' (Michael & Cooper, 2013). Here the cultural need for positive outcomes in every experience is evident, to which psychological research, even relating to grief, has become obligated to produce.

It is argued that the current promotion of positive psychology may offer an alternative lens through which to consider the complexities of human suffering, in particular it draws on Freud's caution not to pathologise natural grief reactions. However the position of requiring an obligatory positive slant on loss experiences may be equally as limiting, setting a normative expectation for negotiating loss and negating the extreme sadness many individuals may feel during their bereavement, and whilst not focusing on pathology specifically, it could be seen as a potentially one-dimensional viewpoint. Moreover, the medicalisation of grief can be further observed through the cognitive behavioural approaches to addressing the 'symptoms' of grief and promoting a new type of grief 'work.' It is therefore

suggested that this further endorses grief as a knowable, treatable condition in a mental health context, where symptoms rather than emotions are of focus and the opportunity for personal exploration or meaning making is limited.

2.3.6 Social constructionist theories of grief

More contemporary psychological knowledges are informed by an alternative, post-structuralist interpretation of grief that argues for a deconstructing approach, illustrating the power of language as discourse to influence the individual experience. This approach contests and critiques any essentialist models or frames of understanding and instead focuses on mutable meaning making and grief narratives, taking into account social and relational aspects, as well as individual experience and identity (Neimeyer, 1998).

Neimeyer (2001) argues that grief understanding is currently going through a revolution, where a counter discourse that rejects symptomatic and pathological terms and privileges an existential quest for meaning rather than a 'stand alone' theory (2001: 262) is emerging. In order to gain a broader understanding of human existence and its meaning (Neimeyer & Mahoney, 1995), theorists take the epistemological position of meaning construction rather than facts and truths. Such a meta-theoretical frame (Neimeyer, 2001) for considering the grief experience opens the floor to individuals, inviting them to consider meaning for themselves and how their narrative is created around these experiences, reorganising their life story – something which they suggest a therapist can support and facilitiate (Small & Hockey, 2001). However, in order to offer such support the therapist is forced to

step outside normative and traditional models, considering their position as part of the relational experience and taking up a reflexive position in their work.

Klass, Silverman and Nickman (1996) drew on Freud's (1926) more personal attention to his inability to sever emotional ties and form new relationships following the death of his daughter, and used this aspect of his theory to develop their grief concept of 'Continuing Bonds' where fostering a healthy relationship with the deceased is a central goal (Neimeyer, 2001). The promotion of an enduring, healthy bond with the deceased offers a challenge to the zeitgeist of intellectual schema models.

"We need to bring into our professional dialogue the reality of how people experience and live their lives, rather than finding ways of verifying preconceived theories of how people should live." (Klass et al. 1996: xix)

Klass et al (1996) argue that theoretical bonds with previous psychological theories are held onto even in the face of counter evidence, suggesting that it is easier to tolerate something that feels habitual than to cope with the thought of new ideas, but propose that eventually a synthesis of old and new can be achieved. The traditional psychological models are combined with a new experiential, sociological way to think about loss where a research paradigm utilises reflexivity and narrative (Small, 2001). It is suggested that the post-structuralist turn to meaning argues that there is no single grief narrative or theory, but rather a 'panoply of perspectives within which any given family or individual is positioned' (Neimeyer, 2001: 264).

Therefore each theoretical position provides a 'partial prescription' for how loss is accommodated by the individual, and the social world (ibid).

Small (2001) suggests that such models offer an approach that sidesteps modernism by rejecting the positivist position of searching for connections, systems and similarity, but instead embraces difference and experiential aspects of grief, in line with the post-modernist position (Walter, 1997) of continually recreating identity through reflexivity and metanarratives. Klass et al (1996) claim that 'we should not impose any requirements for what healthy grieving looks like' (1996: 353). However, arguably having no framework for grief could be considered as problematic as adopting a specific theoretical position. When considering aspects such as risk in a therapeutic context taking such a wide and inclusive position of the grief experience could be equally challenging. Furthermore it is suggested that an exclusively post-modern perspective is limited, as individuals are subject to and agents of dominant systems of power transmitted through social and political controls (Foucault, 1977). Of interest is the dynamic that these dissonant positions create through language, and how they are resolved through grief talk.

Finally, the post-modern quest for individual meaning may negate the social and communal aspects of mourning. Sociologists suggest that psychological constructs would benefit from focusing on the relational and community aspects of grieving (Howarth, 2007), relocating grief primarily in the social sphere, where it was positioned historically. Small & Hockey (2001) argue that without social regulatory practices and knowledges, or 'policing' (Walter, 1999) of grief, it is possible that a

bereaved individual will find their experience confusing, disorientating and under-socially regulated. Mellor (1993) describes this as a position of 'existential isolation' as institutions and expert knowledges are rejected. It is proposed that the practice of grief counselling provides a mediatory role in the quest to understand innate emotions and the self, in the context of a post-modern society and as such is in a position of responsibility and accountability.

2.3.7 Locating bereavement counselling within a contemporary context

Contemporary social constructionist and post-structuralist theorists offer additional knowledges that could potentially inform a CoPs' therapeutic grief work. As was introduced in Chapter One, (section 1.3.2), as well as the various knowledges of grief, the practice of counselling the bereaved in itself is power-laden and has implications for CoPs practising in the bereavement field (Small & Hockey, 2001). Here, the discourse of bereavement counselling will be briefly considered in relation to the provision of expert support utilising contemporary knowledges. Of interest is how the practice is implicated in the professionally developed discourse of therapeutic intervention, along with the facilitation of individual expression (as was introduced in the previous section: 2.3.6), potentially locating the work between the public and private spheres of grief expression that have been thematically traced through out this chapter.

In an attempt to unmask the complexity of therapeutic grief work in contemporary society, here some of the contemporary positions on the discourse of bereavement counselling will be offered. However it is acknowledged that rather than factual

positions, these are additional ways of considering grief work that are subject to change and evolve.

Firstly Small & Hockey (2001) suggest that the bereaved emotional self is shaped by pre-existing emotional discourses created by social order and flux. This contrasts with an essentialist view (which they argue underpins many grief models) of identifying what is appropriate emotional expression. Thus, the focus of grief work is on privileging individuals but they also recognise the 'capillary' (Foucault, 1980) of power, which filters and classifies emotions and encourages self-monitoring (Lupton, 1998).

They argue that the psychological influence on loss experiences could be considered an attempt to impose some order, or transcend this confusing gap between the institutional and social regulation and the individual experience. However, in line with Foucault's notion that expert knowledge is self-generating, Small & Hockey (2001) also suggest that knowledge has developed which only professionals can understand and implement, therefore removing grief from the mainstream. Thus bereavement knowledges have become implicated in the production of classifications and regulatory practices (for example Worden's (1991) handbook for bereaved practitioners offers guidance, skills and knowledge for therapeutic grief interventions).

In line with these regulatory practices, Payne et al (1999) suggest that the provision of bereavement support is a preventative measure, a way of avoiding pathological

reactions and 'compensating for the inadequacy of informal networks' (p92). This arguably critiques the social denial of grief expression through the loss of community rituals and locates grief intervention as a monitoring practice that prevents the overt public expressions of loss, which have been illustrated as being an intricately socially negotiated practice throughout this chapter. Additionally therapeutic grief work as a preventative measure positions grief within the psychotherapeutic theories that highlight the problematic nature of unexpressed pathological manifestations (Deusche, 1937).

Further cautionary knowledge comes from Craib (1994) who notes how psychological therapies can become caught up in wider social processes, and argues that developments in grief therapy are as a result of social changes rather than understanding. He suggests that as social mourning rituals have disappeared and death becomes a taboo, rather like Foucault observed in The History of Sexuality (1984b), a new way of exploring grief has exploded or 'sequestered' (Giddens, 1991) removing grief from social life and placing it in the hands of experts who describe, catalogue and control. In his paper Craib offers a warning to the psychological professions who may unwittingly succumb to institutional formulae and frameworks of social power and influence; instead he encourages reflexivity and awareness of the mutable discourse of psychological therapies within a wider psychological framework.

Some theorists (including Lofland, 1985, Osborne, 1997 and Small & Hockey, 2001) argue that grief counselling links to a post-modern position of exploring feelings,

self-care and psychological 'entrepreneurship' (Osborne, 1997). They argue that it has become a struggle to locate authority and confidence in experts, yet their specialist views continue to influence daily lives (Small & Hockey, 2001), so a discourse of professional bereavement support perpetuates. But whilst expectations of the expert may change, our actions in relation to expert knowledges do not, leading to a disorientating reaction (Walter, 1999) between the emotional regulation of social norms and the innate, instinctive reactions that naturally occur in grief. Small & Hockey (2001) argue that this has led to a psychological influence of emotional mediation, supporting the bereaved to reconcile the social expectations of grief with their basic, innate reactions in therapy, a negotiation between the self and society that has been illustrated throughout this chapter.

Finally, Walter (2000) argues that first person accounts of grief in therapy are representative of an attempt by the bereaved to find their own voice in rejection of medicalised theories, indicating that bereavement counselling may not only be subject to socially regulated practices and pressure, but also facilitating the post-modern search for meaning. Walter (ibid) also notes that alongside the psychiatric developments has emerged a desire for people to tell their story through counselling, reclaiming their experiences (Frank, 1995) and removing them from the prescriptive, medical domain. He also recognises an increasing movement towards the social construction of death and loss, and the search for meaning resulting from a period of sociological neglect and the dominance of individualism (Howarth, 2007).

Thus the need for bereavement counselling is something that has arguably been socially produced and can be traced back to the original psychoanalytic and psychodynamic constructions explored in this chapter where grief was located as a primarily psychic, emotional experience, along with the mid-century grief frameworks (Kubler-Ross, 1969, 2005) that elicited the development of institutional bereavement support (Neimeyer, 2001). Consequently it is suggested that there is an ideological and organisational pressure to demonstrate its efficacy and necessity. Furthermore, service provision is highly dependent on organisational settings, which often dictate whether grief counselling is proactively offered or reactively sought (Payne et al. 1999) leading to the bereaved person themselves possibly being in a position of self-classifying based on their own identified need. It is argued that this makes visible the self-generating nature of bereavement support as a socially constructed discourse seeking to validate its position.

Such commentary illustrates the various circulating, socially influenced and power-laden discourses of bereavement counselling in post-modern society. In particular it makes visible the location of the individual in relation to socially regulated practices not only of grief, but also of therapeutic bereavement support and the return to individual meaning making in therapy (Small & Hockey 2001). Of interest is how CoPs negotiate these strands of knowledge, the psychiatric influences with the post-modern perspective, as well as considering how they are implicated in these discursive power relations.

2.3.8 Summary of the contemporary psychological constructions of grief

In this section it has been illustrated that the psychological constructions of grief are complex, fluctuating and diverse as well as socially and historically influenced. The negotiation between public and private expressions of grief has been further exemplified by the development of various internal, psychological understandings of grief, positioning the experience within the therapeutic sphere of expert knowledges (Small, 2001). It is argued that the various theoretical understandings of grief may impact the way a bereaved client is attended to when seeking support, and highlights the issues faced when one attempts to essentialise and hypostatise psychological phenomena.

Considering these developments, this research will take a critical perspective that will aim to unmask the power relations, in particular expert grief claims (Foucault, 1972). It will explore grief as an entity that can be deconstructed since it is influenced by dominant discourses, dialogues and ideologies. This research, and the subsequent data analysis, will interrogate the positioning of counselling psychologists, locating their talk within the literature and exploring their accounts for the way they understand and work with grief, considering how they may both enable and constrain ways of working therapeutically with bereaved clients.

2.4 Chapter Summary

This genealogy of grief, in critiquing the relevant literatures, has highlighted the various ways in which grief has been conceptualised throughout history, in particular considering the westernised development of social and psychological constructions

of contemporary bereavement experiences. The psychological, therapeutic and psychiatric/medical theories of grief were critiqued and positioned within a socio-cultural context. In addition, the conflicting models and their limitations in describing the lived experience of grief have been highlighted, and the possible implications of adopting these models in therapeutic encounters have been suggested.

In line with Freud's caution over grief intervention (1915b, 1917), an argument has been offered here, which suggests that providing specialist services and privileging theoretical understanding gives rise to the position of the 'grief expert,' (Valentine, 2006) and validating a bereavement counselling discourse (Small & Hockey, 2001). It is suggested that grief theories focusing on the internal, psychological manifestations of grief continue to perpetuate the individual/social division that has been historically traced through this chapter. A counter perspective has also been explored, of the therapeutic role as one that facilitates communication, discussion and contributes to an individual's personal narrative of grief (Neimeyer, 2001), where professionals adopt a 'panoply' (ibid) of perspectives rather than positioning themselves as experts who offer a prescriptive model.

In conclusion this chapter exposed the diverse and contrasting theories, embedded in a socio-cultural, western context and alluded to their influences on CoP practice. The following chapter will introduce the methodology and method used to conduct this research.

CHAPTER THREE

Methodology & Method

"the subject is naturally erring... discourse structures alone give him his moorings and reference points, signs identify and orient him; if he neglects, forgets, or loses them, he is condemned to err anew" (Jacques-Ailan Miller, 1990: 27)

3.1 Introduction to Chapter Three

This chapter presents the chosen post-structuralist methodology and method used to answer the research question, "*What are the discursive power relations in CoP accounts of therapeutic grief work?"* The focus of this enquiry is therefore to identify the dominant discourses in volunteer participant CoPs' talk about grief work with their clients and explore some of the discursive power relations that may have possible implications for practice. It is acknowledged that being informed by a post-structuralist epistemology, this enquiry does not make claims about real effects of language. Instead it stays within the confines of exploring discursive power relations, which is its main analytic contribution.

Having provided a rationale in Chapter One for employing Foucault's analytic approach, I will firstly position it here in comparison with other discursive methods used in psychological research to highlight what FDA distinctively addresses analytically. Secondly I will present the method of data collection that was employed and the analytic steps conducted will be outlined. Finally, I will explore my reflexivity

as a researcher, sustaining the post-structural epistemological stance that informs this thesis.

3.2 Foucauldian Discourse Analysis

Foucauldian Discourse Analysis (FDA) as an analytic method is concerned with the power of language as discourse that talks up and objectifies phenomena of interest or because they are problematic, to which individuals may become subject (Foucault, 1982; Henriques et al. 1984).

Contemporary research in psychology that adopts a social constructionist epistemology is concerned with context and offers an interpretive approach where language is the medium of meaning making. However, in contrast to 'empathic descriptive' qualitative studies, an FDA post-structualist approach attempts to generate a critical understanding of targeted accounts (Willig & Stainton Rogers, 2008) to make visible distinctive sets of discursive power relations operating in their talk. Hence this interpretative stance creates an opportunity to recognise distinct subject positions a person can inhabit, in an attempt to make sense of text, or speech, rather than trying to transparently report on an absolute reality (Henriques et al. 1998). Such research takes the ontological position of an interrelated view of the world, in which there are multiple versions of reality, thus assuming that meaning is social and co-constructed (Willig, 2001) and the researcher is understood to be a meaning maker who produces one of many possible readings, rather than assuming one, expert truth.

As previously addressed in Chapter One (section 1.4) FDA is epistemologically informed by post-structuralism and constructionist epistemologies, which since the early 1970s have encouraged a critical philosophical perspective in psychology (see Gergen, 1973; 1985), challenging and unsettling the mainstream conception in psychology of individualism and positivism (Willig & Stainton Rogers, 2008) and viewing language as a context specific, constructed 'topic' rather than a transparent medium of communication or 'resource' (Edley, 2001). The constructionist paradigm is concerned with meaning as a linguistic social construction where there is a focus on the generativity and mutability of language (Burr, 2003). Thus, FDA offers 'a social account' of subjectivity, attending to the linguistic resources by which the socio-political realm is produced and reproduced (Burman & Parker, 1993). Therefore, by attending to the discursive, this research will aim to make visible how CoP participants use socially constructed knowledges about grief as their psychological reality in their professional talk.

In psychology, Foucault's ideas offers a 'top down,' macro analytic approach that attends to the power games in the context of what is talked about, in comparison with Discursive Psychology (DP), which offers a 'bottom up,' micro analysis of some of the varied processes of language used in conversation. However, both share some distinct methodological and epistemological assumptions (Edley & Wetherell, 1997). DP chiefly attends to the strategic use of language that individuals are agents of, and their action orientation in context-specific interactions (Potter & Wetherell, 1995). This methodology is influenced by conversational analysis (Sacks, 1992) in focusing on the immediate context of the discourse and legitimating analytic claims.

Speakers are understood to be strategic in deploying certain accounts or 'interpretive repertoires,' positioning participants as agents with their own interests (Edley, 2001). The assumption is that participants, or groups of participants are skillfully motivated to speak in a certain way in order to privilege a certain power dynamic and 'manage a stake in social interactions' (Willig, 2001: 121). Therefore, analytically DP is less concerned with wider socio-political implications of language or identifying the circulating power relations in talk (Edley, 2001).

By contrast, FDA focuses on the positioning of subjects within circulating discursive resources and their contingent power relations, and considering the possible social, political and cultural implications of language or 'talk' (Parker, 1992). The analytic concerns emphasise how people become subjects, positioned within an ever evolving and shifting paradigm of dominant discourses of which the speakers themselves may be unaware (Henriques et al. 1998). FDA is an exploration of the relationship between discourse, subjectivity and practices (Willig, 2001), and can be utilised in research by offering an historic account of psychological knowledge, and then critiquing psychological practices by challenging truth claims (Burman & Parker, 1993), finally considering the wider social and hidden political implications and systemic power inherent in talk (O'Callaghan, 2010) and practice (Besley, 2010).

FDA attempts to 'theorise experience' (ibid: 122), exploring the subject positions available, rather than question experience itself as a discursive construct (ibid) and capture the relationship that exists between discourse and the speaking subject

(Edley, 2001) as both producers of and the products of discourse (Billig, 1991). By adopting a 'top down' analytic gaze the researcher adopts a more 'expert' interpretive role (O'Callaghan, 2010). Analytic concepts including subject positions and discursive regimes are utilised to highlight the way individuals make meaning, which are conveyed through illustrative discourses (Edley & Wetherell, 1997). These are analytically understood to either work up or shut down certain aspects of subjectivity.

It is worth noting that many aspects of DP and FDA studies are complimentary (Potter & Wetherell, 1995) and Wetherell (1998) advocates the eclectic approach of Critical Discursive Psychology (CDP) that encompasses both the macro and micro discursive traditions, considering the ways in which participants might 'talk up' their position, and be 'talked by' the discourse that resource their accounts. Foucault's 'subject' however, is seen to be subject to two forms of power, the regulatory social norms that they are 'talked by,' as well as the knowledge of the self that they 'talk up' (O'Callaghan, 2010), thus it could be argued FDA offers a varied gaze on the social complexities of CoP grief accounts.

Thus, FDA was selected for this study because of an interest in understanding the possible power games in CoPs' professional talk about their work with grieving clients. The study might also make visible how some of the broader ways coping with death and loss are socially constructed within wider contemporary social regulatory practices. In addition, different versions of grief understanding have become 'truth

claims' unmasking socially and culturally prevalent and regulatory knowledges in the field of counselling psychology.

FDA therefore provides a view or gaze into the CoPs' talk about grief and loss, exploring their subjective 'ways of seeing the world and ways of being in the world,' (Willig, 2001: 107) and interrogating how their accounts of grief work with their clients is resourced, making visible some of the power relations at work. This analytic position assumes that whilst participant CoPs might be aware of what influences their ways of understanding grief, they may not be aware of the political in their experiences as therapeutic practitioners, or of what their talk 'does' (Foucault, 1961) in relation to wider social practices related to grief and mourning (Arribas-Ayllon & Walkerdine, 2008).

3.3 Methodological Design

This section will introduce the method used in order to obtain data for proposed analysis. The CoPs' accounts of grief were collected via semi-structured interviews, which are considered a common method of qualitative data collection (Willig, 2008). First the ethical considerations will be covered, followed by a detailed account of the method used, and finally the pilot interview will be critiqued in order to draw initial conclusions.

3.3.1 Ethics

Ethical consideration was sought (reference PSYC 13/094) from the University of Roehampton Ethics Committee and approved on 11th September 2013 (see appendix

7) This research adheres to the BPS Code of Ethics and Conduct (2009). Pseudonyms were used in data storing and have been used throughout the analysis section. Any identifying information in the dialogue has been removed (and replaced with XXX). Audio recordings and transcripts have been stored in accordance with data protection law and files will be destroyed after 10 years, as required by the BPS guidelines for conducting ethical research (2009).

Before the interview began, participants were given an information form (see appendix 2) and consent form (see appendix 3), which they were asked to review and sign. The consent forms were stored securely and separately from the transcripts and demographic forms to protect identity. The consent form informed participants of their rights including confidentiality (and the limits of confidentiality), and their right to terminate the interview at any point. They were informed that if they chose to withdraw from the study, their data might still be used in aggregate form. Once the interview was complete, participants were asked to read and sign a debrief form (see appendix 5) to ensure they felt the interview was conducted in an ethical way. The consent and debrief form included contact details of the researcher, supervisor, director of studies and head of psychology at Roehampton University, should the participants want to raise concerns or questions. The debrief form also contained information about bereavement support, should any participant have found the experience of discussing bereavement to be unsettling or distressing following the interview.

Transcriptions were shared with participants following the interviews in order to enable them to clarify or comment on the write-up of the interview. However there was no feedback from this exercise. I chose not to share any further working analysis with the participants though it is acknowledged that opening this dialogue may have created an additional analytic layer as they would have been able to self-reflect on and critique their talk. However, it would have also added to the complexity of the analysis and it was felt that given the limited time-frame for the write up, this would not have been possible. It is acknowledged that any interpretation during the analysis may not be as the clients intended, but that inviting their input may have constrained my position as a researcher, addressing certain understandings of the data, and thus silencing others. Once the research is complete, a final document will be sent to all participants.

3.3.2 Participants

Ten participants were recruited and interviewed. According to FDA guidelines (Parker, 1992, Willig and Staninton-Rogers, 2008) a sample size of approximately ten is appropriate to provide sufficiently rich data for an FDA. The participants recruited offered rich accounts of their bereavement work, from which it was possible to identify some of the available discursive resources participants drew on, so it was decided to cease data collection once ten participants had been interviewed, and commence the analysis.

The inclusion criteria specified that participants were qualified Counselling Psychologists, meaning that they were registered with the British Psychological

Society (BPS) and had completed a Counselling Psychology Doctorate programme. Qualified CoPs were selected in order to explore their positioning within the framework of having experienced counselling psychology training in person-centred, psychodynamic and CBT approaches to therapy, but also with experience of working in various therapeutic and psychological environments.

No additional specific criteria were stipulated by the researcher, such as time since qualification, setting in which experience of working with bereaved clients had occurred, nor any specific demographic criteria. Due to the discourse analytic nature of the study, the range of contributions that participants would bring within the counselling psychology field meant that no participant's experience would be more or less valued due to years of practice, practice setting or demographics. All identified themselves as CoPs, and subscribed to the profession of counselling psychology. However, demographic information was collected confidentially from all participants (see appendix 6) in case it was required to offer a context to the transcription extracts used in the analysis.

Six of the ten participants identified themselves as integrative practitioners, one as humanistic, one as relational, one as practicing 'CBT currently' and one as integrative with a strong psychodynamic base. All participants were female, demonstrative of the counselling psychology profession as a whole. One male CoP was identified and contacted but declined to participate in the study due to a perceived lack of experience with bereaved clients. Participants had qualified between 2002 and 2015 and worked in a range of settings including the NHS, drug and alcohol services,

bereavement organisations (child and adult services), refugee organisations, the voluntary sector and private practice. All participants identified their nationality to be British. Possible implications of the demographics within the sample will be discussed in Chapter Five (see section 5.3.3).

Participants were recruited through snowballing and the identification of qualified CoPs who were known to the researcher professionally. A recruitment notice was posted on the BPS e-newsletter bulletin (see appendix 1) and emails were sent to contacts that included an information sheet attachment (see appendix 2). The sample was opportunistic, based on participants self-selecting themselves to take part. The first applicants who confirmed their eligibility to participate were selected to interview.

All participants expressed an interest in discussing their bereavement work, both in order to contribute to research, but also having an opportunity to reflect on their clinical work, with a couple of participants indicating that it would be helpful to have more opportunity to discuss their work in this reflective way.

3.3.3 Pilot interview

A pilot interview was carried out to ensure that the interview was conducted in an ethical manner and that the questions were appropriate in answering the overall research question. The data from the pilot interview was deemed appropriate to use within the analysis of transcripts and so became participant 1, Juilette. It was recognised at the pilot interview that examples of client work were helpful as an

additional response to the general questions posed. Therefore, in further interviews participants were encouraged to offer specific examples to illustrate their point. Additionally, a question on spirituality came up during the interview, so this was added as a topic to explore in the interview schedule.

3.3.4 Semi-structured interviews

Interviews, structured, semi-structured and unstructured are considered a usual and popular method of collecting qualitative data (Willig, 2008). An interview schedule was drawn up in order to guide the researcher in their data collection (ibid), and ensure that each participant was asked similar questions. As explained in the previous section, the interview questions were adapted following the outcome of the pilot interview. The interview questions included: (A complete copy of the interview schedule can be seen in Appendix 4.)

- *What do you understand by grief? (What do you understand by loss?)*

- *Can you tell me about your way of working with grief and loss in clients?*

- *What informs your practice in relation to grief and loss?*

- *How does spirituality influence your work? (Either your own spiritual beliefs or a client's spirituality?)*

- *How does culture influence your work? (Either your own culture or clients from different cultures.)*

- *If not previously addressed, a question about whether grief could be a mental health disorder was asked at this point.*

Questions were purposefully broad and enabled participants to speak about what they felt was pertinent or important to them at the time, in relation to grief and their client work. Conversational prompts such as, 'Can you say a bit more about that?' or 'Can you give me any examples?' were used. Case examples that participants used were explored within the confines of client anonymity.

Each interview lasted 45 to 60 minutes and was audio recorded. Interviews took place at an agreed location, often at the participants' place of work. The researcher transcribed all interviews to ensure anonymity and confidentiality.

3.4 Data Analysis

"People know what they do; frequently they know why they do what they do; but what they don't know is what they do does." (Foucault, 1982: 187)

Participant interviews were transcribed and analysed using FDA. Whilst Foucault did not specify a method of analysis (Arribas-Ayllon & Walkerdine, 2008; Hook, 2001) nor offer a theory or solutions (Foucault, 1982) there are a number of ways data can be analysed with the intention of producing a Foucauldian analysis, including

Parker's twelve steps of analysis (Parker, 1992), Willig's six step analysis (2001) and Arribas-Ayllon and Walkerdine's Guidelines (2008). While these models differ, they are united in their concern with how language produces and constrains meaning, and how talk is influenced by social conditions (Burman & Parker, 1999). Instinctively Willig's (2001) process of analysis correlated with my understanding of Foucault's way of analysing data as it was less prescriptive than Parker's steps and focused on subjectivity. Despite using Willig's six steps, I also kept in mind Foucauldian theory and Arribas-Allyon and Walkerdine's guidance (2008) (and in particular their analytic focus on how people are made subjects through the positions they inhabit in practice) throughout the analysis.

Willig's (2001) steps of analysis 'allow the researcher to map some of the discursive resources used in a text and the subject positions they contain (…) to explore their implications for subjectivity and practice' (2001: 109). Her analytic guidelines focus on making visible the subject positions within text through examining discourse (Parker, 1997). Power relations constitute subject positions and rather than being individual and coherent, they can be multiple and contradictory (Henriques et al. 1998) so of analytic interest was the way participants inhabited, evacuated and talked across various subject positions.

Firstly, each interview and transcription was listened to and read again, and any references to grief, loss or ways of working with grief were highlighted. Coloured mind maps were also used to remove the data from a linear, typed format in order to identify subject positions inhabited by participants across interviews. The purpose

of this was to identify distinct sets of power relations made apparent by these subject positions that can be inhabited, evacuated and talked across by participants.

Willig's (2001) six steps were applied to identify distinct subject positions in participant' accounts as follows:

1. Discursive Constructions

   This step involved identifying each time grief was constructed as a discursive object within each transcription individually, particularly where it was relevant to counselling psychology practice. For example, participants mentioned grief as a process or something to be worked through at some point during the interview.

2. Discourses

   Stepping back from the data, this stage interrogated how accounts of grief work were resourced, for example using a psychological, medical or social framework to inform their practice. At this stage coloured mind maps and lists were created in order to track the various 'truth claims' made about working with and understanding grief, which appeared to be illustrative of the discursive power games implicated in the CoPs' grief talk.

3. Action Orientation

   This step involved an investigation into the productiveness of discourse (Foucault, 1980); which ways of understanding grief were enabled or

privileged and which were constrained by the various ways grief was constructed within the dialogue at different times. For example, the participants' ability to reference expert psychological knowledges of grief whilst attempting to hold a relational therapeutic frame highlighted the power relations between participants and clients (Parker, 1997) as well as the possible identification of distinct subject positions.

4. Positionings

   Step four explores how the participants inhabit the various subject positions, making possible certain ways of talking about grief, whilst limiting other ways, giving an indication of the power games at play within the talk. Some participants talked about grief confidently from the position of a knowledgeable expert, whereas others were more tentative and deskilled in their talk.

5. Practice

   This step considers how the identified discourses relate to practice, considering what is worked up and shut down from various positionings. For example, some participants discussed their formulation or understanding of grief in one way, but offered contradictory accounts of the skills they employed therapeutically when working with grief.

6. Subjectivity

> The final step in Willig's (2001) outline considers the subjectivity in discourse, their ways of seeing and being in the world and how the language they use influences the positions they inhabit. Negotiating the professional position as well as a human, connected position in their approach to grief moved participants between certain psychological understandings and reflective, human understandings.

During the analysis I became interested in Focault's ideas on subject formation (Foucault, 1982) the negotiation of expert knowledges (Foucault, 1980) and particularly the power games that emerge from the influences of dominant social and psychological discourses (Foucault, 1961, 1981). With this in mind it was decided that focusing on subjectivities and using illustrative discourses in order to demonstrate the multiple truths that emerged through dominant social and theoretical knowledges would be an appropriate way to conduct the analysis and present the data. The illustrative discourses would show how they substantiate their truth claims, and how they negotiated between and across positions at various times.

During the focused analysis, and particularly in Willig's (2001) final stages, three distinct subject positions were identified; "The Expert Practitioner;" "The Human to Human Practitioner;" and "The Reflexive Practitioner." The analysis identified unique, qualitative differences between these subjectivities and the way talk was mobilised within them. Extracts were selected to illustrate each position. However, it is noted the short extracts included do not fully communicate the richness of the

accounts; had different extracts been selected, the analysis could have emerged in a different way. Throughout the process the researchers own reflexivity was considered, and reflections on this follow.

3.5 Researcher's reflexivity

Qualitative research variously highlights the importance of considering the influences that have shaped the researcher's understanding of diverse accounts within the data (Finlay & Gough, 2003). Reflexivity aims to make the researcher explicit (Harper, 2003) in terms of their agenda and potential data biases, particularly in relation to the analysis. Each reading stands on its rhetorical power to provide an 'unthought thought' or another way of understanding (Foucault, 1981) to the reader. Rather than resorting to realist essentialisms or offering a knowledge based confessional (Parker, 1999), from a post-structualist position, the researcher aims to engage in an active practice of identifying the power they are subject to and 'the fault lines for the production of spaces of resistance' (ibid: 31). Finite truth is considered an impossible goal (Potter, 1988); instead the researcher acknowledges their inconsistent position as continually evolving and incomplete (Gough, 2003).

It is recognised that as a researcher, personal experiences and knowledges will inevitably inform and influence the data interpretation and the meaning I make positions me within multiple subjectivities, resourced by diverse discourses. Foucault's interest was in what is happening now, and who we are in a precise moment of history (Foucault, 1982) and it is acknowledged that this study is only one understanding, at one particular time, of many possible interpretations. Whilst the

researcher's job is to make sense of narrative, aiming to learn and ultimately effect change, it is understood that making explicit my influence in the process and considering personal experiences in relation to the research is problematic in itself (Parker, 1999).

> 'Critical attention needs to be focused on my knowledge-making practices and my inscription within historical, professional and cultural texts' (Harper, 2003: 78)

With this in mind there is a researcher agenda (and responsibility) that cannot be ignored, and an 'explicit evaluation of the self' is required (Shaw, 2010: 236) rather than simply a reflective stance. Given that the concept of power is intrinsic to a Foucauldian analysis, it is significant to recognise the power inherent within the researcher role as one that is actively making choices and decisions (Harper, 2003). Furthermore, I am aware that the 'other' becomes represented by the researcher (Willig & Stainton-Rogers, 2008) through the process of analysis, where themes and discourse do not simply emerge, but are constructed by the analyst through choice, and as such, have methodological consequences (Harper, 2003). Here, I aim to make visible my potential bias towards this area of research, the data and the analysis findings. I will firstly reflect on my personal motivations and research interests, and then offer a post-structuralist interrogation of my reflexive position, intending to make visible my positioning within social norms, though not assuming total objectivity (McLeod, 2001) or reflexive transparency (Yardley, 2000).

Firstly, I have had personal and professional exposure to grief and experience of bereaved clients in both placement and paid positions during my doctoral training. The experience of these placements and my client work made me curious about the diverse understandings and disparateness of grief knowledges. In particular, for two years of training I also managed a bereavement service in a hospice, where I was exposed to multiple expert knowledges, whilst I also negotiated my role as a trainee counselling psychologist. My exposure to a variety of conflicting truth claims about grief and indeed therapeutic intervention for bereaved individuals made me curious about how practising CoPs position themselves, and carry out bereavement work within a broader context of bereavement services and mental health.

Secondly, in my therapeutic work, I became aware of the power games that seemed to operate in grief discourses. In particular I was interested in the growing theoretical momentum towards the inclusion of PGD in the DSM V (APA, 2013) and the contradictory, counter literature that was emerging (see Neimeyer, 2001, Leader, 2008). Despite widespread criticism of the DSM categorisations (BPS 2013, Davies, 2013), I was aware of prevalent dialogues circulating that referenced PGD unquestioningly. I observed that some clients used the counselling sessions to find their individual voice and tell their story, whilst others found the psychological norms of stage theories, grief symptoms and medical diagnosis reassuring and helpful. This resonated with Walter's exploration of grief narratives, where he suggests that the contemporary policing of grief has lead to an increase in medicalisation alongside an increase in mourners seeking therapy to tell their story

(Walter, 2000) and I became interested in the discourses clients adopt in order to understand and make sense of themselves and their grief.

I observed the power dynamic in the counselling room, of a bereaved client coming to see a therapist and often expecting understanding and answers, which led to a curiosity over the way CoPs negotiated these interactions and the knowledges they drew on. I became aware of my own normative thinking and adherence to socially constructed ideas about grief, beginning to question the inconsistencies in my understandings and at times my ability to reflect on and critique my practice.

Finally, I was concerned by the lack of space given whilst training to explore the theoretical background of loss models and the ambiguity of how to work with grief. This position felt enfeebling and starkly contrasted to the dominant truth claims I was subjected to in placements and during supervision. Through training at Roehampton I began to consider the challenging position of CoPs, positioning themselves within various institutional structures, as well as bringing human understanding and experience of death and the notion of loss to their work. This position is highlighted by Larsson et al (2012: 55);

> "Not assuming one way of knowing has led to counselling psychology being influenced by a variety of positions which are embedded within contrasting epistemologies, including the scientist-practitioner model, reflective-practitioner model, humanistic values as well as post-structuralism and postmodernism."

Indeed the British Psychological Society (BPS) Counselling Psychology Practice Guidelines also indicates that the profession is 'not to assume the automatic superiority of any one way of experiencing, feeling, valuing and knowing,' (2006: 2) indicating that an inherent requirement of the training and the profession is to practice reflectively, and negotiate multiple positions and knowledges in an evaluative fashion.

However, from a post-structuralist perspective even the practice of reflexivity is an important discourse to consider. While a realist researcher acknowledges biases but attempts to bracket them off in order to demonstrate transparency and deflect researcher influences from the findings (O'Callaghan, 2010), a post-structuralist approach to reflexivity aims to interrogate and make visible limitations, influences and implications. Foucault (1978b) was concerned with the application of a critical gaze towards one's self and the discursive regulating norms we become subject to as 'givens' or truth (Butler, 2000) which Foucault (1977) considered a surveillance practice. It is of note that recently the practice of reflexivity has not only gained significance in the counselling and psychology professions, but has become a requirement of many counselling training programmes (Woolfe et al. 2011). Butler (2005) suggests that the way we give accounts and offer reflections are not of our own making, it is therefore suggested that reflexivity has become an object of discourse in itself (Willig, 2001).

Finally the opportunity for reflexivity is not an end in itself (Harper, 2003). As has been illustrated above, my realist reflections, which aimed to expose biases in an act of transparency, have been shown to be unavoidably power laden and socially entangled. Here I aimed to make my agenda explicit whilst acknowledging that a truthful confession is an impossibility (Parker, 1999). A critique of my reflexive practice will be provided in Chapter Five (section 5.3.4).

3.6 Criteria for quality in qualitative research

A requirement of ethical, qualitative research is the process of evaluation and ensuring sensitivity to context, coherence and transparency of impact (Yardley, 2011). It has been noted that qualitative research is often judged by standards set for quantitative studies despite them varying conceptually and differing in their desire to seek universal knowledge and generalisable results (Hollway, 2007). The ontological assumptions of qualitative work are quite different and take into account social context, as well as the position of being unable to achieve measurable, objective results (Willig, 2001).

In this study sensitivity to the context of grief therapy has been addressed in Chapter One and Chapter Two, and sensitivity to the context of the study and the participants interviewed has been considered by outlining their profiles (see section 3.3.2 and appendix 6) and undertaking an appropriate ethical procedure for conducting interviews. The coherence of this study has been demonstrated by locating FDA within qualitative research (see Chapter One, section 1.4; Chapter Three, section 3.2)

and by outlining the various analytic steps taken, demonstrating the thoroughness of the process (see section 3.4).

While the standardised requirements for rigour, reliability and validity may be of central importance to quantitative studies, they may be inappropriate for qualitative investigation. However, it is still important for qualitative research to demonstrate cohesiveness and openness regarding methodology and the theoretical approach adopted, offering clarity in the process (Yardley, 2011).

Post-structuralist studies and FDA are not concerned with the accuracy or truth of discourse; rather, the consequences of various discourses and ideas are interrogated, critiquing the ways in which discourses are employed (Harper, 2003). Therefore, there is no concern with reliability or validity as these are seen as socially constructed 'truths.' Instead an open approach to the co-constructed nature of the research is adopted, where the researcher is situated within the research, taking a social-constructivist, interpretative position.

It has already been acknowledged that this reading of the data is one of many possible interpretations and that much will have been neglected in the process in order to offer a coherent and persuasive analysis. However, it is for the reader to judge (Willig, 2008) the impact and rhetorical importance of the study. Finally, an evaluation and critique of the research, including a review of the method used will be discussed in Chapter Five (section 5.3).

CHAPTER FOUR

Analysis

"Where there is power, there is resistance, and yet, or rather consequentially, this resistance is never in a position of exteriority in relation to power." (Foucault, 1978: 95)

"I suppose I'm thinking with my bereavement head on (mm) as it were, um my practitioner head on…" (Susan, line 15-17)

4.1 Introduction to Chapter Four

This chapter presents one analysis of CoP participants' accounts of their grief work and unmasks some of the discursive power games and wider contextual understandings, interpreted from their accounts to address the research question '*What are the discursive power relations in CoP accounts of therapeutic grief work?*' It is acknowledged that this analysis offers just one reading of many possible and focuses on grief as a construction, considering how participants were positioned within distinctive sets of the discursive power relations. These as subject positions illustrate some of the many tensions in talk about therapeutic approaches to grief work for CoPs.

Three subject positions are presented from the volunteer participants' accounts; 'The Expert Practitioner,' 'The Human to Human Practitioner' and 'The Reflexive Practitioner,' summarised in Table 1 below, with their constituent illustrative

discourses listed. These subject positions were derived from the analytic steps outlined in Chapter Three (section 3.4).

Table 1: Subject positions and their illustrative discourses

Subject Positions	**Illustrative discourses of the subject position**
"The Expert Practitioner"	• Pathologising and categorising grief • The pressure to progress through grief • Containing the loss • Excluding the spiritual experience • Drawing on social and professional norms to psycho-educate the client
"The Human to Human Practitioner"	• Empathically responding to the individual experience • Letting the client lead • Acknowledging the enormity of loss • Working with spirituality • Providing a unique experience in therapy • Lost for words
"The Reflexive Practitioner"	• Reflecting on the cultural context • Reflexivity in therapeutic practice • Refuting the expert

4.2 The Subject Position of "The Expert Practitioner"

This first subjectivity was entitled "The Expert Practitioner" as it was seen to be mainly resourced by dominant, expert psychological knowledges identified in Chapter One (section 1.2) and Chapter Two (section 2.3). These discursive regimes seemed to be mobilised by some of the participants rigidly. Their adherence to the ideological claims seemed to produce a certainty thereby privileging wider socially regulated therapeutic practices informed by mainstream psychological understandings without critical reflection.

Table 2: The subject position of "The Expert Practitioner"

Subject Position	**Illustrative discourses of this subject position**
"The Expert Practitioner"	• Pathologising and categorising grief • The pressure to progress through grief • Containing the loss • Excluding the spiritual experience • Drawing on social and professional norms to psycho-educate the client

4.2.1 Pathologising and categorising grief

The discourse of 'madness' as a deterrent form of social control was unmasked by Foucault's interrogation of its 'management' (Foucault, 1961, 1988). This is also illustrated in these participants' talk as they adopted a medicalised language of pathologisation and categorisation, possibly prompted by my question, *"can grief ever become abnormal or pathological?"*

Extract 1

"I think that, the whole kind of notion of pathology is a very big *(mm)* area […] you have to refer to the norms of society as well because that's the society we live in […] if it's impacting that person's ability to get through every day life and have some meaningful relationships then I think, that's when you might start thinking about it as being more pathological." (Caroline, 569-580)

This tension is talked about by Caroline (Extract 1), who describes referring to 'the norms of society' as a way of conceptualising or locating pathology in grief, possibly privileging knowledge found in empirical studies proposing the inclusion of PGD as a diagnostic category in the DSM-V. Its related criteria includes 'difficulty moving on with life' and 'finding life empty and unfulfilling' (Prigerson et al. 2009). The extract focuses on the impact of grief on everyday life and the ability to form relationships as a problematic aspect to the grief experience as one that could be considered 'pathological.'

Foucault's critique of the medical profession included the exercise of uncontrolled power over people's bodies, health, life and death (Foucault, 1982), thus constraining individuality and difference and recognising the imposing control that comes with knowledge and qualifications. Caroline could be seen to take a medically influenced, psychological perspective here to her understanding of what grief means and potentially thereby minimises the possibility of considering individual experience and difference by pathologising any perceived failure to engage with life.

Extract 2

"I picked that up a bit from a book that I read […] to try and understand complicated grief […] complicated grief being where there's been ambivalent attachment or a difficult relationship, where there's the mixture of sort of good enough and not good enough parenting I guess *(um hm),* and abandonment, adoption, things like that […] the attachment is how the grief ends up as well *(umhm)* that it's another ambivalent process." (Kate, 341-352)

Extract 2 illustrates Kate's ability to be led by literature, citing a book she read on complicated grief and her subsequent attachment-related theoretical understanding of the 'ambivalent process.' Her theoretical understanding has a foundation in Bowlby & Parkes' work on attachment and loss (Bowlby, 1969; Bowlby & Parkes, 1970) placing grief in relation to categorising an individual's attachment-related styles, interpreting their grief trajectory similarly. It is argued that attachment theory places 'complicated' grief within a medical framework (Small, 2001), potentially simplifing and minimising rich and varied human experience (Fornagy, 2001), and can resource clinical assumptions based on these deterministic theories that categorise reported early attachment experiences into qualitatively distinct styles.

In terms of her discursive power, Kate seems to defer to expert others for guidance, knowledge and recommended reading in order to resource her understanding, potentially making her appear unquestioningly subject to expertise as a practitioner. It is acknowledged that professionally citing a book and theorising a client's experience is normal practice in this profession to validate and legitimise one's

position. However Kate seems to assume that these knowledges are 'true' rather than providing her with an opportunity to evalutate and critique them. It is suggested that being subject to one of many theoretical concepts of grief may lead to a reductive understanding in the application of theory (Small, 2001) resulting in unquestioned assumptions and possibly unsophisticated practice.

Extract 3

"I suppose if someone was not being able to function in their day to day life, six months, a year down the road *(umhm)* then I would, that would concern me […] I guess it would be around their degree of functioning […] I mean I hate to put a time limit on it, but um, if they […] weren't going to work, not engaging with people, they were hiding away as I say, six months, a year down the road then […] I think they would need some help trying to unpack what was going on." (Juliette, 370-379)

Extract 4

"I guess what I would understand by that (the term prolonged or complicated grief) […] not that I think there is a normal period, but that […] someone's grief gets halted […] I see grieving as a "normal" *(uses hands to indicate inverted commas)* process and that sometimes people get stuck along that road […] if they're grieving in a "normal" *(uses hands to indicate inverted commas)* process, they don't usually need to come and see a therapist anyway, so I guess 99% of people who come and see me […] will be in some sort of prolonged or complicated um pathway." (Juliette, 351-360)

The social impact and dominant influence of medical and psychological literatures on therapeutic practice is further exemplified by Juliette in Extract 3 who draws on a normative timeframe for grief 'recovery' often cited in grief studies (e.g. Boelen & Prigerson, 2013) of six to twelve months for 'recovery,' possibly applying a reductive lense to the experience of loss and focusing on the need to help 'unpack what was going on' in therapy. She could also be seen to rely on the psychological process that Freud and early psychodynamic theorists referred to, as her description includes 'hiding away,' perhaps referencing the individualised focus to mourning that developed in Victorian times, where the experience of grief was distanced from social support, producing grief as problematic and private, yet implying the social necessity to move on and re-engage in society in a timely manner.

Juliette's account in Extract 4 exemplifies her subjectivity to expertise by making reference to clients only entering therapy if they are on a 'prolonged or complicated pathway.' She could be drawing on the psychoanalytic theory that 'normal' grief will not require intervention (Freud, 1917), later adopted in a binary discourse resourced by psychiatric, empirical research to categorise the difference between 'normal' grief and acute, complicated or PGD that endorses professional intervention (Prigerson, Horowitz, Jacobs et al. 2009). Thus, she potentially categorises those who come for therapy as pathological in comparison with those who grieve 'normally,' thereby locating grief counselling within an expert discourse for those seeking help from professionals to overcome complications.

Yet by using her hands to demonstrate adopted language rather than critiquing her own use of the word she distances herself from the problematic, binary terminology. However, it is argued her account locates her in a psychological framework of functioning and normal versus abnormal processes, positioning her as a facilitator to 'unpack' and 'unstick' clients. Such assertions seem to illustrate the way social norms and knowledges from empirical research are cited without critique, legitimising an expert position and demonstrating the way grief literatures resource her talk in subtle, yet reductive and uncontested ways.

4.2.2 Pressure to progress through grief

In this illustrative discourse, participants inhabiting the subject position of the expert seemed to be under pressure to help their clients through their grief and could be seen to be privileging the contemporary westernised grief theories, that clients should be encouraged to progress through and move on from their loss informed by expert knowledges such as the stage theorists (Kubler-Ross, 1969, 2005; Parkes, 1985; Worden, 1991). Participants talking from this subjectivity seemed to be unquestioning in their assertion that their role was to improve 'functioning' or facilitate movement and change. Thus validating their position as a capable professional, able to help someone improve; yet possibly also subject to the western societal power game of encouraging bereaved people to recover quickly and get back to their previous level of functioning in society (Foucault, 1977).

Extract 5

"that's what people really want […] they want it to all go away, they want it to be solved, they want us to make it right" (Susan, 204-206)

Extract 6

"(You're) not going to direct them on how they should feel *(mm)* and what they should do but you guide them to where they need to be with it I think" (Lisa, 436-438)

The pressure on the practitioner as a facilitator of movement is highlighted by Susan in Extract 5, where she reports that 'that's what people really want […] they want it all to go away, they want it to be solved, they want us to make it right.' The language here objectifies and problematises the grief experience, as a problem to be solved by a therapist positioning grief counselling as an expert resource utlilised by clients who perceive their grief to be difficult and possibly self classify (Lupton, 1998) themselves as requiring intervention. In Lisa's account (Extract 6) she advocates 'not directing them on how they should feel, but guiding them where they need to be with it,' demonstrating a therapist-led interaction under a guise of offering client-paced support. Furthermore, her role as an expert who knows where 'they need to be,' could indicate her own expert, progressive agenda and possibly positions a grief experience in the realm of professional guidance (Walter, 1999; Craib, 1994) where clients are set on a socially appropriate trajectory.

The discourse of 'pressure to progress' could be seen to address an underlying pressure CoPs' may experience, representative of both society at large and the psychology profession's desire to move on from, and get over grief (Neimeyer, 2001), where CoPs can offer expert guidance through the grief process and facilitate a socially acceptable experience. Furthermore, this position illustrates the pressure on clients to also feel they need to adhere to social and cultural norms to 'recover' (Parkes & Weiss, 1983) from grief, seemingly endorsed in the CoP reports of their therapeutic work.

Extract 7

"I don't think with her we ever got anywhere, she never really resolved that, and I never felt I'd, never felt I'd facilitated her getting somewhere with that […] I felt there was a little piece more that we may have got to *(mm).* But it, it just came to an end" (Vicky, 190-196)

Extract 8

"I'd just run out of things to say and so […] I just don't think it was very effective for her, I couldn't see any improvements anyway […] I find that quite challenging actually, and to somehow facilitate them to come to wherever they are going to is difficult especially in the place of very raw grief, it feels as though you want to do something, and I'm sure there's a lot of the CBT therapist in me saying that, rather than just wait with people to find their way." (Elaine, 188-191, 295-300)

The CoP agenda is also indicated in Extract 7 where Vicky 'never felt I'd facilitated her getting somewhere with that' potentially highlighting the belief that her role as a therapist is to facilitate movement through issues and her perceived failure in doing so. Her acknowledgement that her client 'never really resolved that' positions her within the stage theory discourse of 'resolution' and 'recovery' (Parkes & Weiss, 1983), where her failure to reach that point therapeutically is recognised but her own agenda is not critiqued.

Instead, Vicky adopts a resigned position where the work 'just came to an end.' This is also illustrated in Extract 8 where Elaine reflects on a client she was unable to 'see any improvements' in and highlights the challenge of facilitating their progress and the urge to 'do something.' In this extract Elaine positions herself as a CBT practitioner, and implies that in her role she is hindered from 'just waiting with people' to 'find their own way.' However by describing 'the CBT therapist in me' she could also be disconnecting herself from the position, suggesting that there may be a part of her that is not the 'CBT therapist.' While she does not critique her position, she refers to her potential to inhabit other positions which may offer a different gaze and indicates the mutable and changeable positionings that may be possible for CoPs.

Extract 9

"I remember hearing in my training (…) that they do come to us for change and the challenge that is arguably offered maybe a bit more by a psychodynamic approach, some might say by CBT, (pause) the gentle space for that I think needs to be allowed (…) you present to the client that where they are and what they're doing is you know, is keeping them where they are" (Clare, 152-167)

Clare, in Extract 9 also refers to her training and her therapeutic agenda of change, assuming that clients 'arguably come for change.' This claim further validates the implicit pressure to enable clients to progress. She acknowledges some of the important theoretical differences in therapeutic approaches of various models but does not critique or attempt to reconcile them, nor does she position herself as being required to take responsibility for her agenda of change, attributing this to a component of CoP training. The outcomes and expectations of a client are of importance in relational counselling (Cooper, 2004; BACP 2013) and here the discrepancy of how to meet these needs is unmasked, questioning whether it's the CoP's, the client's or society's agenda that is privileged in the therapeutic process. Furthermore, this calls into question how the models of therapeutic intervention are located in this agenda.

Extract 10

"I think there are times when grieving gets stuck […] people will come to see a counsellor or a therapist if the grieving had become stuck in some way" (Juliette, 111-114)

Finally, Juliette in Extract 10 makes the assumption that bereaved people access counselling if they are 'stuck' therefore distancing herself from the client's mourning pace in favour of an active position where she will facilitate progress. This potentially locates grief counselling within the therapeutic model where movement through grief is required (Kubler-Ross, 1969, 2005; Parkes, 1985; Worden, 1991) and originated in early psychodynamic theories of psychological grief 'work' (Freud, 1917, Klein, 1940). The talk in this subjectivity has offered a demonstration of the social regulation of practice where progress in therapy is important and the CoP participants' agenda as an agent of discourse is exposed.

- *4.2.3 Containing the loss*

An obligation to contain the loss further illustrates these CoPs' subjectivity to social order and conformity where these participants indicated that their role was to contain the chaos and confusion for their clients. This parallels the social containment of grief (Walter, 1999) and the modernist position of private, individual-focused mourning over public displays of emotion (Lofland, 1985, Rose, 1993) which has been shown to be historically located within Enlightenment and Victorian eras, as bereaved individuals attempted to reconcile their individual emotion with the social regulation of grief expression (Archer, 1999).

Extract 11
"it's about going in and doing some normalising and providing a bit of containment and structure *(mm)* in a chaotic family sometimes" (Vicky, 136-139)

CoPs speaking from this position claimed to contain the grief for their clients, who may be unable to contain the loss themselves. A therapeutic intervention of organisation is suggested by Vicky in Extract 11, where she describes her therapeutic role as one which provides 'containment and structure in a chaotic family,' implying that she professionally manages and handles grief for clients, whom she places in an enfeebled position, unable to contain the loss themselves.

Extract 12

"I think that's the point of why we're here really, is that we offer that support to try and prevent things becoming too difficult to manage in the future. So by setting those conversations in motion early and giving important messages out there […] clarifying the narrative or stories around what's happened to prevent any big confusions or kind of secrets I guess that can cause all sorts of problems." (Caroline, 703-709)

Extract 13

"with her it was very inactive if you like, I just felt like I needed to be the container for all her sadness in a way that no one else around her could." (Clare, 222-224)

These participants produced an account of their role in containing loss as something knowable and confinable, echoing the historic classifications and Enlightenment rationalisation of mental processes. The participants implied that grief can be

restricted in order to 'prevent things from becoming too difficult to manage in the future' (Caroline, Extract 12) through counselling. This seems to produce counselling as offering the only solution to mitigate against an overwhelming, problematic experience.

While it could be argued that containment is an important part of the psychoanalytic therapeutic frame (Lemma, 2003), the implications of professionally containing grief potentially places the client in a passive, disabled and incapable position where they may be understood as unable to handle grief alone. Thus they becomes subject to the truth claims, in line with psychoanalytic theory, that grief must be expressed and dealt with or else there will be psychological repercussions later (Hagman, 2001). Caroline also positions herself actively as a practitioner 'giving important messages' that seems to locate her in a dominant, expert role where counselling is produced as a preventative measure.

In relation to discursive power, this subject position, by working up discourses of fearful consequences around unresolved grief (Deutsch, 1937) and placing such power in the counselling process could be scaremongering. It may also indicate that CoPs are able to unproblematically offer something curative and helpful by containing grief. Furthermore working with expert knowledges that focus on containing the grief may exclude the possibility of the CoPs acknowledging other non-psychological ways of understanding this work.

- *4.2.4 Excluding the spiritual experience*

Talking from this subject position, participants who 'excluded the spiritual experience' seemed to adopt an exclusionary discourse where they positioned themselves as exclusively subject to scientific discourses of reason and certainty. For example, references to spiritual experience do not have a place in this construction of grief counselling. It is argued that such certainty and rationality seems to distance these CoPs from being able to include and engage in talk about a spiritual dimension in relation to grief work. This could reflect wider binary categorical thinking that produces an 'either /or' positioning, highlighted in Chapter Two, whereby opposed constructions of death and grieving do not easily co-exist in one understanding or account.

Extract 14

"I think it's really important for bereaved people to have ideas about the unknown […] I respect that wholly and am really willing to explore that but I don't have a real sense of, I guess what it all means to myself […] which is probably something I need to think about a bit more […] it doesn't come across, it's not a huge part of my work or a huge part of the work […] I'm quite surprised at how absent that is, in my work and my thinking." (Caroline, 303-319)

Extract 15

"I think sometimes somebody with a strong, traditional religious faith, not only are they less likely to come to counselling anyway, but they probably wouldn't stay with me (laughs), they'd probably find someone else. Um I think they'd probably, they

might pick that up. I have worked with a few people who really believe in god, and you know, I, I sort of struggle a bit with that" (Kate, 259-271)

Extract 16

"I'm not sure that really I've had a client where their own spirituality has impacted the work that we've done in more than a passing comment about something. I've been wracking my brains for a client who has come with questioning their spirituality or their religion, or struggling with it as a result of um, someone dying (…) and um, that was quite interesting to realise that because I don't know whether that's me not asking the questions or not digging deeper about it, or whether it's that it's coincidence that I haven't had clients who really come with that sort of thing, or whether there is something else there about the types of people that seek counselling, I don't know." (Fiona, 204-227)

From this expert subject position, it is proposed that the regulated, scientific practitioner was positioned as distanced from tolerating the uncertainty and un-researched metaphysical claims inherent in spiritual knowledges. Therefore in this subjectivity counselling was objectified as a practice where spiritual clients were unlikely to come for this kind of help. Both Kate (Extract 15) and Fiona (Extract 16) seek to blame the absence of spirituality in their work on the 'type' of client who attends therapy, suggesting that those with a strong religious faith would be less likely to attend counselling. This could be seen to locate them in a position of safety, inoculating them from spiritual discussions and provides a justification in order to legitimise the absence of spiritual exploration in their work. This also potentially

places counselling practice within a reductive scientific, secular framework, distanced from a spiritual perspective where their expert knowledge cannot be applied.

For example, Kate (Extract 15) reports that 'not only are they less likely to come to counselling anyway, but they probably wouldn't stay with me,' assuming that individuals with a spiritual dimension to their grief experience would not be compatible with a counselling model but also suggesting her incompatibility as a practitioner with a spiritual client, potentially positioning herself as inflexible to the diversity of issues people may bring. Kate could be seen to be positioned within the 'science practitioner' (Woolfe et al. 2010) model, and by saying they 'are less likely' to seek support she is potentially positioning spiritual exploration outside this secular domain. This was interpreted as an illustration of science's perceived lack of compatibility with spiritually where only 'sporadic attention' (Paloutzian & Park, 2005) has been paid to religion. Thus the scientific expert seemed to split and distance from the idea of spirituality in employing expert psychological theories to resource understanding of grief. Finally by saying someone with a 'strong religious faith' is unlikely to come for counselling she is possibly assuming that they are less likely to have bereavement related issues, positioning grief as a problem for an exclusively secular society.

Caroline (Extract 14) and Fiona (Extract 16) comment about the absence of spiritual consideration for themselves and in their therapeutic work, working up a position of uncertainty. It is argued that in this expert subjectivity, their lack of spiritual

understanding disabled their belief in their expert knowledges as it highlighted their lack of confidence. Thus they excluded material where they were not perceived 'expert.' This could be illustrated in the confusion around their own position in regards to spiritual understanding and whilst Caroline is willing to consider a client's spirituality she does not have a 'sense of what it all means' to her (Extract 14), distancing herself from the ambiguity of spiritual exploration.

Fiona questions her motives for the absence of spiritual questioning in her work in Extract 16, wondering whether it is she not asking the question, or clients not coming with spiritual material. Whilst she could be seen to adopt a level of reflexivity about her role in the absence of spirituality, she then interestingly reverts to querying whether they would attend counselling anyway. This possibly creates an assumption about client motivations and Fiona appears to reposition herself in a way that shuts down the potential for spiritual openness and arguably absolves her of any responsibility for the absence of spiritual discussions in her clinical work.

This possibly illustrates the professional regulation of counselling practice by the hegemonic power of science and its influence over the counselling psychology profession. It is reminiscent of Foucault's binary divisions (Foucault, 1982) and the dual aspect of spirituality versus science, where holding both in mind presents a conflict for the practitioner, who seemed to resort to one-dimension understandings. Linking to the age of modernity and post enlightenment thought, where knowledge and rationality predominate (Archer, 1999), CoPs who excluded spirituality could be seen to be upholding a role as an expert scientist, unable to

contemplate the idea of spirituality within a therapeutic context, or consider their own spiritual dimension. Considering the privatisation and secularisation of grief (discussed in Chapter Two) CoPs have positioned themselves with this dominant movement, where there are implicit power games operating, seemingly representative of a larger, scientific/spirituality discourse.

- *4.2.5 Drawing on social and professional norms to psycho-educate the client*

This illustrative discourse presents extracts evidencing the CoP participants' use of professional and social norms as their framework for understanding grief. They often drew on social assumptions to validate their therapeutic techniques of normalising and psycho-educating, and thus an 'expert' (Foucault, 1961) is necessitated, as grief becomes seen as an explainable, psychological concept.

Extract 17
"I think as well with grieving I do quite at bit of psycho-education and normalising. […] There's a space […] having encouraged clients to talk about what its like for them to also sort of normalise some of that. Because people often think they're going mad" (Juliette, 20-25)

Extract 18

"I probably am a bit more, presenting a theory to them than perhaps I might in other situations (.) because it's such an alien experience […] people find it very confusing […] I think people find that helpful in giving them a framework to understand what's going on." (Juliette, 46-47, 51-58)

Participants inhabiting this subject position spoke about normalising grief, seemingly without reference to a client's distinct and nuanced experience. Juliette, in Extract 17 suggests that she normalises the experience because people 'think they are going mad.' This historical power in discourses of madness in relation to grief, particularly in institutional confinement such as the asylums, has been highlighted by Foucault (1961) as well as Darwin, (1872) in a more realist descriptive approach, as well as the contemporary theorists who contruct PGD as a mental health disorder (Prigerson et al. 2009). It is suggested that there is a perceived need to guard against 'going mad' by regulating and normalising the experience.

Not only does this place the CoPs in a position of power and judgment over what grief expressions are constituted as 'normal' (Worden, 1991), but they further assert themselves as 'experts' by offering advice and guidance in the form of 'psycho-education' and possibly distance themselves from the individual experience of grief, by classifying and theorising symptoms according to their expert knowledge and occluding other perspectives. Foucault referred to such normalising judgements as the primary mechanism of social control (Foucault, 1977) placing the CoPs in a

position of power, with power and knowledge being an inseparable aspect of truth claims (Besley, 2010).

In Extract 18 Juliette claims that with grief work specifically she may 'present a theory' to clients, embedding grief in a context of theoretical understanding which implies that explaining grief within a psychological framework will demystify 'an alien experience.' Here, the expert position is taken up once again, as Juliette claims to be knowledgable about grief and imparts this information onto clients in a psycho-educating or normalising way, permitting theory to dominate their dialogue, potentially minimising the possibility of focusing on the client's subjective experience (Woolfe, 1990). By assuming this position it is argued that CoP participants assumed a role as 'expert educators' in relation to an 'alien experience' rather than empathically attuning to a clients' experience, and locating themselves as knowledgable and informative.

Extract 19

"so it's I guess kind of offering as much as you can in terms of the practical and emotional support I think it varies from family to family. Some families want advice and guidance, sort of, I guess psycho-education really as well […] a lot of it is actually about normalising, normalising how kids are doing, *(mm)* normalising their behaviour and their *(mm),* normalising their feelings." (Caroline, 134-142)

Caroline in Extract 19 talks about offering 'advice and guidance,' 'psycho-education' and 'normalising' experiences. She reports that is what 'some families want'

indicating that she is meeting a perceived need by expertly guiding and advising them through the process. Such interventions are arguably positioned within Worden's (1991) framework and production of a handbook for providing effective grief interventions, which emphasises the 'normal' grief behaviours and responses. However such rigid and prescriptive frameworks could reduce the role of the CoP to that of an educator, potentially placing the CoP in the position of uncontested authority. In this their knowledge may remain fixed, obscuring a client's own, distinct and singular process. This positions the client as passive and not knowing themselves, passively turning to CoPs for 'truth' and perpetuating an ethically problematic power dynamic between client and counsellor (Pope & Vasquez, 2007).

Extract 20

"I'd be helping the client to normalise their feelings, is what I'd be doing, that it would be very normal to be going through what they're going through […] probably to help them towards having some memories that work as something that's um, kind of slightly curative if you like*, (um hm),* something that feels like a positive part of that thing, that person" (Kate, 39-51)

Kate in Extract 20 also draws on the expert position to normalise the experience, seeking something 'curative' and 'positive' in the work. Her 'help towards' to finding a positive and curative aspect to the work could be seen to locate her within the contemporary popular expertise of the positive psychology paradigm outlined in Chapter Two (section 2.3.5) where psychology focuses on positivity in adverse situations. This has its own benefits and constraints as an ideological approach,

particularly to grief and loss as while it does not focus on pathology, it could arguably pay less attention to the pain and suffering in grief which has been considered a part of the grief experience throughout history, as illustrated in Chapter Two. Furthermore Kate's 'curative' approach as a social practice to regulate suffering and distress could arguably negate other expert knowledges, including the stage theories, where a range of emotions are considered appropriate (Kubler-Ross, 1969, 2005; Parkes, 1985; Worden, 1991), yet her focus in this extract is on the final 'stage' of the grief experience, described in the literature as acceptance, recovery and reinvestment.

Such talk could lead to broad truth claims about the appropriate ways of grieving, potentially invalidating certain ways of being bereaved. This is particularly pertinent in relation to concepts of madness and sanity (Foucault, 1961) and the power of socially regulated, culturally legitimised expert knowledges (Rabinow, 1984), leading to normative ways of behaving and expressing emotion. Hence, these CoPs speaking from this subject position arguably created assumptions around socially appropriate ways of grieving where their therapeutic skills and knowledges were adopted in order to 'emotionally mediate' (Mellor, 1993) the grief experience.

4.3 The Subject Position of "The Human to Human Practitioner"

The next subject position was named 'The Human to Human Practitioner' because participants who spoke from this subjectivity mobilised a distinctly different way of working with clients from the previous subjectivity. By contrast this position seemed

to be less regulated by dominant contemporary social norms and subject to humanistic rather than other therapeutic expertise.

Table 3: The subject position of "The Human to Human Practitioner"

Subject Position	**Illustrative discourses of this subject position**
"The Human to Human Practitioner"	• Empathically responding to the individual experience • Letting the client lead • Acknowledging the enormity of loss • Working with spirituality • Providing a unique experience in therapy • Lost for words

- *4.3.1 Empathically responding to the individual experiences*

Participants who talked from this subject position mobilised accounts of their grief work from an opposed or resistant position to the socially regulating expert practices. They seemed to accomplish this by privileging an empathic attention to individual experiences, illustrated in the following extracts.

Extract 21
"I would also just be interested in what that loss is like for that individual person *(mm)* really cause there'd be some cultural norms for all of us […] yeah I'd be interested in what it's like for that person, I think that would be what I'd be most

interested in, for that individual what does it mean for them?" (Kate, 284-290)

In Extract 21 Kate registers but rejects the cultural norms of loss, positioning herself as focusing on individual meaning making and adopting a curious, open and a potentially a-theoretical approach. Here, it could be argued that by distancing from attention to the "cultural norms" relevant to "all of us" she is conceptualising grief as individual. However by locating the problem of grief within the individual, it could be suggested that she excludes her client from considering grief in the context of social and relational narratives (Neimeyer, 2001). This particularly illustrates what is both enabled and prohibited in the power games of particular truth claims, further illustrated in the following extracts.

Extract 22

"The client is the person who informs my practice mainly, because they're the only resource that I've got in the room, they're the only thing that I've got sitting in front of me. Um, and I try not to muddy that with anything theoretical." (Fiona, 174-178)

Extract 23

"I don't think there is any straight forward way of doing this, none at all, everyone is different, everyone will be entirely different with this, and that's, I can't, I find it very difficult to subscribe to any model in that way […] my experience tells me that it would be entirely wrong to, such an, a felt thing, you, you're there with each person, their sense of what's happened to them is much more important." (Clare, 79-86)

In Extract 22, Fiona liberates her practice from theoretical influences, indicating that the person in front of her is 'the only resource' in the room and therefore leads her work. However, this rejection of theory may be as reductive as being a theoretically focused practitioner. Fiona (Extract 22) and Clare (Extract 23) seem to position themselves as practitioners who are unable rather than unwilling to negotiate both the client's frame of reference and also be informed by therapeutic knowledges. Therefore this subject position, in prioritising and being guided by the individual client in an experiential way, appears to be ambivalent to psychological knowledges. In favouring 'doing nothing' (Lisa, Extract 23) and dismissing as 'entirely wrong' the possibility of subscribing to any theoretical model (Clare, Extract 24) they are discursively positioning themselves in direct opposition to expert knowledges.

Hence this subjectivity, while enabling empathic attunement to the individual client's accounts, also seems to distance practitioners from employing other expert knowledges to inform the work. Here these CoPs seem to exemplify splitting and exclusion to manage multiple knowledges. Such a position may be understood in Foucauldian terms as 'tactical reversal' resistance (Thompson, 2003) to top-down dominating expert power. Interestingly, by reacting and in a sense 'fighting back' against dominant expert knowledges this subject position seems to remain conflicted in the same trail of power as these knowledges. However, it is proposed that if these participants had mobilised Rogers' model (1961) to valorise their client-focused work theoretically (as they do in the next section), they may have found a legitimated, uncontested space in which to conduct their grief work, where empathically attuning to clients is part of the therapeutic process.

Extract 24

"Doing nothing that is active but trying very hard to, um, (.) be present for that experience with them *(mm).* It's quite, in a philosophical kind of way you can't, you can't rush it, you can't take the pain from somebody while they're grieving and so I think the work that I would do is to just be with them while they're going through that experience…" (Lisa, 95-100)

Here in Extract (24) Lisa works up a "philosophical kind of way" of practising, "doing nothing that is active" as a planned productive intervention in order to "be present." This account implicitly reflects Rogerian (1961) therapeutic guidelines, which she positions as her own way of working. This account also locates her as resistant to established therapeutic ways of working in her counter-cultural claims such as "can't rush it"; "you can't take the pain from somebody while they're grieving". Such distancing from established normative therapeutic goals as 'working through' and 'alleviating the pain' seems to locate this subject position as discursively opposed and resistant. Thus the client is placed in a more powerful, autonomous position where Lisa is not 'normalising' the pain or rushing the process. However, by glossing her account in this way, Lisa potentially absolves herself of any professional responsibility to ease the pain, which may be a therapeutic expectation of grief interventions.

- *4.3.2 Letting the client lead*

Closely allied to the previous discourse, 'letting the client lead' was also deployed to further valorise this " Human to Human" subjectivity. Here there was more evidence of participants acknowledging influences from humanistic therapeutic ways of working with clients, where they actually spoke about being client-led and 'person-centred' in their practice (Rogers, 1961). In relation to discursive power, this subject position, while locating participants within humanistic theoretical and therapeutic guidelines, could also be interpreted as enabling them to still resist being positioned as 'expert' and instead being present to clients' needs.

Extract 25

"the notion of thinking about something alongside one another […] as opposed to, um, them presenting a problem that we come along and try and solve for them" (Susan, 189-192)

Extract 26

"very sort of person centred in terms of offering that space for someone, respecting that someone has their own frame of reference and resources and you're going on a journey with them rather than them coming on a journey with you […] it's about being responsive to that individual and what they need and just getting back to basics really in terms of just offering that space" (Caroline, 265-269, 281-283)

Extract 27

"grief work is absolutely based in humanistic therapy […] being real, congruent, being aware of your feelings, being aware of your clients feelings […] and not be clever and tricky with techniques, […] very with them and very present." (Lisa, 138-145)

In Extract 25 Susan advocates a humanistic approach of 'thinking about things alongside one another' rejecting the pressure to progress, or problem solve that was prioritised in "The Expert Practitioner" (section 4.2.2). Here, agency as power seems to be shifted more to the client in working "alongside one another". However it must be acknowledged that the power to decide appeared to remain with the practitioner. Therefore, Susan could be abrogating full responsibility for the therapeutic encounter also mobilised by Caroline (Extract 26) where she names her practice as "person centred" in terms of "just offering that space". Yet Caroline acknowledges more overtly the conscious shift in power relational dynamics between her and her clients by means of a metaphor: "you're going on a journey with them rather than them coming on a journey with you".

Caroline (Extract 26) and Lisa (Extract 27) also advocate a human encounter of being 'present' (Rogers, 1961) and not being 'clever or tricky with techniques.' In this position the clients again are seen as active agents in their own change, and the participants could be seen to inhabit a facilitative position of 'offering space.' Rather than focusing on progress, this position focuses on the immediate therapeutic exchange. Whilst this way of working is situated in humanistic therapy, it is of note

that Caroline and Lisa refer to 'not being clever or tricky with techniques' and 'getting back to basics' perhaps indicating that they do not assign any therapeutic skill to this way of working.

Extract 28

"you have to be very respectful of what the client brings and where they want to go, […] which doesn't mean I wouldn't gently try and open those areas up but I can certainly think of a few clients where we stayed I guess in some ways fairly person centred." (Juliette, 293 – 297)

Juliette, in Extract 28 cites the person-centred, client-led nature of her practice, where she respects the client and 'where they want to go,' though within this extract she slips back into an expert discourse of 'gently opening those areas up' implying she will lead the client at times. Such accounts illustrate the complexities of nuanced meanings operating in talking about the practice of grief work and how participants could move between subject positions in a fluid way (Foucault, 1980; Henriques et al. 1998).

Other accounts of "letting the client lead" within the subject position of "Human to Human" also illustrate varied power games operating in the truth claims made.

Extract 29

"I used to work as a bereavement counsellor for actually, throughout all my training, um and some of them I'd just sit and listen, in fact I felt, I guess a part of that was I was a trainee (mm) and I felt quite lost in the face of it, and wasn't sure how useful I was being if I'm honest…" (Elaine, 139-143)

Extract 30

"And with her, I absolutely did nothing. I just sat there and let her tell me what she wanted to tell me, I don't think I could have been more person-centred, if there is such a thing, if that's what I was doing. I needed to do nothing but just hear her." (Clare, 208-212)

For example, in Extract 29, Elaine positions herself as a trainee CoP who would 'just sit and listen' enfeebling herself as 'lost' and unsure of her usefulness as a practitioner. Her account also contrasts to the potentially more productive attitude towards a person-centred approach illustrated by other participants speaking in this position who describe themselves as, 'responsive' and 'offering space' (Caroline, Extract 26); 'very with them and very present' (Lisa, Extract 27) and 'I needed to do nothing' (Clare, Extract 30). Such accounts potentially indicate that in 'letting the client lead' it is still possible to facilitate a constructive and valuable therapeutic interaction. When 'doing nothing' is valorised by theory, this human to human encounter becomes a potentially skilled therapeutic approach.

However, it is argued that this discursive position seems to absolve the CoP participants of any expert knowledge specific to grief work, where their accounts are glossed as being resistant to any model of grief as a process and instead they provide a space for the client to affect change themselves. In addition, there is a perceived focus on the individual experience here, where social processes and influences seem to be ignored, and the client is possibly viewed in isolation, distinct from their own, and the CoPs' normative grief understandings.

- *4.3.3 Acknowledging the enormity of loss*

Extract 31

"it's not safe, it's messy *(laughs)* and chaotic at times, you know you, it feels like someone's adjusting and then you'll be right back, you know back in it again […] I think it's really hard work […] *(Interviewer: And I suppose sometimes it's easier to find some order in that?)* Yeah. Impose some order […] which I don't think is ok" (Vicky, 500-503, 509-510, 518-519)

Extract 32

"I suppose what I understand about grieving is that is has to be done at some point […] if you put it in the cupboard, you pack it away, in the end it leaks out, and it will come about in different ways." (Juliette, 128-130)

Extract 33

"grief just seems to be one of the things that almost has a life of it's own [...] it kind of stock piles, and it does, it has a life of it's own that just follows you through your life and gets bigger and changes shape […] it's always there, it's always present and, and I think in a dangerous way getting bigger and bigger and bigger." (Clare, 6-20)

Grief is constructed as enormous and overwhelming at times by CoP participants drawing on this discourse. For example, Vicky in Extract 31 highlights that a therapist's own need for order should not impact the counselling experience. Furthermore, there is an assertion in this position that if grief is uncontained, or is not dealt with it will 'leak out' (Juliette, Extract 32) or 'get bigger and change shape' (Clare, Extract 33), a metaphorical image, implying that unacknowledged grief is toxic and contaminating, or able to metastasise unless dealt with appropriately. Such descriptions inevitably parallel the grief experience with fearful malignant illnesses. Such accounts imply that grief may be dangerous and will sneak up on you if you don't address it.

However neither Clare, Vicky nor Juliette attempt to reconcile or interrogate the 'messy' or 'dangerous' potential they imply in a grief experience, so their accounts are positioned as descriptive statements of grief rather than an expert framework of understanding. Thus they appear resigned to the confusing overwhelming nature of grief as an uncontainable experience.

Extract 34

"there's a lot of grief there […] it feels quite overwhelming actually […] for both of us, well certainly for me in the room, […] we're just trying to sit with it for a little bit but it's quite daunting." (Elaine, 101-104)

Finally in Extract 34, Elaine names the enormity of grief in the counselling room, not just for the client, but also for her. Returning to the enormity of loss and expressing the difficulty in sitting with it, even for a 'little bit' she could be seen as burdened by this therapeutic work.

Here grief is glossed as an uncontainable and overwhelming experience, where they are deskilled practitioners, unable to contextualise their talk within a theoretical framework nor reflect on the implications for practice of their messy and overwhelmed response. These participants position themselves outside the extensive literatures on the describable, categorisable and explainable nature of grief, and appear to refuse to utilise any expert knowledges or therapeutic skills.

- *4.3.4 Working with Spirituality*

Participants who deployed this 'human to human' subject position that seemed to resist being resourced by expert psychology approaches to grief work nevertheless provided accounts of welcoming spiritual issues into their work and spoke of the importance of their own spirituality on their work. It could be argued that they have become subject to an alternative epistemology, different and often positioned in opposition to the rational, empirically derived knowledges of grief.

Extract 35

"I have a set of you know, faith beliefs and they very much underpin my work. Um, people don't like talking about their faith beliefs in an era when we're very secular […] that will certainly have an impact on […] my robustness in the job […] I don't speak about it when I'm doing the work. But I think, I think in the hopefulness, the connectivity you have in your grief work with others, people pick that hope, […] I think that's very helpful." (Lisa, 277-292)

Lisa (Extract 35) references secular society where 'people don't like talking about their faith beliefs and implies her own spirituality is silenced in therapeutic encounters, yet she mentions they 'underpin' her work. However, her reluctance to talk about spirituality could be seen as a socially regulated position where she is silenced by the secular dominance of scientific, rational practice and therefore speaks tentatively, unsure of how to reconcile her personal faith within secular society. Here she could also be perceived to reject theoretical, expert knowledges as the foundation of her practice, citing her spirituality as having an impact on her 'robustness' as a practitioner. Equally she alludes to the 'connectivity' in her client work, achieved through her spiritual hopefulness, which could distance her from engaging with other non-metaphysical theories, thereby imposing a reductive lense on her capacity to build a therapeutic alliance through interpersonal skills (Horvath & Luborsky, 1993), the mode of therapy (ibid) or her training/therapeutic skills (Horvath, 2001).

Extract 36

"I've actually been thinking about this loads recently, of just how shy we are about talking about spiritually, certainly with a CBT space, and yet it's really important to people, or it can be really, really important to people and I think the loss of it can actually be really significant to peoples' lives. They may not think they need it but possibly they need it more than they realise, maybe more than we all realise or not […] I spent a lot of time working to the place where that's ok, we don't know and being alright with that and really trusting that it's not going to be too bad, for no good reason, just inbuilt optimism […] I guess because its something that evokes a lot of fear in all of us" (Elaine, 278-293)

Elaine (Extract 35) further illustrates her spiritual openness by addressing the ability to sit with uncertainty and the fear this may create, opening herself up as a practitioner to existential issues, as she also does in Extract 34, section 4.3.3. While she alludes to applying a reflexive gaze on her role in the work, she equally could be seen to impose her spiritual beliefs on her clients, suggesting it can be 'really significant,' and 'possibly they need it more than they realise.' By talking about trust, fear and uncertainty she potentially locates herself in a position of existential uncertainty, which may be unhelpful for clients who are seeking concrete support and guidance within the socially constructed paradigm of bereavement counselling (Small & Hockey, 2001) and the socially created assumptions about what it entails. Furthermore, Elaine creates a binary division between spiritual exploration and CBT practices where she appears unable to reconcile the behaviourist model with existential examination, possibly highlighting the limitations of certain therapeutic

paradigms and her inability to locate herself within two positions she perceives to be conflicted.

Extract 37

"it's just this sort of lean to optimism that I have (mm) that I wouldn't want to cancel out anything out, you know, it's a possibility that (mm), that you know, I don't know, and all that changes as well doesn't it, but I'll have this optimism, optimistic lean towards faith in something greater than me being at work that, that must make itself present (pause), even in a vague way (mm)." (Clare, 492-498)

Finally Clare in Extract 37 uses the spiritual dimension to almost enfeeble her position as a practitioner, assuming 'there is something greater than me being at work that must make itself present' potentially relinquishing her responsibility in the therapeutic exchange. In a similar way to Lisa, (Extract 35), she implies that a way of connecting with a client is through her spiritual optimism, something she suggests is transferred in the therapeutic exchange though she offers no certainty of how this occurs. Here, power seems to shift and be easily handed over to 'something greater' (Clare, Extract 37), deflecting the focus from the therapeutic exchange.

Lisa (Extract 35), Elaine (Extract 36) and Clare (Extract 37) suggest that their spiritual 'optimism' and 'hopefulness' contribute positively to the work. This position concurs with Taylor's study (2005), which indicated that clients welcomed a spiritual openness in therapy. It is argued that their 'hope' of emotional improvement resourced by a spiritual confidence, arguably referencing the pre-enlightenment

position where religion offered containment, continuity and hope to the bereaved is positioned in contrast to the secularised practices of contemporary society.

It is suggested that these CoP practitioners may be rejecting of/resistant to the dominant scientific and rational paradigm informing contemporary grief work, instead positioning themselves in a space of spiritual uncertainty where they are willing to consider human experience outside of expert therapeutic categorisations and classifications. However, it is also suggested that such a positioning potentially inhibits their professional capabilities as they allude to their spiritual presence and power in therapeutic exchanges, leaving little room for concrete, theoretically proven influences on building a therapeutic alliance.

- *4.3.5 Providing a unique therapeutic experience*

Within this discursive position there was an assertion from participants that they were offering something different or unique from the social norm via their therapeutic work. It was implied that the social regulation of grief was stifling clients' experience of bereavement and that the counselling they engaged in was providing an opportunity for clients to express themselves fully in a way society does not allow. Here CoP participants seemed to be resistant in distancing themselves from the social and professional norms they actually deploy in the previous subject position (see chapter conclusion).

Extract 38

"a lot of people I work with learn to have a mask after a certain amount of time they're not, they're not over it *(mm)* or whatever words they use but they feel they have to be for people outside. (Vicky, 43-46)

Extract 39

"it's really difficult with our work because often people are coming to you to, to engage in some autonomy that their normal life doesn't enable *(mm)* or, or create opportunity for." (Clare, 826-829)

Participants who spoke within this discourse mobilised an account of their therapeutic work where they were able to construct their role as a CoP as one who can offer a distinctive space for clients. There seemed to be an inherent power game at play here, where CoPs' constructed their work as something unique and perhaps in isolation from social norms, when the skills the participants previously employed and the theories they drew on in the previous subject position indicated that they are subject to social restrictions and impose normative ideas of grief onto clients.

Vicky (Extract 38) refers to clients being 'over it' for 'people outside,' separating herself from the perceived social regulation of grief and encouragement to move on from grief which clients may experience externally with those around them. She describes a 'mask' that clients' wear, suggestive of the individualist, private grief that is socially policed (Walter, 1999). Clare also highlights the desire for 'autonomy,' (Extract 39) which she feels clients can engage in through therapy, drawing on the

post-structualist counselling position where the client is seeking an opportunity for emotional autonomy (Osborne, 1997).

Extract 40

"but above all I guess it's just about providing that arena to just express and not, I guess not be judged *(mm)* for having those very difficult feelings including those feelings of relief and resentment *(mm)* that come with those feelings that might be more mainstream" (Caroline, 248-253)

Extract 41

"Though I think there's a lot of attachment to the process of feeling unique I think sometimes, like with lots of feelings *(um hm)* but especially being sensitive around that, because when someone has lost someone, you know, I think they are entitled to feel that my experience is unique, that this is a loss *(umhm)* that maybe someone else in the family doesn't get, or someone else might not get." (Kate, 41-47)

In Extract 40 Caroline also describes a unique space or 'arena' to express feelings, however she inadvertently slips back into a discourse of 'normal' by describing 'mainstream' feelings of grief potentially making assumptions and defining an individual's experience, repositioning herself in the normalising discourse she inhabited in Extract 19. Furthermore, Kate (Extract 41) identifies the unique way a bereaved person may feel and the sensitivity in approaching this. She places herself in a distinctive position, removed from those people who 'might not get' their experience, positioning grief therapy as distinct work (Foucault, 1977).

From these accounts it could be argued that participant CoPs who position themselves in this subjectivity may be seen as trying to remove their practice from a social context, creating a perception that bereavement counselling is an experience isolated from social influence. Here they imply that they as practitioners are exempt from the regulatory social norms clients experience outside the counselling relationship. It could be suggested that here CoPs were struggling to position their practice distinctly, distancing themselves and their practice from an expert practitioner position (Rizq, 2007). However, it was argued in Chapter Two that grief counselling is itself a socially and institutionally constructed discursive practice. Furthermore, this position could be considered naïve, in relation to the literature that highlights that the practice of bereavement counselling is a discourse in itself (Small & Hockey, 2001) and as such, cannot exist as a separate, unique entity but is part of a capillary of power (Foucault, 1980), subject to social regulation and self monitoring (Lupton, 1998).

- *4.3.6 Lost for words*

Finally in the subjectivity of the "Human to Human Practitioner" CoP participants vocalised their inherent confusion over meaning and understanding. They appear silenced at times, starkly contrasting the certainty with which some of them inhabited the subject position of "The Expert Practitioner." This position also indicates that there is a space in grief work where language cannot reach and the experience seems beyond words.

Extract 42

"I'm trying to fish around, I'm trying to fish around and find out you know, what do I mean by this? What I am I thinking about this?" (Vicky, 487-489)

Extract 43

"I can't think of anything, that's the trouble […] Considering it's what I do all day I probably should have more to say but I can't think of anything." (Vicky, 548-551)

In Extract 42 and Extract 43 Vicky (in the context of being asked whether she could think of examples or had anything further to say in response to a question) searches for words to pin down what she means. Not being able to 'think of anything' is problematised in the wider context of this 'talking cure' (Freud, 1937). This acknowledgement indicates that Vicky may view herself as an expert, who 'should have more to say,' yet at this point she inhabits a confused and deskilled position as an inarticulate practitioner. There is a sense of discomfort rather than acceptance of this.

Extract 44

"Because loss gosh, um grief is the process of coping with loss um in my mind. Loss is something different you, (.) no loss is *(laughs)*, I'm getting caught up in the words here but no, loss is (.) is what happens, grief is how you manage it *(mm).* If that makes sense? (…) that sounds like a big muddle as I'm saying it, but it doesn't feel like it when I'm with the client" (Anna, 23-27, 142-143)

Extract 45

"I don't think that was at all coherent" (Clare, 139)

Similarly Clare (Extract 45) addresses her incoherence, stating it factually rather than offering a reflection on her position and Anna (Extract 44) also offers an incoherent, confused narrative of grief understanding. However, she delineates her account in the interview from her therapeutic interactions 'with the client' perhaps indicating that she is able to be more of an articulate expert when she is positioned in a therapeutic situation than in the context of an interview. Indeed, here she is possibly highlighting a potential power differentiation in her position as an enfeebled interviewee and her position as an authoritative CoP where she is more able to exercise her expert knowledges.

Anna's "big muddle" (Extract 44) and Clare's lack of coherence (Extract 45) further illustrates the struggle to express fluently what it means to grieve, indicating the paucity of language we have for this experience where the focus thus far has arguably been on identifying behaviour than addressing the psychological experience (Leader, 2008). As explored in Chapter Two, in previous historical eras grief rituals were more prevalent in facilitating the grieving process (Aries, 1981). From a discursive perspective these ritualised practices seemed to provide ways of expressing depths of feelings unavailable in everyday language, this is particularly exemplified by Leader's (2008) description of the role of professional mourners. However in contemporary mourning and support with grieving, maybe the language and ritual of therapy needs to be developed further.

Extract 46

"I really do feel I've gone right off everything you've asked me and gone somewhere else *(laughs)*." (Clare, 839-840)

Finally at the end of her interview Clare (Extract 46) acknowledges her inability to focus and dismisses her own agency in responding by suggesting she has not stuck to the interview questions in a compliant way. This discourse could be seen to positioned CoP participants as enfeebled, deskilled and uncertain.

Overall, this de-skilled 'lost for words' discourse in this 'human to human' subject position seems to indicate, as noted above, a modernist crisis where the privatisation of grief work positions both counsellors and grieving individuals in spaces that are no longer located within recognised social structures and normative supportive practices (Payne et al. 1999). This contemporary ever changing and fluctuating discursive site, including 'no language' is evident in these participants' talk, where nothing is stable or concrete or easily expressed as noted by Small, (2001).

4.4 The Subject Position of "The Reflexive Practitioner"

This subject position 'The Reflexive Practitioner,' seemed to enable those participants who talked from it to produce accounts of their grief work that recognised the complex, mutable power games resourcing their understandings that also located them in wider cultural and professional discourses. This gaze as a suspicious attitude to their own truth claims (Foucault, 1978b) enabled these

participants to question and critique their present subjectivities and demonstrate an awareness of inhabiting and evacuating diverse subject positions as strategic self-formation as a practitioner (Finlay & Gough, 2003).

Table 4: The Reflexive Practitioner

Subject Position	**Illustrative discourses of the subject position**
"The Reflexive Practitioner"	• Reflecting on the cultural context of grief work • Reflexivity in therapeutic practice • Refuting the expert

- *4.4.1 Reflecting on the cultural context of grief work*

Here participants as CoPs seemed to speak from a position of recognising the multiple cultural influences on their counselling practice.

Extract 47
"there's a huge anxiety about grief work, […] our own anxiety can often take over in the session and make us struggle more with sitting with something, […] whether it's a death anxiety that we have ourselves, or, ur, just the fact that society I suppose views death in such an uncomfortable way and we don't talk about it, and we don't know what to say, I think very often that can um, impact the way that we are in a counselling situation with (…) because of course everything impacts it, our culture, social influences, our family influences as well […] I think we have to be very careful of that." (Fiona, 184-201)

Fiona in Extract 47, when talking about the anxiety involved in grief work, distances herself from speaking personally by considering various possible reasons for "what makes *us* struggle with sitting with something". These range from individual "death anxiety" to society's view of death as "uncomfortable" that she infers silences any talk about it. Here Fiona seems to attempt to reconcile these possibilities by being 'careful' in the work, positioning herself as considered/mindful. She also seems to make an effort to reconcile the public social with the private psychological experience, resourcing her view with the contemporary attitude of a death denying culture, noted by Aries, (1981). Rather than offering solutions she is raising awareness of possible social regulatory influences on her practice and cautiously positioning herself in relation to these.

Extract 48

"this all becomes part of the bigger picture […] of coping with 'difficulty' that I find is just becoming […] a critical problem for our society, the inability to tolerate pain and discomfort, people can't sit with themselves any more […] everyone can see that we're going down the toilet in terms of […] just the ability to be, just, I think unfortunately grief being one of the much more difficult pains." (Clare, 110-128)

Extract 49

"I think maybe we just need to talk about it a bit more, I find that our culture, we can't even say "death" *(mm),* we can't say "they died" it's all passed, lost, moved on, we're so removed […] it's present for all of us and, I think we could pick up on a lot

more of just being able to um, welcome the inevitable *(mm)* really […] just recognising sadness, recognising the change, we don't recognise it in death […] so much need for stoicism in our society and stiff upper lip […]" (Clare, 88-106)

Extract 50

"But this, everything I'm saying all comes back to the thing that whoever's sat in front of you is going to be made up of this massive macro-culture experience *(mm)* as well as their own micro-cultural experience *(mm)* and, *(exhales)* (.) I, I would not like to go in with any assumptions and if I found myself having any throughout the work I would question them, quite rigidly *(mm)* about where are they coming from, and whose are they." (Clare, 632-640)

Clare also talks with this reflective perspective of being able to see "the bigger picture" (Extract 48). She identifies part of the problem of grief work being associated with the wider social problem of "coping with difficulty" and an "inability to tolerate pain…discomfort;" "can't even say 'death'." By adopting this critical stance in these extracts, Clare identifies wider social perspectives as possible influences such as the social avoidance of grief talk and the need for social recognition (Gorer, 1955) instead of 'stoicism' and 'a stiff upper lip' (Extract 49). Such critique positions her as removed from being fully subjugated by the difficulties and demands of grief work.

This subjectivity echoes Foucault's later work on individuals being able to extricate themselves from repressive power games and form themselves by their own means

(Foucault, 1988a). In addition her talk could also be located in Foucault's suggestion of 'verbal prohibition' as a feature of western culture (Foucault, 1988), where she says 'we need to talk about it a bit more' (Extract 49).

Clare's reference to the "macro and micro" social/cultural context in Extract 50 acknowledges the complexities of facing "whoever's sat in front of you". This cultural awareness is further informed by her approach of policing and "question[ing] any assumptions" she might have that could influence how she works. Here again, Clare illustrate a questioning, self-policing, even suspicious stance to her grief work that also tries to keep in mind the wider cultural influences.

These extracts indicate these participants' awareness of their contextual yet changeable positions as a practitioner, that exemplify the pluralistic, relational practitioner advocated for Counselling Psychology in current therapeutic literature (Cooper & McLeod, 2011).

4.4.2 Reflexivity in therapeutic practice

Some of the participants who deployed this discursive position also illustrated a critical perspective on their own practice, particularly identifying professional and cultural conflicts they saw in their work.

Extract 51
"in the past perhaps when I have used various tools they've been more about me

feeling less anxious by finding a way of engaging them differently, um, and I've sort of stopped doing that now" (Fiona, 58-61)

Extract 52

"we're in this conflict between seeing people as individuals and valuing their experiences as individual experiences, whilst being encouraged as a profession I suppose to categorise and label and cure (…) if we can say that someone is at a particular stage in their grief, if we can say that someone is grieving normally as opposed to abnormally what does that actually mean? And is that helpful?" (Fiona, 350-356)

Here, participants reflected on their role in the therapeutic encounter, and their positioning as a practitioner. Fiona offers a critique of her practice in Extract 51, 'perhaps when I have used various tools in the past they have been more about me feeling less anxious (…) and I've sort of stopped doing that now.' In this extract she considers her therapeutic techniques and what purpose they served, recognising her anxiety as a potential reason for employing expert techniques. She also demonstrates an ability to be different and think differently (Foucault, 1985) in therapeutic practice. In Extract 52 she critiques the psychology profession generally, recognising and also resisting the complexities of practising with multiple, conflicting influences, finally questioning 'what does that mean?' Rather than making expert truth claims, Fiona is able to question the knowledges she is subject to, navigating across the expert / humanistic positions and acknowledging the limits of discursive resources available (Foucault 1978b). In critiquing these medical and traditional

psychological perspectives, Fiona demonstrates openness to different ways of conceptualising grief.

Extract 53

"you get all the literature that just suggests that people become therapised subjects and they becomes what you want them to be when they sit in front of you […]I am someone with a way of being in the world and that will just ooze from me no matter what […] And often I pull back from my own encounters […] and think oh god, there was a little bit too much of what you are […] that's the great stuff about our reflective practice is that I can go back and be different next time" (Clare, 530-545)

Clare also considers her role as a therapist and the potential for a client to become a 'therapised subject' in Extract 53. Here she acknowledges her power position and possible influence on clients: "they become what you want them to be when they sit in front of you". However to mitigate against this danger, Clare reports what she does "I pull back from my own encounter...and think…there was a little bit much" that she refers to as "reflective practice" also informed by "I can go back and be different next time". This construction of practice it is argued, may be understood as reflexive due to Clare's talk enabling her to critique some of her practices and to travel across diverse possibilities of being different, thereby opening up potential for flexible, alternative ways of working with clients.

- *4.4.3 Refuting the expert*

Within this subjectivity of 'The Reflexive Practitioner,' Susan seems to refute her 'expert' role, taking up an assured, yet humble position and offering a dynamic repositioning from the expert knowledges, deployed in "The Expert Practitioner."

Extract 54

*"*it feels quite uncomfortable when […] people will say 'we thought it was time to call in the experts' *(mm)* and I tend to just overtly actually say […] my feeling would be that you're the expert on your own experience […] my stance is around […] giving the family the power back *(mm)* really and saying 'actually this is, you know, let's think about this together' as opposed to 'you tell me what's wrong and I'll tell you um, how to make it right" (Susan, 167-183)

In order to critically evaluate her position within a therapeutic exchange Susan seems to refute her 'expert' role, while she recognises an inherent pressure to take up this position, "it feels quite uncomfortable when people will say 'we thought it was time to call in the experts.' She seems to be able to reflect on the implications for practice and focus on a co-created, collaborative exchange, 'let's think about this together,' evacuating her role as an expert problem solver. Here, Susan's willingness to relinquish the power of the expert and acknowledge the clients' power "you're the expert on your own experience" seems to acknowledge the possibility of power as dynamic and to be exercised rather than located in the expert. This also suggests that as a practitioner, Susan is not positioned in a one dimensional way but co-constructs positions of client and therapist accountability where she has the potential to inhabit various subjectivities.

Rather than being subject to the social pressure (and pressure from clients) to helpfully fix clients' problems related to grief, Susan instead positions herself as a co-facilitator in their experience "let's think about this together" (Walter, 2000) where clients are able to re-claim their experiences (Frank, 1995). It could be argued that she asserts a position as a self-crafted (Foucault, 1988), relational practitioner (Mearns & Cooper, 2005). A final distinct quality of her position is her confidently modest resistance to being placed in an expert position by clients when they 'call in the experts,' overtly refuting the label meaning she is able to position herself outside the expert discourses of therapeutic knowledges, but also the socially constructed discourse of the psychological expert in society. As a CoP this has potential significance due to the inherent power dynamics (Pope & Vasquez, 2007) of the profession, as well as its conceivably expert position within a 'science practitioner' (Woolfe et al. 2010) framework, the implications of which are arguably important to consider.

4.5 Chapter Summary

This analysis identified three discursive subject positions that were indicative of the distinct power relations enabling and constraining various truth claims in these participants' talk about grief work. Each subject position illustrated how the various psychological and therapeutic knowledges, and practices related to working with bereaved clients were deployed by these participants as CoPs. It is proposed from these findings that such multiple discursive power-laden ways of talking about grief illustrate this therapeutic work to be heterogeneous for these CoPs.

In summarising the nuances of these findings I aim to firstly specify some of the distinctive features of these subject positions in relation to their relevance for understanding grief work for CoPs. Secondly I want to highlight an interesting finding in relation to how participants deployed these subject positions interchangeably, particularly the 'expert' and 'human to human' practitioner positions. Finally, I will reiterate the overall contribution of this analysis that is of possible relevance for CoPs and other therapeutic practitioners involved in grief work.

4.5.1: The heterogenous power-laden production of grief work

It is suggested that talking from the 'Expert Practitioner' position, participants' accounts were discursively dominated by popular cultural and expert discourses related to grieving. For example, joining the truth claims that produce grief work individual and private, requiring a progression through loss, through stages to a timely resolution and restoration to full engagement in present life. Such a stance was resourced by expert knowledges that were seen to privilege scientific, psychological paradigms over ambiguously defined spiritual considerations.

By contrast the subject position of the "Human to Human" practitioner positioned these CoPs in another different inflexible position of providing intuitive, client focused work that could be understood as resisting the socially regulated expert practices. Instead this position prioritised the immediate experiences of individuals. Rather than negotiate their inherently powerful position as a practitioner, it was argued that they seemed to de-skill themselves by offering therapeutic work with

little focus or agenda. Thus this resistant subject position located those who mobilised it in practices sometimes informed by person-centred values (Rogers, 1957) but they were also understood as sometimes abrogating therapeutic responsibility, direction and agency.

While the position of 'The Reflexive Practitioner' may not be emphasised within the traditional context of grief where models and theories are favoured (Neimeyer, 2001), this position is seen to be resourced by the literature of critical thinking, reflective and reflexive practice (Findley & Gough, 2003) and trans-theoretical models (including integrative therapy (Lapworth & Sills, 2010), pluralism (Cooper & McLeod, 2010) and relational practice (Mearns & Cooper, 2005)), applicable to all therapeutic work, but pertinent to the trainings of CoPs.

From these participants' accounts, it is argued that this reflexive position is of relevance to grief work generally, considering the vast cultural, social and theoretical influences on bereavement counselling practice. Participants were aware of the limitations of knowledges available and thus interrogated their practice in relation to their previous truth claims, adopting a critical attitude (Foucault, 1978b). By recognising the limitations of available knowledges, they made available a relevant, considered reflexive position where they were able to reflect on the "bigger picture" of wider influences, sit with uncertainty, make attempts to change their practice accordingly and constantly interrogate their therapeutic role.

4.5.2: Dynamic interplay between two subject positions

A significant finding identified the dynamic interplay between "The Expert Practitioner" and "The Human to Human Practitioner" subject positions in the ways in which these participants talked about their grief work. This was not of focus in the analysis presented above that aimed to highlight the distinctive power relations in each subject position. However, the dynamic interplay between these positions is briefly addressed and illustrated here. For example, both Juliette (Extract 28) and Lisa (Extract 6) move between discourses within Extracts:

Subject Position of "The Human to Human Practitioner"

Letting the client lead

"you have to be very respectful of what the client brings and where they want to go, […] which doesn't mean I wouldn't gently try and open those areas up but I can certainly think of a few clients where we stayed I guess in some ways fairly person centred." (Extract 28, Juliette, 293 – 297)

Subject Position of "The Human to Human Practitioner"

Letting the client lead

"(You're) not going to direct them on how they should feel *(mm)* and what they should do but you guide them to where they need to be with it I think" (Extract 6, Lisa, 436-438)

Here it is argued that the multiple, moving and momentary (Henriques et al. 1998) inhabiting and evacuating of a subject position can be observed (underlined) whereby Juliette and Lisa positioned and repositioned themselves within a single extract drawing on both the subjectivity of 'letting the client lead' (The "Human to Human" Practitioner) potentially offering binary accounts of their practice.

Caroline provides another example of this. She also inhabited and evacuated different subject positions in an arguably binary way at various stages of her interview. Two extracts have been selected to illustrate her movement. Firstly in Extract 19 she emphasises the practical and emotional support she offers, as well as the advice, guidance and normalising of the experience, arguably using her 'expert educator' position to draw on knowledges of 'normal' grief expression (Worden, 1991).

Subject Position of "The Expert Practitioner"

Drawing on social and professional norms to psycho-educated the client

"so it's I guess kind of offering as much as you can in terms of the practical and emotional support I think it varies from family to family. Some families want advice and guidance, sort of**,** I guess psycho-education really as well […] a lot of it is actually about normalising, normalising how kids are doing, *(mm)* normalising their behaviour and their *(mm),* normalising their feelings." (Extract 19, Caroline, 134-142)

Later in the interview Caroline locates herself as non-judgemental and 'providing an arena,' distancing her practice from social norms and focusing on the individual experience and expression of emotion.

Subject Position of: "The Human to Human Practitioner"

Letting the client lead

"but above all I guess it's just about providing that arena to just express and not, I guess not be judged *(mm)* for having those very difficult feelings including those feelings of relief and resentment *(mm)* that come with those feelings that might be more mainstream" (Extract 40, Caroline, 248-253)

Yet again, 'mainstream' feelings associated with grief are referred to, inferring Caroline's adherence to normative behaviour and creating a binary between mainstream and non-mainstream emotions. Here the diversity as well as confusion of grief understandings can be seen, where both conceptualising a client's experience and deploying knowledges and skills in a therapeutic exchange could be considered problematic.

This dynamic interplay has been illustrated as producing conflicting accounts of knowledge and therapeutic practice, which is arguably of analytic relevance, to draw CoP practitioners' awareness to the complexity, heterogeneity and power laden nature of grief knowledges and therapeutic practices.

4.5.3 Overall contribution of this analysis

Overall the findings of this analysis have presented and argued that there are heterogeneous and diverse discursive power relations in these participant CoPs' understandings of grief and how it is worked with in therapeutic practice. These were mainly understood as demonstrating various benefits and constraints from each of the subject positions illustrated for these participants that may have a contribution more generally for understanding grief work in counselling psychology. Further reflections on the analytic contribution are suggested in Chapter Five, the discussion.

CHAPTER FIVE

Discussion: Untangling the Web

"…this 'already said' is not merely a phrase that has already been spoken, or a text that has already been written, but a 'never-said', an incorporeal discourse, a voice as silent as a breath, a writing that is merely the hollow of its own mark. It is supposed therefore that everything that is formulated in discourse was already articulated in that semi-silence that precedes it, which continues to run obstinately beneath it, but which it covers and silences." (Foucault, 1972: 27-28)

5.1 Introduction to Chapter Five

This final chapter discusses the findings produced in answer to the research question, *"What are the discursive power relations in CoP accounts of therapeutic grief work?"*

By applying a Foucauldian discourse analysis to ten participant CoPs' accounts of their work with grieving clients, I presented a main finding that highlighted the heterogeneity of both the discursive resources that informed their understandings of grief and the power games operative in their truth claims about their therapeutic practice. This was achieved by illustrating three distinct discursive subject positions from which these participants talked. These highlighted the diverse and often contrary power games within which CoPs' understandings and accounts of practice are implicated.

This heterogeneity I argued is also problematic for Counselling Psychologists due to their being required to negotiate multiple expert therapeutic knowledges to work with this client group from either an integrative or pluralistic stance. Furthermore, due to grief (in relation to mourning a significant other) being a universal human experience, diverse historical and cultural knowledges were also involved in the multiple and often contradictory discursive power games illustrated. This, it was argued, unmasks some of the historical resonances in contemporary uses of these vernacular as well as expert knowledges.

It is again acknowledged that due to this research being informed by a post-structuralist epistemology, no actual claims can be made of material or causal influences on grief work as a result of an awareness of the diverse power relations in subject positions deployed by these participants. Instead, the main contribution of this study is to stay within the confines of discursive commentary and allow readers' awareness to be raised of the power games operating in their truth claims about grief and loss, by the rhetorical power of argument and illustrative participant quotes (O'Callaghan, 2010).

In this concluding chapter I firstly evaluate the contributions of these research findings for counselling psychology. Secondly, I evaluate this study in terms of its methodological limitations, particularly in relation to uses of Foucault, and finally I return to my researcher's reflexivity and make some suggestions for future research.

5.2 The research findings and their possible contribution to counselling psychology

As introduced above, this thesis offers CoPs a reflexive (Finlay & Gough, 2003), meta-gaze by which to interrogate their professional knowledges and truth claims about grief. Additionally it identifies the discursive power games operating in their varied accounts, and thus informs CoPs about their positioning within these power games (Foucault, 1982), so that they can take up a more critical perspective when reflecting on their clinical work, and consider their positioning where appropriate.

The three subject positions illustrated in this thesis highlight the movement between the different spaces the participants inhabited as they explored their understanding of grief as a discursive object, entering and exiting these subject positions of 'The Expert Practitioner,' 'The Human to Human Practitioner' and 'The Reflexive Practitioner.' As acknowledged, these positions for subjectivity could be deployed in many professional contexts, considering topics other than grief. In other words, they could be considered generally as ways of professionally positioning oneself in varied accounts of practice. By identifying these subjectivities the analysis invites readers to become aware of what is enabled or constrained by such truth claims. Here, this analysis provided a lens through which the talk of CoPs' can be investigated and interrogated.

Such a critique (Foucault 1978b) encourages a dynamic and considered questioning and critical attitude where creative thinking is enabled and flexible practice is promoted, raising awareness of what talk does in relation to the power games at

play. Given this flexibility, the subject positions identified are not rigid or fixed; rather they are diverse, changeable and fluid and as such, the participants are located variously within them (Baxter, 2002). In Foucault's later writing (see Foucault, 1982, 1988) his interest in the subject itself increased as a mutable entity, endlessly repositioning itself through the language as discourse it employs.

The data collected relates to Foucault's idea of the shifting subject. The comparable and contradictory accounts of 'The Expert Practitioner' and 'The Human to human Practitioner' illustrates how most of the participants moved between these two competing discourses making their accounts appear conflicting and at times confused as they re-positioned themselves within each subjectivity. Each participant inhabited at least two of the three subject positions during the course of the interviews, with Fiona, Clare and Susan moving between all three (see Chapter Four).

Considering the first two subject positions in particular, 'The Expert Practitioner' and 'The Human to Human Practitioner,' the movement of participants between these two positions is something to reflect upon. Participants were adopting both specific psychological knowledges and skills (in 'The Expert Practitioner') or engaging with the grief experience on a human, personal level (in 'The Human to Human Practitioner') and moved between these positions at times, seemingly unaware of the contradictory accounts they created. It could be argued that this indicated an attempt at times to sustain their professional expert position of a CoP and insulate themselves against the confusing, overwhelming subject matter, whilst at other times engaging with the enormity of grief and positioning themselves as deskilled

practitioners who denied and resisted the influence of knowledge and social regulation on their practice.

However, it is possible that this dilemma is also indicative of counselling psychology as a profession, which holds many diverse ways of understanding and engaging in therapeutic interactions and negotiates various professional voices and discourses. It could be argued that the CoP participants were adopting a flexible way of working, adjusting their practice to meet the needs of each client. For example Clare, in Extract 9 suggests that she 'presents to the client that where they are and what they're doing is you know, is keeping them where they are' whereas in Extract 30, in reference to a particular client she 'needed to do nothing but just hear her.'

As addressed in Chapter One (section 1.3) the CoP legacy of integrative or pluralistic practice requires the integration of scientific, medical and psychological based theory, combined with existential and humanistic therapeutic understandings (Woofle et al. 2011) which, it is argued by Leader (2008), places the profession theoretically between the medical motivation to 'cure' and the therapeutic drive to 'heal.' The example above may indicate that participants were adapting their therapeutic interactions according to perceived need, however there was no evidence of critical reflection, theoretical explanation or reasoning in what skills they employed, perhaps suggesting that the theoretical conflict was not apparent to them.

Conceptually it may not be problematic to simultaneously hold these knowledges and navigate between them. However, it has been noted that negotiating a range of therapeutic knowledges is an intrinsic, and potentially beneficial and unique aspect of CoP training (Patterson, 2000). Therefore it is important to consider reflexively what adopting such ideologies and talking within a certain discourse does in relation to possible power games, i.e. what is enabled by being worked up as true/permitted, and what is excluded, negated or silenced. It is suggested that at times the CoP participants demonstrated an inability to step back and review their positioning and their understanding. This resulted in their talk appearing authoritatively reductive; furthermore their movement between positions at times seemed awkward and incongruent rather than skillfully negotiated. Foucault (1961) described this as being 'talked by' the discourses deployed, suggesting that while people often know what they do and why they do it, they are unaware of what their talk does, or the power games they become implicated in leading to rigid adherence to socially normative positions, rather than the assumption of a meta-gaze.

Reflecting on the genealogical history of grief and mourning rituals, attention is drawn to Leader (2008), who highlighted the historic role of professional mourners as those who facilitated grief in others. By attending public rituals such as funerals and burials their role was to show the bereaved how to grieve through their public acknowledgement of grief and knowledge of appropriately timed mourning and expression, permitting private grief in others through their example. It is proposed that these professional mourners played a role similar to that of therapists in current

society, particularly those who inhabited 'The Expert Practitioner' and 'The Human to Human Practitioner' positions.

It is suggested that therapists may have become the modern-day professional mourners, facilitating emotion in others, sharing their knowledge of grief with the bereaved and containing the experience. However, such an analogy also indicates the continuing negotiation of society's relationship with death and mourning, navigating between the public world of social ritual and conformity, and the private world of emotional, individual grief. Thus, it is argued that the CoP practitioners are engaged in a continuous and socially bound process of alternating between these two conflicting positions, as they negotiate between potentially irreconcilable and historically located knowledges and practices implicated in public and private grief. In an attempt to situate themselves within the complex and confusing arena of professionalised grief work, they arguably turn to expert truth claims in order to valorise their institutionally powerful position.

Participants located in the subjectivity of 'The Reflexive Practitioner' employed knowledge in a resisting way, avoiding the temptation to position themselves within reductive yet prevailing norms. They were able to hold a mirror up to the self, vigilantly testing and verifying their own thoughts (Foucault, 1988) and resisting focusing on singular understandings or binary divisions but moving across positions through an interrogation of their practice, the social context and their expert position. This position was seen as distinctive from the previous two positions as knowledge was adopted in a critical and reflective way, transcending the potentially

more limiting ways of working seen in 'The Expert Practitioner' and 'The Human to Human Practitioner,' which were shown to be reductive when used in isolation, and conflicting and confused when utilised side by side. However, while the 'Reflexive Practitioner' attempted to acknowledge the influences on their practice and interrogate their role, they did not position themselves actively or suggest ways to effect change. Parker (1972) suggests that reflexivity in practice can seem 'anchorless' without theory, thus indicating the possible limitations of reflexivity as a discourse.

Overall it is argued that this thesis offers an insight into the problematic ways CoPs' use language as discourse concerning therapeutically working with grief, and it makes visible the power games that constitute a tangled web of heterogeneous grief meanings that are both knowingly and unknowingly deployed. From the analysis it is hoped that a questioning, critical position can be exercised for a greater awareness and sensitivity to the nuanced power games in professional therapeutic talk about grief work.

5.3 Evaluation of this study

This section offers a critique of the methodology, FDA and its potential limitations to addressing the research question. The methodology shapes the parameters of what is made visible in a study, and as such could be considered a limiting discourse in itself. Equally any other methodology chosen would have imposed its own constraints. Following the methodological critique, the relevance of this study and

the method of data collection will be considered, and finally the Researcher's reflexivity will be returned to.

5.3.1 A critique of Foucauldian Discourse Analysis

As Arribas-Ayllon & Walkerdine (2008) remark in their chapter on FDA, there may be no such thing as a Foucauldian Analysis, and Parker (2004) suggests that discourse analysis through crystalisation becomes a discipline in itself, perhaps subsumed by the dominant and hermogenised forms of discourse. As such discourse is not a 'thing' in itself, but rather a way of describing the relationship between things (Arribas-Ayllon & Walkerdine, 2008), which makes prescribing a method an implausible concept in some ways (see Chapter Three section 3.2 for further discussion on FDA as a methodology).

Equally FDA (perhaps appropriately) does not easily or specifically position itself within a fixed epistemological position and offers no foundational certainties for guaranteeing knowledge (ibid) resulting in studies using FDA potentially lacking foundation or clarity regarding the ambivalence between discourse, relativism and realism. However, this thesis focuses on the production of knowledge rather than knowledge itself and is acknowledged as not being objective (ibid) but exploratory and exposing of truth claims, rather than selective and concluding.

Considering that FDA could be critiqued for not have any specific theoretical guidelines (Wetherell, 1998), meaning there is no specific framework for carrying out an investigation; the study is dependent on the researcher's subjective

interpretations. However, setting out rigid guidelines for an FDA would make the post-structuralist stance questionable by suggesting 'truth.' Willig (2008) argues that it is the flexibility itself that offers room for the topic, its complexities and the analysis to emerge. With this in mind, using Willig's (2001) six-step guidance to support the analytic process felt appropriate but not restricting.

There is also the criticism that FDA is theoretically rich but data thin (Dickerson, 2012) and is perhaps ambitious in its attempt to not only critique specific interactions, but also the relationship between language, subjectivity and society at large (Willig, 2001). However, in this study a large quantity of data emerged from the analysis process, yet only a small sample of extracts were selected in order to best illustrate and substantiate an argument. It is feasible that selecting alternative extracts and presenting the data in a different way would have inevitably led to a different presentation and it is up to the reader to decide whether this particular presentation offers a sufficiently compelling argument and has rhetorical power (Willig, 2008). Equally the theoretical aspects of the research enable prevailing discourses to be fully located in a genealogical perspective, demonstrating that the extracts are a micro presentation of discourse at large and that discourse emerges from complex and conflicting historical developments (Malson, 1998) and social constructions of grief (Small, 2001).

Finally, with a topic as potentially emotive as grief, to assume that discourse is at the heart of the construction of the self may limit the possibility for personal identity to be constructed around emotional investment and attachment to certain positions or

ways of being (Willig, 2001). For example, taking up an expert, regulated position on grief could be a way of protecting oneself from the overwhelming nature of the topic, and enable the CoP, in their role as a practitioner, to work more comfortably within a highly emotional area. Therefore, rather than the position being about knowledge and power, the position is constructed as a personal investment or motivation (Hollway, 1989), which is not context dependent, but a purposeful preference (Willig, 2001) though it is recognised that such exploration was beyond the parameters of the analytic methodology.

5.3.2 The relevance of this study

Whilst there are arguably diverse theoretical, psychological and sociological writings and studies on grief, mourning and bereavement, there has not been a specific study interrogating the positioning of CoPs in relation to the diverse discourses. Through the interviews with participants it emerged that any learning about grief that had taken place on their courses was often specific to the 'Expert Practitioner' position, with many of them commenting on the usefulness of time to reflect and consider their understandings during the interview. Despite this, the literature review illustrated theoretically how multiple grief theories are, and highlighted the contradictory nature of certain studies, as well as the regularity with which practitioners may be confronted with bereavement-related referrals in their practice (Parkes. 1998).

Furthermore, there has been a recent critique of grief therapy circulating, indicating that it may be ineffective or even harmful (Jordan & Neimeyer, 2003; Neimeyer,

2000). This makes therapeutic grief intervention subject to criticism and scrutiny. It has been suggested that the practice of bereavement counselling is a self perpetuating discourse which has been socially created to ensure grief emotions are expressed appropriately and as such is required to continually prove its efficacy (Small & Hockey, 2001). At such a point it seems even more appropriate that practitioners take up a reflexive position on their grief work and its usefulness (Larson & Hoyt, 2007). This study aimed to demonstrate the problematic position grief work holds within the CoP profession and wider psychological therapies and the temptation for practitioners to take up a regulated and limiting position due to the socially influenced circulating paradigms of grief knowledge. As such, it is important to consider current understandings of grief and how CoPs position themselves professionally within this discourse, taking time to reflect on the implications for practice.

5.3.3 A critique of the method of data collection

Recruiting participants and generating data via opportunistic sampling has its limitations. The findings of this study are only representative of the ten CoPs (who self selected themselves) and their individual contributions. A different sample may have given different accounts. Any method of collecting data has its benefits and its limitations, however the confines of the sample in this case using a post-structuralist gaze, means that any talk has the potential to offer an analytic contribution. It is acknowledged that the analytic outcome will be different each time, as a co-created dialogue between the interviewer and the participant (Willig & Stainton-Rogers, 2008).

Participant demographics were introduced in Chapter Three (see section 3.3.2) and presented in a demographics table (see Appendix 6) but will be further commented on here. Due to the post-structuralist position of this research, the demographics of participants are not considered to be prescriptive and whilst they may shape what is discursively available to participants at a particular time, they remain social constructions, subject to movement and change. However, the demographics are discussed here by way of contextualising and framing the study.

A sample size of ten participants was recruited and it is of note that this sample was fairly homogenous: all women, all identifying as British, and all having had some experience of working with bereaved clients in various settings. Whilst it could be said that an all female sample size is limiting, such demographics are representative of the psychology profession at large (Willyard, 2011). However, in further studies it may be appropriate to reflect on gender and cultural differences in more detail by interviewing a more diverse sample, in particular considering the identified historic gender differences, explored in Chapter Two, of the expressions of grief and socially defined roles of men and women.

Participants ranged from having one to thirteen years of post-qualification practice as a CoP. It is of note that recency of qualification did not seem to have any bearing on their positioning, though Fiona, Clare and Susan who critiqued their practice, their social positioning and their role as the expert all qualified within the last five years. More research would need to be carried out in order to fully consider the

possible differences between newly qualified and more experienced CoPs in relation to their positioning on grief.

Six participants identified their practice as 'integrative' with one describing themselves as 'relational', one 'humanistic,' one 'integrative with a strong psychodynamic base' and one as 'CBT currently,' indicating this was due to the context of her current practice in an NHS setting. The integrative positioning of six participants appeared to strongly correlate with the first two subject positions, 'The Expert Practitioner' and 'The Human to Human Practitioner' possibly illustrating the previously mentioned negotiation of integrating models and theories in practice (see Chapter One, section 1.3). It may be appropriate to further consider the alignment of participants with particular ways of working and extend the study to focus on specific orientations in order to further explore these theoretical foundations in practice.

Participants had experience of grief work in a range of settings including the NHS, community settings, private practice, a children's bereavement charity and other charitable organisations. Some organisations had a clear framework for approaching therapeutic work and this was expressed at times during some interviews, with participants reflecting on the benefits and limitations of working in a particular model. It is of note that Elaine (Participant 10) did not feel that she encountered many clients in her CBT role within the NHS where bereavement was the presenting issue and the absence of bereaved clients within this context might be an appropriate area for further investigation.

Those participants who expressed openness to spirituality in the 'Human to Human' position identified themselves as religious (Christian denominations including Church of England and Roman Catholic), whilst those who shut down spirituality did not align themselves with any religion (identifying as atheist or 'none'). Further research would need to be carried out in order to consider the religious positioning of CoPs exploring the apparent secularisation of society and where religion, counselling and grief work are placed within this discourse, as this was not the specific focus of this study.

5.3.4 Reflexivity

It is acknowledged that when carrying out this study the interpretive process was variously influenced, from data collection, to interviewing and analysing the transcriptions (Harper, 2003). However, from a post-structuralist stance, multiple influences, including that of the researcher, are inevitable (Finlay & Gough, 2003) and interviews are considered to be co-constructed (Willig, 2001). Inevitably I was interested in some specific phenomena, and thus made decisions of inclusion and exclusions based on my knowledge of grief work, my professional training and what I considered would be of most relevance to the audience of counselling pyschologists.

In Chapter Three (section 3.5) the role of researcher reflexivity was introduced. It was acknowledged that in a post-structuralist study, rather than focus on the researcher's demographics, cultural influences and theoretical preferences, the reflexive position is seen as one that is dynamic, evolving and changeable (Gough,

2003), resonating with the positions of the participants as something that can be repositioned within the parameters of what is available (Butler, 2005). It is suggested that the CoP profession is taking an increasingly relational position in practice (Woolfe et al, 2010), emphasising intersubjectivity, the self of the therapist and the therapeutic relationship (Risq, 2010) and this echoes the post-structuralist research position that interviews are co-created and mutually constructed (Willig, 2001).

Hence, the promotion of critical reflection in counselling psychology training and the profession offers an alternative way of considering psychological theories as available for critique and consideration, encouraging people to alter and re-think their understandings (Foucault, 1988) rather than assume or fix their knowledge. Similarly this research has made visible the possibility for reflexivity in grief work and has encouraged a consideration of professional positioning, though it is recognised that reflexivity itself is not an end point but an object of discourse in itself (Willig, 2001).

Therefore this study has required me to examine and interrogate the positions I inhabit as a researcher, as well as in my therapeutic work. As I listened to the accounts given during the research interviews and began exploring the participants' experiences, I also heard my own voice positioning itself within certain discourses and as I began the analysis I saw this even more clearly. Unknowingly I was aware that I was endorsing certain ways of 'doing' grief, inevitably becoming a part of a power-laden discourse. I concluded that we are always located momentarily within certain subjectivities, and recognised that sustaining a reflexive meta-gaze in

practice is a challenging position when faced with the heterogeneity of expert influences. This contemplation has now become an ever-evolving critical gaze (Foucault, 1978b), where knowledge is questioned and my words are positioned as part of a dynamic yet power-woven web.

5.4 Suggestions for future research

Some suggestions for further research areas have been noted above. Here I specifically propose two additional studies related to and extending the present findings.

Firstly, widening the participant group to include a variety of health care professionals including nurses, doctors, psychiatrists, clinical psychologists and psychotherapists/counsellors, as well as perhaps spiritual or religious personnel working in palliative or bereavement settings may elucidate further the heterogeneity of grief work, making visible different discursive resources and enriching the present findings. Gaining different and unique perspectives on grief understanding may further reveal the complex discourses and power relations and lead to a better understanding of what may be worked up as 'truth' within various professional contexts. Equally, using a group discussion between professionals to facilitate the process of data collection may yield some interesting dialogue for analysis.

Secondly, interviewing bereaved clients on their understanding of their grief may be a valuable perspective for Counselling Psychology. As can be seen from the

genealogy in Chapter Two, certain dominant ways of understanding grief have emerged, but it is unclear how closely these relate to client experience and how they negotiate the public/private spheres of grief. Furthermore, in Chapter Four, various ways of working with grief and therapeutic methods such as containing, normalising and educating were promoted, but it is unclear how helpful such interventions are to the clients themselves. Hence an FDA study into the ways in which clients understand their grief is proposed, where the vernacular language of grief might be interrogated and the evolving location of death and mourning in society might be made visible.

5.5 Final thoughts

While it is acknowledged that the interviews participants provided have been subject to interpretation and critique, it was not the intention of this research to cast blame or negativity on the important work CoPs' carry out with grieving clients. The discourses presented simply offer alternative ways to consider our work with grief, to question, interrogate and critique our practice in an area that has been saturated with theories but perhaps overlooked experientially (Larsson, Loewenthal & Brooks, 2012).

Finally, it is again acknowledged that what has been produced in this research is one reading of many and as such, offers a contribution to the critical and reflexive practice of CoPs, inviting them to become open and aware of their grief truth claims, interrogating their knowledge and perhaps thinking differently.

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Appendix 1

Research Participants Required

Counselling Psychologists' understanding and experience of grief in clients

I am a final year student on the Practitioner Doctorate in Counselling Psychology at the University of Roehampton. I am undertaking a research project that explores qualified Counselling Psychologists' conceptualisation of grief in bereaved clients they see in practice. I am looking for qualified counselling psychologists who have some experience of working with bereaved clients and would be willing to participate in an interview that will last between 60 and 90 minutes, which will take place at a time and location convenient for you.

If you are interested in participating please email me on davidsol14@roehampton.ac.uk and I will send you an information sheet.

This study is supervised by Dr Jean O'Callaghan (j.ocallaghan@roehampton.ac.uk) and the project has received ethical approval from the University of Roehampton Ethics Committee.

I would greatly appreciate your participation and look forward to hearing from you.

Appendix 2

Information Sheet for Participants

Counselling Psychologists' understanding and ways of working therapeutically with grief and loss

This research forms part of a doctoral level research project. I am a student at the University of Roehampton and would welcome the opportunity to interview you at your convenience.

Below are details of the project, both details of the topic and information about the research and interviews.

The Study
This doctoral research project is a qualitative study that aims to explore the experiences of Counselling Psychologists who have worked with clients experiencing grief and loss. It is hoped that the findings will offer an insight into how Counselling Psychologists therapeutically understand and work with grief, considering the theoretical, medical and cultural influences on practice.

Brief Description of the Process
Participants who enter into this study voluntarily will be asked to take part in a semi-structured interview lasting between 60 and 90 minutes. They will be briefed before the interview commences, and asked to sign a consent form. Interviews will be recorded using a digital voice recorder. Participants will be debriefed following the interview.

The researcher will transcribe the interviews onto a PC, all participant information will be anonymised and identifying material will be edited out of the transcript. All data will be collected, handled and stored by the researcher, in line with the University of Roehampton and British Psychological Society (BPS) ethical guidelines for human research.

Following the interview, I will send you a transcript of what we talked about and you are welcome to feedback as to whether you feel this represents your experience.

Participating in this research may be of benefit to you as a practitioner, offering the opportunity to reflect on your experiences of working with grief and considering what informs and guides your therapeutic practice.

Consent and withdrawal
Whilst participants will be asked to sign a consent form before the interview commences, they have the right to withdraw at any stage, without giving reason. Following the interview, if the participant decides to withdraw they can use the interview ID number that will be stated on the debriefing form. However, please be aware that if withdrawal takes place more than two months after the

interview when data analysis will have begun, then data in aggregate form may still be used in the write up of the study. This is in order to meet the requirements for the PsychD in Counselling Psychology at the University of Roehampton and may result in possible publication in peer review journals in the future.

Questions and support

The researcher is happy to answer any questions either prior to or following the interview, and provide any additional information required. The research is being supervised by Dr Jean O'Callaghan who can also be contacted on: j.ocallaghan@roehampton.ac.uk (Roehampton University, Whitelands College, Holybourne Avenue, London, SW15 4JD)

If any concerns arise as a result of participating, these can be raised either with the researcher or supervisor. If you feel unsettled by the content of this research it is assumed that given your profession as a Counselling Psychologist you will have access to and contact an organisation of your choice for any additional required support.

Contact Details

If you would like to know more, or volunteer to participate in the study please contact me using the details below.

Lucy Davidson
Roehampton University
Whitelands College
Holybourne Avenue
London
SW15 4JD
davidsol14@roehampton.ac.uk

Appendix 3

ETHICS COMMITTEE

PARTICIPANT CONSENT FORM

Counselling Psychologists' understanding and ways of working therapeutically with grief and loss

Research Project:

Thank you for agreeing to take part in this study.

This research aims to explore the experiences of Counselling Psychologists who have worked with grief and loss in clients. It is hoped that the data collected will provide an insight into the way Counselling Psychologists understand a client's grief and how they work with loss therapeutically.

Ten participants have been recruited via the British Psychological Society Counselling Psychology email bulletins and website. Participants will be interviewed in an informal, semi-structured format and interviews will be arranged at a time and location suited to the participant and will last between 60 and 90 minutes.

The interview will be digitally recorded and transcribed by the researcher, who will remove any identifying material from the transcription. The recording can be terminated at any time during the interview at your request. The transcript, or extracts, may appear in the thesis, and in future publications arising from it. My supervisor and others who may be involved in examining the report may hear the recording. All professionals involved in this research are aware of confidentiality requirements and are bound by the professional regulations of ethical practice imposed by the University of Roehampton and the British Psychological Society (BPS).

Following the interview, I will send you a transcript of what we talked about and you are welcome to feedback as to whether you feel this represents your experience.

Everything you say will be treated confidentiality, but there is a limit to this: if you disclose a risk of serious harm to yourself or someone else then I may need to take appropriate action (this adheres to the ethical guidelines of the BPS).

Researcher Contact Details:

Lucy Davidson
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Project Supervisor Contact Details:

Jean O'callaghan
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Consent Statement:

I agree to take part in this research, and am aware that I am free to terminate the interview at any point but that data may still be used in aggregate form. I understand that the information I provide will be treated in confidence by the investigator within the limits described and that my identity will be protected in the publication of any findings.

Name …….

Signature …….

Date …….

Please note: if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. However, if you would like to contact an independent party please contact the Head of Department (or if the researcher is a student you can also contact the Director of Studies.)

Director of Studies Contact Details:
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Holybourne Avenue
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Appendix 4

Participant Interview Questions

How do Counselling Psychologists conceptualise and work therapeutically with grief and loss?

- What do you understand by grief? (What do you understand by loss?)

- Can you tell me about your way of working with grief and loss therapeutically?

- What informs your practice in relation to grief and loss?

- How does culture influence your work? (Either your own culture or clients from different cultures)

- (If not referred to earlier) What do you understand by the term prolonged or complicated grief?

- (If not previously discussed) a question asking about grief in the context of mental health

Appendix 5

Participant Number: ……..

Ethics Board Participant Debrief Form

How do Counselling Psychologists conceptualise and work therapeutically with grief and loss?

Thank you for taking part in this study; your contribution is greatly appreciated.

This study is designed to explore what it is like to be positioned as a counselling psychologist working with grief and loss, and the types of discourse that emerge as a result of this positioning. This study is particularly concerned with what influences Counselling Psychologists' practice and how they reflect on these influences.

All data gathered during this study will be held securely and anonymously and only the researcher, supervisor and any examining bodies will have access to the data.

Please note: should you have a concern about any aspect of your participation or any other queries please raise this with the investigator in the first instance. However, if you would like to contact an independent party please contact the Head of Department (or if the researcher is a student you can also contact the Director of Studies.)

Researcher:
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If any concerns arise as a result of participating, these can be raised either with the researcher or supervisor. If you feel unsettled by the content of this research it is assumed that given your profession as a Counselling Psychologist you will have access to and contact an organisation of your choice for any additional required support. However, Cruse Bereavement offers specific bereavement support at branches across the UK, for further information or to find your nearest branch please see the Cruse website: www.**cruse**.org.uk or call them on 0844 477 9400.

I endorse that this interview has been conducted professionally and ethically.

Name: …… Signature: …….. Date: ……

Appendix 6

	British	British/German	None	Private practice, NHS, Voluntary sector – refugee charity and education	2003	Integrative
	British	/	Atheist	Voluntary sector – children's bereavement charity and university counselling service. Primary Care	2010	Integrative
	British	Italian/Irish	Roman Catholic	Private practice, NHS, Charity (children's bereavement)	2004	Integrative

				private practice, NHS based cancer service		
0	British	White British	None	Charity (road traffic accident support)	2014	Integrative
9	British	White British	C of E	Charity (children's bereavement)	2010	Humanistic
3	British	White British	C of E	NHS, community counselling, drug & alcohol services	2013	Integrative with strong psychodyna-mic base
0	British	White British	None	NHS, community counselling, bereavement organisations	2014	Relational
3	British	British	Christian – Protestant	NHS, Bereavement Charity	2006	CBT (currently)

Appendix 7

Ethical Approval

. The research for this project was submitted for ethics consideration under the reference PSYC 13/094 in the Department of Psychology and was approved under the procedures of the University of Roehampton's Ethics Committee on 13th September 2013.

	Line	Transcription
LD	1 2	Um, so the first thing I'd like to sort of, um, ask about is what you understand by the term grief?
P2	3 4 5 6 7 8 9 10	Um, I think, hmm interesting question already. Um, I think probably the longing for or the wishing for someone or something in someone's life that's not there anymore *(um hm)*, is how I would describe it. A yearning for, *(um hm)* something that can't maybe physically be 'got' anymore. It doesn't even necessarily mean about death *(um hm),* I think grief can be any loss, loss of an ability, body, or a loss of a person, loss of a creature, *(um hm)* loss of a job, there can be all kinds of things in there, loss of some part of the identity.
LD	11 12	Ok and would you say that your understanding of loss is similar to, would you group loss and grief in the same category?
P2	13 14 15 16 17	Um I think I would, I think I would *(um hm, ok)* I might change my mind as we're going through *(ok, laughter)* but I think at the moment I would probably put grief and loss together, I kind of can't think of grief that hasn't got loss in it *(mmm),* but yeah, I'll let you know if that changes while we're talking.
LD	18 19 20	So grief, you said it was a sort of yearning or, *(um hm)* a longing for someone or something *(um hm)* that you've lost. So in that sense is it something that's sort of transient, that longing?
P2	21 22 23 24 25 26 27	Yeah I don't know, I mean, I suppose it is transient in a way but I think that depends on everyone's experience and then probably some stuff related to attachment styles and things like that, depending on how someone moves through that process of different levels of intensity of grief. And I think that's probably quite individual how it sits with someone, how long it stays, how it stays (.) *(umhm)*
LD	28 29	Ok, and could you tell me a bit about your ways of working with grief
P2	30 31 32 33 34 35 36 37 38 39 40 41	Yeah, well, I suppose this will probably come up in a bit anyway. It's changed a lot. My father passed away two years ago and that very much, actually it was more than him passing away, but it was my first exposure to the very close loss of a person, and that changed a lot how I started to work with grief *(uh hm)* I think. But even before that um, I think (.) I, I had (.) I had a termination and that was a very difficult loss process for me. And, I, I tried very hard to understand what was going on there, and that really helped with my work with loss, with clients with grief *(um hm).* Um, so I'd be, I'd be helping the client to normalise their feelings, is what I'd be doing, that it would be very normal to being going through what they're going through. Though I think there's a lot of attachment to

	42 43 44 45 46 47 48 49 50 51 52	the process of feeling unique I think sometimes, like with lots of feelings *(um hm)* but especially being sensitive around that, because when someone has lost someone, you know, I think they are entitled to feel that my experience is unique, that this is a loss *(um hm)* that maybe someone else in the family doesn't get, or someone else might not get. So I'd be trying to normalise it probably to help them towards having some memories that work as something that's um, kind of slightly curative if you like, *(um hm)*, something that feels like a positive part of that thing, that person, what's left within the person that's left if you like, of the other…
LD	53 54 55	And sorry, can I just ask *(um hm),* you said, I think you said "I'd be" so is this what you were doing before you experienced losses or is this what you'd be doing now?
P2	56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78	I think, it's what I'd be doing now *(ok)*, I think my, oh who knows? As therapists who knows? I think my depth of, or breadth of thinking or experiencing what it would be like for a client to have loss has changed *(um hm)*, I think my practice, it must have changed a bit in relation to that so for example, one thing that I found helpful as an idea for myself that I've used with clients is to be able to have some sort of ritual, something that feels that it marks something especially if is far away, or the thing that you've lost is far away, or you can't actually get hold of the loss *(um hm)* so I don't know, getting one of those lanterns and putting little messages on it *(um hm),* or, or, getting something that, that burns and is allowed to float up to sky *(um hm)*, or anything that somebody would feel is a moment to connect with the thing that they've lost and make some sort of goodbye, farewell, or, or some sort of help with the process, whatever that is. So I think I've often thought, is there something the client can do, something that would appeal to them, that helps them make contact with what's been lost *(um hm),* and do something with the process, lots of times clients aren't ready for quite a while, I think first anniversary can be a bit like that or something, so yeah I think in terms of actually trying to do something with it, that's probably been affected by my experience of loss a little bit *(um hm),* in terms of working with clients.
LD	79 80	And sorry before that you were talking about normalising I think, and
P2	81 82 83	Yeah, that it would be normal to be angry, depressed, withdrawn, anxious, very thin skinned, for example *(mm)* around the time when there's been a loss or a trauma of a kind, that's well, you

	84	know, the loss of a person or the loss of a thing.
LD	85 86	Mm hm, could you give any specific examples, obviously anonymously of when you've sort of used these techniques?
P2	87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111	Ummm, (.) I'm just trying to think what techniques I would have used, cant really think of right now, but I saw a woman who's entire family lived in ***, and mum got sick, and then quite quickly after that dad got sick, so it was quite difficult because of the distance. But also she had hardly started grieving for mum before dad passed away, and he was her only blood relative because she was adopted. So there was so many, that was such, such a complex bereavement so I actually talked to her a bit about, complicated grief, you know and given what she'd been through in life, her early attachment and loss already, her identification with a family who'd been really quite difficult for her but was her roots and culture *(mm)* and everything, try and normalise for her that the feelings would be quite mixed between being really angry and really sad, and in fact she just got really depressed which we looked at as part of a grieving process. And she dipped in and out of that for years actually *(mm hm)*, so normalising around anger, ur identity problems came with that, around attachment, and yes, *(mm),* you're going to be melancholy, you're going to feel low, *(mm)* it would be normal to feel like that, or numb, or hugely sensitive, or I think one thing that I've started thinking of, and I say it to clients and in general conversation, that I think grief hits you like a huge, numb, blunt object, and you cant, you don't know that it's hit you, that's all I can describe it as, like a steam train *(mm)*, that, that you can't work out that that's what it is that's making you feel that way often, I think, it's very weird…
LD	112 113	Like a kind of separation from the feelings or
P2	114 115 116 117 118 119 120 121 122	Or more like, no, no, more like a, more like, a, well maybe it is separation from the feelings, but kind of, um literally a very depressed symptom *(um hm),* that probably is cut off from the pain but still is not a comfortable place, but kind of, it feels very big and powerful and that it can't sort of be, it's not easy to get rid of, like to wake up one day and say 'ok I'm going to pull my socks up today and I'm going to make myself feel better,' is I think really, really difficult, with that, when grief is in that *(mm)* bit, when it feels very heavy and very much like a depression *(mm hm),* um, yeah.
LD	123 124	So would you liken it to depression then? *(yeah, yeah)* sort of similar features *(yeah I would)*
P2	125	Different for everybody *(mm)* and at different periods in the

	126 127 128 129 130 131 132	process, but even that I find really surprising, that somebody can be saying, 7 years ago somebody important died for example, they got made redundant but they're stuck in this, you know, it still feels an important, pivotal point, not even maybe pivotal because sometime it can feed a position *(mm)* that someone takes in their life, but sometimes it can also just be grief *(um hm)*, that grief, just yeah, works itself out in weird ways *(mm),* I find anyway.
LD	133 134	So it manifests in something else further down the line *(yep*), or at a different point *(yep),* rather than necessarily straight after…
P2	135 136 137 138 139 140 141 142 143	Oh yeah, I mean I don't think it hits people straight after at all, often that's when people can be quite numb, or busy, quite a lot of adrenaline *(mm)* around, often around after the actual death, um, but yeah it's a long process, I think that's what I'm learning, it's a long process *(mm)* you know I don't feel at all judgmental towards someone who might say, 'when my mum died 15 years ago…' I think yeah, ok I can understand that, you count the years, you know when it was, you remember how old you were, what was going on, so yeah, I think that's changed my opinion a bit *(mm)* around…
LD	144 145	Mm, thanks, so just before I sort of move on, are there any other examples you want to mention specifically that spring to mind, or…
P2	146 147 148 149 150 151 152	No, I've worked with some really complex clients around this stuff though (.) I worked with one woman who murdered her husband, um and then she hung herself. So that was like she could never live, she couldn't live after she'd done that *(mm),* very high anxiety, and state of hyper arousal all the time, yeah and then killed herself. So I guess I don't know, I'm just, there are many, many manifestations aren't there is what I'm saying *(mm, yes yeah)* (.)
LD	153 154	And um, *(blows nose)* what would you say *(sorry, (laughs) go on)*, what would you say informs your practice?