

**The lived experience of therapeutic
work in the midst of grief: An
Existential Phenomenological study.**

**Submitted to the New School of Psychotherapy and Counselling and Middlesex
University Psychology Department in partial fulfilment of the requirements for
the Degree of Doctor of Existential Counselling Psychology and Psychotherapy.**

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The most beautiful people we have known are those who have known defeat, known suffering, known struggle, known loss, and have found their way out of the depths. These persons have an appreciation, a sensitivity, and an understanding of life that fills them with compassion, gentleness, and a deep loving concern. Beautiful people do not just happen.

Kubler-Ross

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I thank my father, whose life and death has taught me to live a passionate existence.

To my brother, for his insights, and to my precious mother for her unwavering encouragement, enthusiasm and love.

And finally, I would like to dedicate this to my 14-year old self, whose courage and persistence in the face of adversity forged a pathway to my own self-knowledge and a treasured belief in transformation and authenticity.

ABSTRACT

This dissertation explores the humanistic therapist's lived experience of loss following bereavement and how a bereaved therapist manages their client work in the midst of their grief. This qualitative phenomenological research was conducted on the basis of semi-structured interviews with seven participants (all of them practising therapists who had experienced recent bereavement), whose accounts were then analysed using Interpretative Phenomenological Analysis. Four main themes were identified. The first highlighted the overwhelming and disorientating experience of grief on an instinctual level. The second dealt with how the participants sought to manage the therapeutic encounter by relying on technique and their professional identity. The third theme explored the positive as well as negative ways in which grief impacted participants' work with clients. The fourth and final theme explored the expansion of self which seemed to result from participants' experience of loss in combination with their continuing therapeutic work.

This study seeks to contribute to the under-researched area of therapist bereavement and the impact of grief or vulnerability on the therapeutic encounter. Its findings suggest that therapists' experiences of loss involve complex dynamics with important implications both for therapists themselves and for the therapeutic relationship. The study recommends that further research be undertaken into how therapists are affected by significant life crises, how they manage their own vulnerabilities, and how they navigate therapeutic processes in the midst of bereavement. (226words)

Keywords

Interpretative Phenomenological Analysis, IPA, Existential Phenomenology,
Bereaved therapists, Grief, Therapeutic encounter

Statement of Authorship

This dissertation is written by Matilda De Santis and has ethical clearance from the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University. It is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Existential Counselling Psychology and Psychotherapy. The author reports no conflict of interest, and alone is responsible for the content and writing of the dissertation.

Anonymisation and transcript conventions

The transcripts presented in the present study were edited in order to preserve the anonymity and confidentiality of participants

Transcript notation

...	significant pause
[]	material omitted
[becomes tearful]	additional material or my summary

Word count **44, 130**

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Definition of terms

Bereavement, loss and grief -- terms that are used throughout this study -- can have a myriad of meanings. The etymology of the word 'bereavement' is derived from the Old English word *bereafian*, which means 'to be deprived of' or 'robbed of' something valuable (Chambers Dictionary, 1995). This broad definition emphasises the view that loss can stem not only from the physical death of a person but also from the ending of significant attachment to something. For the purposes of this study, however, bereavement, loss and grief refer solely to the experience of loss through the death of a significant other. This is in line with definitions provided by Stroebe, Hansson and Schut (2008), leading scholars in the field of bereavement research.

Bereavement refers to the physical loss of someone significant through death (Corless, 2001, Stroebe, Hansson & Schut, 2001; 2008). The term implies a deprivation by force which leaves an individual victimised, thereby to some extent explaining many of the reactions to the loss experience (Wass & Neimeyer, 1995).

Grief refers to the emotional reaction that occurs following a loss (Stroebe, Hansson & Schut, 2008.). As such, it can affect a person on many levels of experience. For example, Rando (1984) posits that grief can manifest itself at the level of behaviour (through action and demeanour) as well as socially through interactions with, and reactions to, others.

The term *therapist* is used to describe a person whose job it is to treat a particular type of mental illness or disability, often with a specific type of therapy (Cambridge Dictionary, 2014). For the purposes of this study the term 'therapist' will be used to refer specifically to psychotherapists working within psychological frameworks.

Chapter 1 Introduction

The aim of this research is to explore therapists' lived experience of grief following the bereavement of a significant other and how they manage their grief whilst working therapeutically with clients. There is a paucity of research in this area (Kouriatis & Brown, 2011), despite the fact that therapists are no less immune to life crises than are their clients: as Yalom poignantly observes, "there is no therapist and no person immune to the inherent tragedies of existence" (2002, p.8). When significant life crises, such as bereavement, strike, it is pertinent to understand how this is experienced by the therapist, whose personal inner world is intricately linked with their working self. However, therapists are often taught to be discreet about personal facets of their lives (Adelman & Malawista, 2013; Adams, 2014), which is reflected in the scarcity of research in this area. Such research as exists has centred on exploring *client* experiences as a way of furthering knowledge and expertise in therapists' therapeutic endeavours (Kouriatis & Brown, 2011).

It seems both fair and important to encourage more dialogue and openness regarding the impact on *therapists themselves* of the experience of loss and grief, including how they learn to talk about and manage their distress both inside and outside of the therapy room.

The area of loss and bereavement has particular relevance for me, as it perhaps does for many individuals, given that the experience of loss, in many shapes and forms, is an inevitable part of life. In my case, the experience of losing my father when I was an adolescent, and the cataclysmic space that followed, introduced me to a different

world and perspective. I began a journey towards existentialism in which I came to question the meaning of relationship and of life more generally. Since then I have been affected by further losses which have occurred during the course of my therapeutic work with clients, some of them struggling with the experience of loss themselves. This has led me to develop an interest in how therapists experience and manage bereavement in the midst of their practice and how their loss may impact them both personally and professionally.

The current study, born of that interest, begins with a review of the existing literature in the field (Chapter 2). The review describes prominent theories, past and present, and outlines the few qualitative research studies that have been conducted in this area.

In Chapter 3, I outline my epistemological position, my reasons for choosing a qualitative research methodology rather than a quantitative one, and my rationale for opting for Interpretative Phenomenological Analysis.

Chapter 4 provides a detailed explanation of how the research was carried out.

The analysis chapter (chapter 5) provides a detailed description of the significant themes that emerged via interviews with participants. By engaging in the hermeneutic circle, the phenomenological accounts provided here draw on participants' narratives as well as my interpretation of their narratives. Importantly, it is also left to the reader to make sense of my interpretations and my presentation of the data completing the hermeneutic tripartite structure.

In Chapter 6, my discussion offers the reader an evaluation of the findings in relation to existing literature and research in the field. I critically examine the extent to which the present study confirms, extends or challenges current knowledge. I then explore the implications of this for clinical practice and the field of counselling psychology. In light of my findings and research experience, I go on to provide a critical evaluation of the methodology and method used in the study, and reflexively outline how my role as researcher has impacted the findings and research process. I conclude by making recommendations for future research in this fertile area.

In keeping with IPA's commitment to hermeneutic reflection and my own attempt to integrate reflexive analysis at each stage of the research, I have included a section on reflexivity (set in italics) at the end of each chapter. Here I outline how my role as researcher impacted the research process. By so doing, I endeavour to provide a transparent account of the research process: a key evaluation criterion for quality in IPA research (Smith, Flowers & Larkin, 2009; Yardley, 2000).

Chapter 2 Literature Review

The past four decades have seen a growth in literature addressing the issues surrounding bereavement, grief and loss as experienced by the survivors of the deceased. Despite this, there remains a paucity of research concerning therapists' experience of bereavement and its impact on their personal wellbeing, development and clinical work (Kouriatis & Brown, 2011). In fact, qualitative research studies by Boyden (2006), Bozenski (2006) and Colao-Vitolo (2006) have highlighted the need for further research in this particular area. In their literature review on therapists' bereavement and loss experiences, Kouriatis and Brown (2011) conclude on the hope that the subject "will attract more attention from the academic and clinical community for further exploration since relevant research at present is limited" (p220).

More recently, research (Antonias, 2002; Birtwistle, 2001; Boyden, 2006; Bozenski, 2006; Colao-Vitolo, 2006; Broadbent, 2013; Kouriatis & Brown, 2013-2014; Millon, 1998) has begun to address the impact of bereavement on caregivers and healthcare workers. This suggests that healthcare professionals may struggle to find a balance between their often intense feelings and the desire to provide good care to patients. This dilemma is highlighted by Birtwistle (2001), who emphasises the need to alleviate the impacts of loss and bereavement for health care providers, since the bereaved "may suffer from both physical and mental health problems as a consequence of their loss" (2001, p91).

Given that the therapist's self is a fundamental tool in therapeutic work it is crucial to understand how a therapist is affected by loss, and in what ways this personal

experience may impact their therapeutic practice. If the therapeutic relationship is one of the best predictors of success in therapy (Horvath & Symonds, 1991), it becomes pertinent to explore how therapists conceptualise or make sense of their loss to understand how this might impact their way of working therapeutically. The current study aims to inform practice and suggest further avenues for research.

In this section I present the mainstream bereavement theories which have informed thought and practice over the past 100 years, mindful that there is no “broadly applicable, integrative theory of bereavement” (Stroebe, Stroebe, & Hanson, 1993, p7). I then present some existential ideas on the topic in order to provide an alternative way of viewing and studying the phenomenon of bereavement. Here, I discuss the inter-subjective nature of the therapeutic relationship, highlight the importance of understanding how the therapist is affected by their own losses, and explore how this might emerge in the therapeutic encounter. Empirical research on bereaved therapists’ experiences, drawing on anecdotal accounts, surveys and qualitative research is then presented to provide a picture of the research available to date. Finally I highlight why there is a need for further research in this area.

2.1 Mainstream bereavement theories

Historically, the notion of bereavement has been evaluated by many theorists, among them Freud (1917). For the purposes of this study, I outline theories which provide a background understanding of the way that bereavement has been understood over time and across diverse models. It should be noted that the examples cited are by no means exhaustive of the available literature but rather are representative of the main trends in bereavement theorising.

As the current study focuses on therapists located in Western society, the literature surveyed all relates to this specific cultural domain.

2.1.1 Stage models of grief

Bowlby's (1969) attachment theory, which posits the evolutionary nature of emotional bonds, provides a strong basis for the understanding of bereavement. In fact Bowlby was the first bereavement theorist to base his conclusions on empirical evidence (Wright & Hogan, 2008). Bowlby asserted that grief is an instinctual emotional reaction to separation and loss which often leaves bereaved people with a strong desire to search for the lost person. He suggested that grieving is a process which follows a predictable pattern of responses: numbness, yearning and searching, disorganisation and despair and finally reorganisation of behaviour (Bowlby, 1969).

Within attachment theory, the style of attachment to the deceased is linked to the resultant grief response (Fraley & Shaver, 1999; Shaver & Tancredy, 2001). In the same way that Bowlby theorised about the separation of the young from their mothers, he proposed that those with secure childhood attachments were more likely to grieve 'successfully' than those with an avoidant, anxious or ambivalent attachment, who were more likely to experience pathological grief (Bowlby, 1969). Hence grief became conceptualised as a form of separation anxiety (Stroebe, Stroebe & Zech, 1996).

More recent research has challenged the idea that grief can be conceptualised in terms of fixed and sequential stages (Archer, 1999; Stroebe, Hansson, Stroebe & Schut, 2001a). Jeffers (2001) points out that the stage approach does not encourage

consideration of grief as a unique process. For example, an individual with an avoidant style who doesn't express grief may be reacting normally if they did not happen to have a strong attachment to the deceased person (Fraley & Shaver, 1999; Servaty-Seib, 2004).

Another view suggests that the very process by which the bereaved individual reviews their memories of the deceased allows them to work through their loss (Rando, 1984; Worden, 2002). This notion that grief must be worked through has been the dominant perspective for the past century (Bonanno et al., 2002).

Kubler-Ross (1969; 1975), who drew attention to the lack of knowledge both of the grieving process and of caring for the dying, was pivotal in solidifying a stage approach to bereavement similar to that of Bowlby. Her theoretical contribution was important because it legitimised discussion of death, hitherto largely taboo, and contributed to health care theory by providing a systematic description of the death process (Copp, 1998). Earlier studies conducted in the 1960s and 1970s were for the most part based on the views of health care professionals (Copp, 1998), and were therefore limited to those simply bearing witness to the struggles faced by the dying and bereaved.

Kubler-Ross's stage model of grief drew on interviews with 200 dying patients and therefore provided first-hand evidence. The model was characterised by five discrete stages: denial, anger, bargaining, depression and acceptance. Kubler-Ross argued that most individuals experiencing grief would go through at least two of these stages but

perhaps not all of them. She therefore offered a more flexible approach to the grieving process than Bowlby's.

While influential, Kubler-Ross's stage model approach has been criticised for not taking into account individual or cultural differences (Bonanno, 2009) and for being overly mechanistic in assuming that a person would inevitably move through at least some of the noted stages (Copp, 1998). Corr (1992) criticised this stage approach on the basis that it did not take into account the multi-faceted nature of death and failed to emphasise the physical and spiritual dimensions of death and dying. Parkes (1987), whose research was based on interviews with widows, attended to this shortcoming in the bereavement literature by proposing a psychosocial stage approach to grieving. By acknowledging the influence of individual differences in grief experiences, this approach moved away from its earlier emphasis on distinct stages.

Despite the criticism it has attracted, Kubler-Ross's model continues to be influential. It is seen as helping to normalise the distressing emotional and psychological states individuals experience when grieving.

Interestingly, despite the popularity of stage theories of grief, few attempts have been made to empirically test these theories (Holland & Neimeyer, 2010). The verdict from the handful of such studies is mixed: only two studies found evidence to support stage theory (Maciejewski, Zhang, Block, & Prigerson, 2007), while another found no evidential support for it (Barrett & Schneweis, 1981).

At the time when they appeared, stage theories provided a much needed framework for understanding and studying grief reactions. However, it was acknowledged that providing prescriptions of how grieving should take place could cause stress for those who didn't identify themselves within a particular stage at a particular time (Servaty-Seib, 2004). It appears important to take into account the unique character of each person's experience of loss when observing the grieving response (Neimeyer, 2001).

2.1.2 Task models of grieving

Task models take as their starting point the assumption that the bereaved person is an active participant in the grieving process, playing a pivotal role in 'working through' their grief (Worden, 1991). From this perspective the individual is seen as having some control over how their loss will affect them.

In the first conceptualisation of bereavement theory (*Mourning and Melancholia*), Freud (1957) argued that the act of mourning entails the experiencing of grief and a process whereby the mourner eventually surrenders all emotional ties to the deceased (or lost object). Freud (1917) describes a process whereby the mourner, over an intensive period following the loss, engages in a thorough recollection of memories of the deceased. In doing this, the mourner is able to evaluate and come to terms with what was been lost and is later able to accept that the deceased no longer exists.

Stroebe and Stroebe (1991) agree that this 'grief work' is a necessary part of recovery from bereavement, adding that the therapist should aid the bereaved to acknowledge their loss, experience the emotions which are evoked as a result and, in time, detach from the deceased. The pioneering work of Lindemann (1944), the first psychologist

to formulate a symptomatology of grief, argued that there existed an identifiable linear pattern to grief, a pattern with a universally accepted end-point beyond which grief becomes pathological (Rothaupt and Becker, 2007; Worden, 1991).

While elements of ‘grief work’ remain a matter of debate, most theorists agree that it is a dynamic and on-going process as an individual comes to terms with a death (Wortman & Boerner, 2007). Without such a process it is impossible to resolve the loss (Wortman & Boerner, 2007). As Rando (1984) points out, “For the griever who has not attended to his grief, the pain is acute and fresh ten years later as it was the day after” (p114). This suggests that attempting to block feelings related to loss or grief and failing to invest emotional energy in confronting one’s own grief can be regarded as unproductive.

Researchers have explored a range of constructs in their attempt to gather evidence for the phenomenon of ‘working through’ grief. These constructs have included confronting thoughts and reminders of the loss versus avoiding such reminders and using distraction (Bonanno et al., 1995; Bonanno & Field, 2001; Stroebe & Stroebe, 1991); thinking about the relationships with the deceased (Nolen-Hoeksema et al., 1997); articulating feelings of grief (Lepore, Silver, Wortman & Wayment, 1996); and expressing feelings via writing about loss (Lepore & Smyth, 2002). However, these studies have provided little evidence that ‘working through’ is necessary for adjustment following the loss of a loved one (Wortman & Boerner, 2007). That said, many clinicians still consider ‘working through’ a loss to be the cornerstone of working with bereavement (Jacobs, 1993, Worden, 2002).

Worden (2009), who initially argued against Freud's view of the importance of detaching from the deceased, subsequently developed Freud's theory by suggesting that individuals could continue to have a connection or bond (Klass et al, 1996) with the deceased whilst simultaneously continuing with their life (Worden, 2009). Although not based on any empirical studies, Worden's (2009) theory drew on existing bereavement literature as well as his own experiences as a grief counsellor and researcher. While arguing that individuals need to go through specific mourning tasks in order to readjust to life after bereavement, Worden (2009) highlights the ever-present nature of the phenomenon of bereavement by arguing that "in a sense mourning is never finished" (p77).

According to Stroebe and Schut's (1999) Dual Process Model (DPM), following bereavement a person oscillates between two states of being: on the one hand, being present in their grief and facing their pain, and on the other hand, focusing on practical matters requiring the suppression of thoughts and feelings associated with their loss. In contrast with generalised stage theories, the model developed by Stroebe and Schut (1999) places considerable emphasis on the individual's way of coping, meaning-making and possibilities for personal development. This approach resonates strongly with that of the current study.

The DPM was further explored by two studies of bereavement in later life (Bennett, Gibbons & Mackenzie-Smith, 2010). The studies found a relationship between some elements of the DPM and psychological adjustment, but also raised the hot topic (in bereavement research) of whether bonds with the deceased should be continued or relinquished. Evidence suggested that while certain forms of on-going bond might be

helpful, others might prove harmful by encouraging the bereaved to remain mired in loss and grief (Strobe and Schut, 2005). The findings from this research differentiated between these two types of bond, placing them at opposing ends of a continuum.

Such findings highlight the multidimensional nature of the coping and restorative processes following bereavement and remind us of the importance of taking into account an individual's specific life story, background and worldview.

If applied in an overly prescriptive manner, task theories (like stage theories) can add further distress to a person in mourning (Kouriatis & Brown, 2011). Attempting to universalise what is a complex and multi-faceted grieving process could lead, for example, to the more ready application of concepts such as 'complicated grief'. In fact the concept of 'healthy grieving' is becoming increasingly inadequate, given the diversity of Western society (Valentine, 2006). But used flexibly and in a way that acknowledges variation and difference in how people deal with loss and assimilate it into their lives, task theories can empower individuals to 'work through' their loss.

2.1.3 Constructivist perspectives

The perspectives on grief offered by psychoanalytic theory, attachment theory, stage models and task models (described above) have tended to view bereavement from a problem-solving standpoint, in which the process of grieving is seen as linear and in which each human being's unique engagement with the process is barely acknowledged. Where individuals' grief reactions deviated from the norm, they were deemed symptomatic and in need of corrective interventions. Such perspectives are now under challenge by post-modern psychotherapy, which de-emphasises a set route

to health and normality following bereavement and embraces individual experiences, however they occur and present themselves. An existential approach can be included in this trend as it offers a less directive approach to counselling for bereavement (Van Deurzen & Arnold-Baker, 2005). From this position, it becomes crucial for practitioners to understand clients from a socio-cultural and intra-personal perspective.

Western bereavement theory has also been dominated by the modernist view that grief is a debilitating emotional response and that grieving individuals should recover from their intense emotionality and return to normal functioning as quickly and efficiently as possible (Stroebe, Gergen, Gergen & Stroebe, 1992).

Constructionist perspectives on bereavement offer an important critique of the modernist stance, along with new ways of conceptualising this multi-faceted phenomenon (Rowe, 2010). For constructionists, human existence is situated in the relational world and is based on meanings gathered via interactions with others (Neimeyer, 2001). From this perspective, a loss can undermine a person's core beliefs and destabilise a person's sense of self and meaning. The survivor may wonder whether the world is benevolent and whether they in fact have any control in life; they may be reminded of their own mortality or question the existence of an afterlife. Furthermore, the loss of a significant figure, often one who provided 'mirroring', can risk eroding the survivor's sense of self. In order to restore a sense of meaning and inner congruence, individuals can engage in two meaning-making processes: assimilation and accommodation (Neimeyer, 2006a, 2006b). Assimilation involves re-constructing one's understanding of the loss experience so that it fits again with one's

pre-loss beliefs: for example, through religious explanations (Park & Folkman, 1997). Accommodation involves re-organising and expanding one's beliefs to embrace the new reality created by loss.

Neimeyer (2000, 2001) sought to move away from pathologising grief (the focus of the stage and task models) towards embracing the complex, multi-faceted nature of the experience of bereavement. He defined grieving as “a process of meaning reconstruction with special emphasis on its individuality rather than sameness across bereaved persons” (Neimeyer, 1999, p66). Such a view takes into account the idiosyncratic nature of the loss experience as well as its social context; it sees the bereaved individual's task as developing a meaningful life in the light of their loss and as integrating this new understanding into their ‘new’ life.

In this constructivist context, the challenge is to develop a therapeutic understanding and interventions which are specific and appropriate to an individual's personal and social situation. As a result therapy with the bereaved becomes a co-constructive process where the therapist engages in “transformative dialogue” (Gergen, 1994), often through the hermeneutic process (Gadamer, 1990/1960).

2.1.4 Complicated versus normal grief

Given that grief is a multi-faceted and complex phenomenon, influenced by such factors as culture, age and existing mental health issues (Stroebe et al, 2008), defining what is ‘normal’ and what is ‘complicated’ in relation to the experience of loss remains controversial. Attempts have been made to provide definitions, in part to aid

mental health professionals (Zisook & Shear, 2009), but disagreement remains about what is ‘normal’ in terms of grief’s duration, impact and outcome (Howarth, 2011).

Complicated grief (also referred to as traumatic bereavement, childhood traumatic grief and prolonged grief disorder) has been defined as an emotional response to grief encompassing trauma symptoms which include an extreme focus on the loss, intense longing for the deceased, difficulty accepting the death, and depression (Mayo Clinic, 2007). All these symptoms are seen as impairing an individual’s ability to grieve (Cohen et al, 2002). In essence, those experiencing complicated grief are viewed as getting ‘stuck’ in their grief; unable to progress through the normal bereavement process, they exhibit significant impairment in functioning (Howarth, 2011).

In what has been conceptualised as normal bereavement, an individual also experiences emotional distress for a time but is able to return to normal activities and to the level of functioning that existed prior to the loss (Tomita & Kitamura, 2002).

The idea of complicated grief echoes the perspective of stage theories of bereavement (outlined above) that there is a set path to bereavement, deviation from which signals a maladaptive way of coping. At present, complicated grief is not recognised as an actual disorder, although the idea that it should be included in the DSM5 is gaining momentum (Forstmaier & Maercker, 2007).

2.1.5 Disenfranchised grief

In an attempt to acknowledge the many dimensions of loss, Doka (1989, 2002, 2008) developed the concept of disenfranchised grief, understood as grief that is “not openly

acknowledged, socially validated, or publicly observed” (Doka, 2002, p5). Doka (2002) asserts that bereaved individuals can also suffer from developmental or maturational losses (such as withdrawal), psycho-social losses (such as illness), and symbolic losses (such as loss of identity). Disenfranchisement occurs when there is no social validation of, or support for, one’s grief. In such cases, the lack of acknowledgement of a person’s ‘right to grieve’ can place additional burdens on the bereaved, exacerbating their feelings of loss (Doka, 2008; Kuhn, 2002).

Research into the experience of therapists who had lost clients (Buechler, 2000; Levinson, 1972; Rubel, 2004; Schwartz, 2004) revealed that disenfranchisement of grief was present on many levels, including self-disenfranchisement: here, therapists’ professional role inhibited their processing of their loss (Kaufmann, 2002).

In a bid to limit the disenfranchisement of grief, the present study invited participants to define ‘significant other’, allowing space to include those loss experiences they themselves found personally significant.

2.2 Existential and phenomenological perspectives on grief

From an existentialist standpoint, bereavement is seen to pull together two fundamental strands or givens of human existence: death and relatedness. In life we are confronted with the challenge of creating bonds and securing them, while simultaneously understanding that these bonds will be severed through death. It is a risk to be in relationship with another, to live with the knowledge that loss is inevitable, often unpredictable, and likely to bring about a confrontation with one’s own mortality.

An existential approach to therapy works with the paradoxes inherent in life and the human condition. It encourages awareness of strengths and possibilities but also the givens which call for courage in the face of our weaknesses, sufferings and mortality. It invites us to confront the realities of our existence, which are inevitably scattered with experiences of loss; it beckons us to consider the paradox of transformation through death, loss and suffering (Van Deurzen & Arnold-Baker, 2005).

Confronting such existential concerns is challenging for any individual. What happens in the case of working therapists who find themselves bereaved? What occurs in the melting pot where therapists' own bereavement experiences churn with their clients' concerns? And how might this affect therapeutic work, from the standpoint of the therapist?

Existentialists argue that modern technological and scientific advances, together with a focus on efficiency, have brought about a state of imbalance in which other areas of human existence, in particular the ability to access and connect with inner knowledge and existential concerns, have been neglected (Nietzsche, 1883). There is a focus on the external world, repression of the inner world, and an emphasis on measuring and calculating, to the detriment of intuitive reasoning (Weiskopff, 1963).

This separation from one's inner self from non-rational, emotional and intuitive aspects of existence is mirrored by the tendency to deny the reality of death (Becker, 1973). Medical advances have tended to postpone the arrival of death, making it somewhat easier for individuals to avoid thinking about it.

Against this, the phenomenologist Heidegger (1927) proposed the ontological idea that death should be considered as a part of life itself rather than something to be avoided, repressed and denied. This speaks to the richness of embracing death; Heidegger's concept of Being-towards-death can be interpreted as the embracing of possibility: Being-towards-possibility. In our awareness of the finality of life and of our own and others' mortality we are invited to consider the meaningfulness of our lives today.

Existentialist approaches suggest that while bereavement can be a disabling and paralysing experience which can continue long after the loss of a loved one, it can also begin a process which allows or stimulates personal growth. This idea diverges from the bereavement theories presented in section 2.1 above in not regarding bereavement as a problem in need of treatment or requiring passage through determined stages to resolution. Rather, bereavement is viewed as a potentially transformational process which can lead to the expansion of the self (Moon, 2008). An existential perspective can facilitate a bereaved person's journey by helping them understand the multi-faceted nature of bereavement, the difficulties involved, and the potential rewards to be had from the grieving process (Sugarman, 2003).

The assumption underlying existentialist and phenomenological perspectives on grief is that any individual working through bereavement stands to benefit from a deeper understanding of its dynamics, relevance and impact. A central aim of the current study is to explore how therapists experience this phenomenon in all its many variants, textures and hues, and how they carry this experience into the therapy room.

Kierkegaard (1849), who wrote extensively on the subject of despair, identified a healthy aspect to despair, one which he felt should be encouraged rather than avoided. This suggests that by experiencing the despair of bereavement a therapist might connect more fully with questions about their own existence and with their therapeutic relationships. For Boss (1979), the ‘death of others’ is in fact our first encounter with human mortality and the inevitability of our own deaths. In a similar way, Sartre (1969) spoke of human beings being re-united with themselves in death, an idea which could be broadened to encompass the experience of surviving the loss of a loved one, since bereavement can often cause survivors to question their own existence. On the basis of his work with the bereaved, Yalom (1980) came to see bereavement as an ‘existential opportunity’ to uncover or get to the core of one’s self.

Given the right conditions, the therapeutic relationship can provide the necessary space to delve into the experience of bereavement. When Buber (1970) spoke of relationships he gave ontological status to the space in ‘between’; “spirit is not in the I,” he stated, “but between I and You” (Buber, 1970, p89). His formulation highlights the vitalising forces which can come from intense, engaged relationships such as the therapeutic alliance. In this way an existential-phenomenological perspective focuses on the “totality of the lived situation” (Cohn, 1997, p25): the client’s material, the therapists experience and the space where these two elements meet and interact. This highlights the importance of taking into account all aspects of an encounter, including a therapist’s own feelings which may be evoked through interaction.

2.2.1 Inter-subjectivity and the therapeutic relationship

The phenomenologists Heidegger (1927) and Merleau-Ponty (1962) conceptualised human beings as intricately connected and bound to each other; as living “primarily in the other’s gestures and responses” (Diamond, 1996, p129). As intentional beings, we are connected and directed to others through our consciousness. Rather than being self-contained subjects (the Cartesian view), humans are both subject and object: for Merleau-Ponty (1964, p72), “the subject is his body, his world and his situation, by a sort of exchange”.

Inter-subjectivity -- the interaction or the sharing of experience between two subjects - - can aid our understanding of relationships, interactions and therapy because it is always present within all our relationships. Both client and therapist bring facets of themselves and of their past and present emotional experiences to the therapeutic relationship (Van Deurzen & Arnold-Baker, 2005). An exploration of inter-subjectivity can therefore shed light on the dynamics at play when client and therapist meet.

The term inter-subjectivity was first used by Husserl (1931) in his philosophical phenomenological explorations. He situated his theory of inter-subjectivity in his conception of empathy, arguing that our ability to empathise with others is proportional to the degree that we are ourselves in touch with our own feelings and our own pain. Husserl reluctantly acknowledged, however, that we can never really know another’s pain in absolute terms. He was challenged by this idea as he had believed it necessary to know others absolutely in order to overthrow the notion of

solipsism – a view which countered his belief that there exists a world beyond oneself that is experienced.

Developing these ideas, Heidegger (1927) argued that human beings are born into a relational world of others from which it is necessary to extract oneself in order to become one's own person. In fact, he posits that individuals are always in relation with the world and with other people: he described this dimension of being: 'Being-with' (Polt, 1999, p60). This idea challenges attachment theory and the claim that we are separate subjects needing to form attachments in order to survive; rather, an existential-phenomenological perspective argues that we are interconnected from the moment of birth. In fact, Heidegger's use of the notion Da-sein or human being implies an ability to relate to the world of others which transcends the idea that we are simply instinctual or 'animal' beings. As such we are aware of our interrelatedness: when we are faced with bereavement, we are called to face an awareness of our mortality and vulnerability and the end of possibilities. As a result, an existential phenomenological perspective beckons us to seek a human understanding of our experience of death and loss.

Later, Laing (1961, 1969) emphasised the extraordinary power that others have over the self's experience and the implications of this for clinical practice. He saw that a central task in therapy was to help clients distinguish their self's experience from that of others so as to understand the context of the self's experience. Laing noted how Heidegger's (1927) ideas around experience presupposed the act of interpretation, since experiencing is only made possible through interpretation. Laing led the way in

exploring the unintended effects of the therapist's behaviour on the patient, a central theme of the current research.

Inter-subjectivity has major implications for the way in which the co-created therapeutic space evolves, and the impact of this on both client and therapist (Cooper, 2004). Given that the therapeutic alliance is one of the best predictors of therapeutic outcome, regardless of the theoretical modality used (Horvath & Symonds, 1991), it is of central importance to understand the therapeutic relationship as a relational interaction consisting of two separate subjectivities which influence one another and the therapeutic dynamic. This is a particularly important element of the current research.

Existential and phenomenological perspectives suggest the ability of bereavement to create a greater focus on one's own existence and mortality. Loss can also affect the way the bereaved individual relates in the world of others. This is relevant to therapists who have suffered a loss, since their bereavement process can affect their inter-subjectivity with their clients and the nature of the therapeutic encounter (Dunphy & Schniering, 2009).

2.2.2 Inter-subjectivity and the therapist: the merging of personal and professional life

While research to date has tended to focus on the experience of one member of the therapeutic relationship -- the client (Van Deurzen & Arnold-Baker, 2005) -- the advent of studies into inter-subjectivity (Gillespie & Cornish, 2009; Jaenicke, 2007;

Madison, 2001; Rowe, 2010) has prompted a shift towards therapists: how their presence in the therapeutic relationship alters a client's subjective experience, and how they are impacted by this dynamic. Nouwen's (1972) observation is pertinent here:

A deep understanding of one's own pain makes it possible to convert weakness into strength and to offer one's own experience as a source of healing to those who are often lost in the darkness of their own misunderstood sufferings (cited in Hayes, Yeh, & Esenberg, 2007, p351).

Therapists are not immune to crises and life-changing events; at times they have to work under personal circumstances that intrude materially and emotionally into the therapeutic space (Gerson, 1996). At such times, therapists encounter loss not simply in their personal life but also in their professional working environment (Doka, 1989). A personal loss can impact an individual's belief system and way of thinking, feeling, acting, and relating to the self as well as to others. The impact of bereavement becomes more important in relation to therapists' work given that for therapists the self informs therapeutic work (Gerson, 1996). This highlights the overlap of the personal and professional spheres of human experience and the need for therapists to reflect on the dynamics at play.

Studies (e.g. Gelso & Hayes, 2007; Katz & Johnson, 2006) suggest that bereaved therapists who have awareness of the inter-subjective nature of the therapeutic encounter and of counter-transference responses are less likely to act out their own

issues (Jaenicke, 2007). In fact, therapists may become more insightful, more resilient and more fully committed individuals (Katz and Johnson, 2006). Further research into therapists' experience and understanding of their own bereavement may therefore encourage them to take the time and space to process their personal losses and reflect on how these might affect their work with clients.

The concept of transference, as developed by Freud (1912), sought to explain the emotional experience of the client in relation to the therapist, which he believed reflected a resistance to therapy. This idea was anchored in a view of the therapist as a benign and neutral vessel able to absorb the client's material while remaining unaffected by it. Such a view is problematic, given the inter-subjective dynamics of the therapeutic space, to which the therapist inevitably contributes (Jaenicke, 2007; King & O'Brien, 2011).

Highlighting the need to understand the joint processes that affect therapeutic work, Genevay and Katz (1990) have emphasised the importance of examining the complex dynamics between therapist and client, which may go beyond strict psychoanalytic treatment. Acknowledging the subjectivities in the therapeutic encounter emphasises the importance of the therapist's personality and experiences, along with their theoretical orientation and techniques. The exploration of therapists' reactions has been highlighted as a useful future direction for research (Beitman, 1983).

Having summarised the main theories of bereavement prevalent in the literature I would like to posit that the present study does not subscribe to any set mainstream theory, rather I endeavour to remain open to what seems figural for participants. As

such, I am not making assumptions that there are stages to bereavement or that any one theory is any more valid than another. This is in keeping with the phenomenological attitude (see methodology chapter) to try to put these theories aside.

2.3 Empirical research on bereaved therapists' experiences (see Appendix 1 for summary table)

2.3.1 Anecdotal accounts

The majority of studies which have sought to explore therapists' experience of bereavement have been written within a psychoanalytic framework, with an emphasis on anecdotal accounts. Silberberg (1995), for example, explored his own processes following his father's death and how these processes helped him to resolve past issues. Rodman (1998) explored how he coped following his wife's death and looked at the impact of self-disclosure on his clients. Such studies provide valuable, in-depth insight into one person's experience.

In a similar way the aim of the current study is to capture a rich and detailed account of a therapist's experience of providing therapy whilst bereaved albeit via semi-structured interviews which have been shown to be useful to this end (Smith et al, 2009). In addition, this study, by investigating multiple cases seeks to gain a breadth and depth of information about the phenomena under study which cannot be captured using one case study alone.

Anecdotal accounts reveal that bereavement has both positive and negative effects on therapists in relation to their client work. According to Givelbar and Simon (1981), a therapist's grief can have a negative impact on therapy if, for example, the therapist unconsciously seeks to replace their loved one through client work. This raises the issue of self-care; BPS guidelines on 'Fitness to Practice' (BPS, 2009) emphasise the need for therapists to be aware of their psychological state before returning to therapeutic practice. However, while Guy (1987) expressed concerns about therapists returning to work when still grieving, he also acknowledged that therapists might be more empathic with their clients' emotional pain.

Following the loss of her mother, Shapiro (1985) had difficulty in communicating with one of her clients who was severely regressed. Vamos (1993) following the loss of her husband, underwent a similar experience: she found that her disclosures in session with clients depended more on her emotional state than on therapeutic considerations. Balsam and Balsam (1984) found that grieving therapists who returned to work might not be in a position to be fully present with client's since they are at risk of associating much of their client's material to their own loss.

While these studies provide insights into how a therapist's grief can affect the therapeutic encounter, they lack the breadth and depth that can result from looking at more than one person's experience of this phenomenon within a homogenous sample. Undertaking research with several participants offers the possibility of incorporating and comparing several individual descriptive accounts, using a proven method of analysis to ensure reliability of data.

2.3.2 Survey-based research

On the basis of a survey involving 69 therapist-client encounters, Hayes et al (2007) found that clients experienced their therapists as less empathic when the therapists were still grieving, and more empathic when they had resolved their grief. This indicates that a therapist's unresolved grief may have negative implications for therapy. However, it remains debatable how much surveys can contribute when it comes to something as complex as measuring the resolution of grief. Hayes et al (2007) also highlight the need for therapist self-awareness when clients are also experiencing grief, a facet which the current study aims to explore further.

2.3.3 Qualitative research studies

Antonias (2002) made a much needed contribution to the literature when he conducted a study on the effects of bereavement on humanistic counsellors, using a Grounded Theory approach (Strauss & Corbin, 1990). His study revealed that therapists' bereavement led to short-term negative effects, such as a lessening of professional involvement and impaired self-image. However, in the longer term there were also positive effects, including an increase in empathy and greater reciprocity in the therapeutic relationship. Antonias's use of Grounded Theory led him to capture a number of themes relevant to his participants' experiences. However, a disadvantage of using this approach is in its greater emphasis on arriving at conceptual explanations based on larger samples which sacrifices a more detailed and nuanced analysis of participants' accounts. My study, utilising IPA aims to offer a more fine-grained analysis of participants' narratives using fewer participants.

Dunphy and Schniering (2009) used Grounded Theory to explore the phenomenon of the bereavement counsellor's experience of treating clients who were also grieving. They found that counsellors' own significant losses served as an important resource on which they could draw when counselling the bereaved. This research has helped to reposition the experience of bereavement counsellors by highlighting the fact that traumatic experiences in a counsellor's own life can prove a resource which may benefit the therapeutic process rather than act as an interference and obstacle. However, given that this study used only two in-depth interviews with a focus on generic loss, the transferability of common themes is limited, a point noted by the authors, who recommended further research involving a larger number of bereavement counsellors. My study will endeavour to take note of this shortcoming by interviewing seven therapists in a bid to explicate further data in this area.

A number of other qualitative studies (all dissertations) have explored therapists' experiences following the loss of a close relative (Millon, 1998; Boyden, 2006; Bozenski, 2006; Colao-Vitolo, 2006). Millon's (1998) study involved interviewing ten psychodynamic therapists who had lost a close family member. The research revealed that participants' grief experiences were disenfranchised by their environment and expectations of how their grief might be. Participants also reported having a continued, albeit changed, bond with the deceased (Klass et al, 1996). Some participants reported that while work provided some comfort to them during the grieving process, their emotional state was unstable and interfered with the therapeutic process. This is similar to the findings of Hayes et al (2007), which suggested that unresolved loss might have a negative impact on the therapeutic process. While Millon's (1998) research was the first qualitative study to address this

topic, it has been criticised for failing to specify its epistemological stance, neglecting to explain the specific qualitative method used, and insufficiently outlining how the analysis was undertaken (Kouriatis & Brown, 2011).). In the present study, I seek to explain my epistemological stance, methodology and methods utilised, as well as how the analysis was undertaken so as to provide a transparent account of the research process in its totality.

Boyden (2006), Bozenski (2006) and Colao-Vitolo (2006) engaged in Consensual qualitative research (Hill, Thompson, & Williams, 1997) for their theses on therapists' bereavement and its impact on the psychotherapeutic process. Twelve psychologists were recruited and interviewed by telephone. Participants reported experiencing a continuing bond with the deceased, which they saw as an adaptive mechanism linked to coping with the loss (Worden, 1991, 2002, 2009). Participants also reported finding talking, socialising and connecting with family as useful coping mechanisms, along with seeing clients (Colao-Vitolo, 2006). They reported finding supervision and personal therapy of great help (Henderson, 2005; Mahoney, 1997). However, they noted that coping was hindered when others did not understand their grief (Millon, 1998).

While this collaborative research was based on interviews with twelve participants, the use of telephone interviews rather than face-to-face ones raises doubts as to the quality of the interaction. Was sufficient rapport established to gain participant's trust and enable them to feel comfortable enough to share their innermost thoughts and feelings? Using the telephone would have made it impossible for the researchers to pick up on the subtle cues and body language which contribute to a richer, more

dynamic understanding of a participant's account. Highlighting the importance of the interaction between researcher and participant, my study aims to capture participants' experiences via face to face interviews with a commitment to creating rapport, especially in light of the sensitive nature of the research topic.

Martin's (2011) heuristic research utilising a phenomenological method based on an adaptation of Moustaka's (1990) protocol, explored the lives of seventeen self-selected therapists and how their own life crises affected their work with clients. The findings revealed that therapeutic work benefitted from therapists sharing their shared and fraught humanity both inside and outside of the therapy room.

More recently, Broadbent (2013) investigated therapist bereavement and the impact of loss on their therapeutic work using Interpretative Phenomenological Analysis with four participants. Her findings emphasised the unique experience of grief for participants with the grieving process evolving over time and incurring a significant impact on participants' internal sense of self and social identity. Moreover, participants, in the aftermath of their loss felt they had to re-establish a new relationship with the world (Attig, 2011) and emerged from their experience of loss with greater self-awareness and a newfound sense of self. Being heard and witnessed was another central finding in this research with participants emphasising their need for their grief to be witnessed. Participants also revealed that continued personal and professional development including reflection on their therapeutic work, was paramount in order to continue working therapeutically in a way that was safe and ethical: this was enhanced and supported by participants' experience of a trusting and safe supervisory relationship. Finally, the study presented grief as having had a

considerable impact on participants' therapeutic practice by enhancing their ability to empathise and connect with clients. The issue of self-disclosure was discussed with participants sharing that disclosures were made solely for the clients benefit and not in all cases. My research seeks to add to Broadbent's (2013) findings, exploring the experience of bereavement with seven participants and acknowledging the subjective role of the researcher, in an endeavour to contribute further to the existing research base.

Another recent study on therapists' experience of loss was conducted by Kouriatis and Brown (2013-2014), who also utilised IPA. They interviewed six therapists from a mix of theoretical orientations about a loss experience which held particular significance for them. These losses, however, were not confined to bereavement. The findings from this study revealed that participants' grief impacted them on a multitude of dimensions: psychologically, physically, cognitively and relationally. In fact, they found that psychological and physical pain are closely related in the experience of grief. Moreover, the impact of grief on relationships was found to be dependent on whether the loss had a shared meaning and called for similar coping strategies for those experiencing it. On a cognitive level, participants experienced their grief as intense and disorienting and in some cases normalised their own irrational thoughts in relation to the grieving process. Participants' ability to cope with their grief was mediated by support from family, friends, and colleagues and in personal therapy. Whilst the impact of supervision was also touched upon it was not a facet that seemed to take prominence for participants in this study. Moreover, the findings revealed that continuing with therapeutic work in the midst of participants' grief was helpful as it meant they could escape their own turmoil and facilitated a sense that life could

continue post-loss. Advancements in therapeutic work including enhanced empathy with clients and an ability to “walk alongside the client (p101) as well as a bolder approach to the work were also reported on. In my study, I will be focusing on a more homogenous group of participants by exploring the experience of grief through the death of a significant other. I endeavour to build on Kouriatis & Brown’s (2013-2014) findings.

A further study by Devilly (2014) sought to explore psychotherapists’ experience of bereavement and personal illness using thematic analysis. Six psychotherapists, from a variety of orientations were interviewed with three themes emerging. A prominent theme in this research was the issue of self-care with the majority of psychotherapists engaging in personal self-care practices as a way of coping with their crises. The issue of self-disclosure was also discussed at length in this research with an examination of both its utility and drawbacks but highlighting nevertheless the ambiguity and uncertainty psychotherapists often experience upon having to decide whether to disclose a personal life crisis to their clients. Devilly’s findings revealed that working through a personal crisis had benefits for psychotherapists including a greater sense of empathy for clients and a sense of comfort from being able to continue working, also highlighting the need to consider and seek out personal therapy during such life crises. Finally, the findings highlighted the multi-dimensional and unique nature of grief.

While this study has gone some way towards understanding the experience of psychotherapists experiencing life crises and the implications on clinical work, it is limited: the use of thematic analysis prohibits a fine-grained analysis of participants’

narratives which is arguably achieved more readily via IPA. Furthermore, this study did not acknowledge the position and subjectivity of the researcher and how this might have impacted the research and findings. My study, exploring only bereaved therapists working from a humanistic orientation has also sought to provide a more homogenous sample than has been drawn from this study.

2.4 Rationale for the current research

The above review of the literature relevant to the therapist's experience of bereavement suggests that such literature is rather limited, in view of the importance of the therapist's well-being in their work with clients (Chassen, 1996; Adams, 2014). Given that therapists use themselves as a tool in therapy, it is striking how few studies have focused on the experience of bereaved therapists working with clients (Dunphy and Schniering, 2009). There is clearly room for more research in this area.

As the review indicates, existing research into therapists' experiences of loss comprises anecdotal accounts, autobiographical accounts and a handful of qualitative research projects which have used Grounded Theory, a consensual qualitative research approach and Interpretative Phenomenological Analysis. Some unpublished studies lack a clear methodology and structure, and there is a scarcity of published studies specifically investigating the experience of professional therapists (Dunphy & Schniering, 2009; Kouriatis and Brown, 2011). In addition to this, there are few references to the benefits of being a bereavement counsellor, perhaps a reflection of the implicit belief of most researchers in this area that bereavement work carries a risk of burn-out and compassion fatigue. This gap highlights the need for a more open-ended investigation in this area (Puterbaugh, 2008).

Much of the psychological literature on bereavement to date has focused on methods of bereavement counselling and theories of grief processes (e.g. Bowlby, 1969; Constantino, Sekula & Rubenstein, 2001; Kubler-Ross, 1969; Lindemann, 1944; Weinberg, 1995; Worden, 2009). Far less has been written about therapists' significant loss experiences and less still on the impact of a therapist's bereavement on the therapeutic process. It is hoped that this study will bridge this gap in the literature.

Further research in the area of therapist's significant loss experiences might encourage more reflection on personal losses and how they might impact clinical work, thus contributing to improving the quality of counselling service and the field of psychology generally. Specifically, it is hoped that it will encourage therapists to regularly re-evaluate their practice in the context of their personal lives; inspire more open discussion amongst professionals on the management of life crises, including bereavement experiences; reassure newly qualified or trainee therapists that life crises will and do enter the therapeutic space and need to be both acknowledged and worked with; and encourage training institutions and therapeutic organisations to grasp the importance of open dialogue with, and support for, bereaved therapists.

While qualitative studies have been conducted on how a therapist's bereavement impacts the psychotherapeutic process, only two studies (Broadbent, 2013; Kouriatis and Brown, 2013-2014) have utilised Interpretative Phenomenological Analysis. In the following chapter, I will explain why I regard IPA as a particularly appropriate methodology for exploring this particular topic, in view of the space it accords for rich

idiographic analysis and detailed interpretations of participant material (Kouriatis & Brown 2011, Smith et al, 2009).

Reflexive exploration

As I conducted the literature review for this study I began to notice the ideological power and influence that dominant forms of existing research had over me. With my research question already in mind, I was in search of studies that had already sought to address it. As I looked at classical theories around bereavement, I became aware of a long-standing tendency to view the path of grief as linear, characterised by specific emotions, and with an end point indicating recovery. This caused me to reflect on my own grief experience. I could not recall noting any prominent 'stages' of grief; rather my experience was somewhat haphazard, with some grief reactions occurring many years later, or triggered by other life events. While intrigued by the weightiness of traditional views of grief, and while acknowledging that my own course through bereavement was but one individual experience, I retained a questioning attitude.

I was also intrigued by the notion of unresolved grief, which seemed to me to pathologise the grieving process, perhaps in order to ascertain the support needs of those seen to be unable to cope. After ten years of training and working in the field of psychology, I have come to understand the mainstream model of mental healthcare and its need to categorise certain problems to justify a support service for them. Nevertheless, the notion of unresolved grief diverges from my own belief system. I concur with the existential premise that what we might conceptualise as an illness or

aberration is in fact an inevitable and often understandable part of the human condition. I was reminded of the need to remain open to realms of experiences that are not easily explained or categorised. I felt a desire to be compassionate to those perhaps fearful that exposing their vulnerability might be met with condemnation or negative judgement.

I found writing about inter-subjectivity somewhat challenging, given my belief that the therapist is always bringing their explicit and implicit internal processes to the therapeutic encounter. My assumption at this preliminary stage was that therapists' bereavement experiences would likely impact their clients but I urged myself to bracket this pre-conception. I was aware that I needed to maintain an attitude of openness, to allow for the possibility that perhaps this would not be the case for my participants and that phenomena I was not yet aware of might emerge.

Incorporating existential thought into this piece of research was interesting and invigorating. I found myself being drawn into a deeper exploration of the issue of bereavement and loss at a more intricate human level as I sought to capture this phenomenon from a philosophical viewpoint. I quickly became aware of the divergence of the existential phenomenological perspective to some of the mainstream theories associated with bereavement and felt this added a richer dimension to my thoughts around this issue. Having said this, the contradictions inherent in holding and being open to a variety of vantage points was a challenging but useful endeavour as it facilitated a recognition of where my own assumptions lay but also facilitated a greater awareness of the possibilities inherent when looking at human issues. This

reminded me again to remain open to the complexities and paradoxes that might emerge in my research.

My engagement with the literature developed and deepened over the course of the research process, becoming a cyclical endeavour in which I would repeatedly re-engage with the literature as findings challenged my preconceptions or deepened my understanding.

Later, after completing my research and writing up my findings, I found myself wondering what it would have been like to have conducted the literature review after the research, rather than prior to it. Would it have left me more open to novel, unexpected ideas? Or would I have approached the phenomenon with greater naivety? But then I realised that my pre-existing familiarity with bereavement literature, as a result of my training and life experiences, would in any case have coloured my interpretations to a degree. The challenge, I realised, involved my capacity to stay open, to bracket and to be reflexive. Both the process of reading the literature before and after have particular implications.

Chapter 3 Methodology

In this chapter, I set out the methodology employed in the current study. I begin by discussing the epistemological stance and research paradigm which inform this research, since it is essential that a researcher outlines his or her epistemological position in order to provide a rationale for the type of knowledge being sought and the methods used to this end (Creswell, 2007). I then present the rationale for choosing a qualitative rather than a quantitative methodology. Following this, I will present my chosen qualitative methodology, Interpretative Phenomenological Analysis, and outline its theoretical foundations and underlying principles. Finally, I justify my choice of IPA in preference to other qualitative methodologies, which I critically evaluate in terms of their relevance and application to my topic of research.

3.1 Critical realist epistemology

This research is grounded in a critical realist epistemology which acknowledges the existence of a real world, real objects and real events whilst also acknowledging that our experiences and interpretations of the external world are partial, imperfect, and open to multiple meanings (Shipway, 2010). The knowledge we gain is mediated via constructive and meaning-making processes (Bhaskar, 1997, 1998). In other words, “what is real is not dependent on us, but the exact meaning and nature of reality is” (Larkin et al, 2006, p32).

The critical realist position recognises that we construct our social reality through language but also that a world exists beyond our social constructions (Johnson & Duberley, 2000; Eatough & Smith, 2006).

Bhaskar (1978) points out that if knowledge is socially produced, it is necessarily transient: subject to change and decay. In other words, it is ultimately fallible. His identification of the dichotomy between ‘transitive’ and ‘intransitive’ dimensions of knowledge is helpful here. The ‘transitive’ dimension refers to our ever-changing knowledge and understanding of the world, while the ‘intransitive’ consists of the real things in the world which exist independently of us (Burnett, 2007). From this view, the social actor is central in terms of understanding the world through interpretation and sense-making. At the same time, any knowledge achieved is necessarily partial, transient and context-bound (Bryman, 2008, p.694).

This is consistent with the views of the phenomenologist Heidegger, in particular his concept of the “person-in-context” (Larkin et al, 2006, p106). Merleau-Ponty (1962, p106) further elucidates this idea in his assertion that “all my knowledge of the world, even my scientific knowledge, is gained from a particular point of view”.

From a critical realist perspective, we are invited to discover things in the world that are not transparent to us; to uncover elements of the intransitive dimension by increasing our knowledge through theory as well as by experiencing the world. In terms of this study, this entails exploring participants’ lived experiences of bereavement and how they manage their grief in the midst of therapy work. Through this exploration, elements of the intransitive dimension -- that is, processes experienced by the participants and independent of the researcher – can be revealed, opening the possibility of learning how this phenomenon is experienced by different individuals.

I will now endeavour to explain my decision to adopt a critical realist epistemological stance for this research. My starting point is my personal belief that there is a world that exists independent of mind; any mind that experiences the external world does so through a subjective lens.

A helpful analogy here is that of a table in front of me. My sensory perceptions tell me what is before me, and the idea of a table is based on language which I have learnt to attribute to this object. If I close my eyes, I believe the table is still there because my sensory perceptions communicate this to me: I can touch the table; I can hear the vibrations made by my knuckles knocking against it, and so on. If I fall asleep or lose consciousness I believe that the table will still be there because I understand it to be independent of my mind.

I also believe it is ontologically impossible to truly know another mind because subjectivity is by definition personal. If two people look at the same table, they experience or perceive it differently because they are functioning from two distinct, unique mind-sets and world views. Given that our perception of 'the external' is necessarily subject to our own interpretations, we can never fully know or observe something in its full essence or true form. How each of us comes to our own understandings of the external world is mediated by social, cultural, and experiential influences in the world. It is therefore inevitable that preconceptions accompany our interpretations.

With reference to this study, and mindful that there is a qualitative difference between one's experience of a table and one's experience of bereavement, I take the view that

my participants' experience of bereavement occurs regardless of my knowledge of it: in other words, their experience is independent and unique relative to mine.

With this in mind, I understood the need to be aware of my own experience of bereavement so that I could attempt to bracket any preconceptions I might bring to the interviews and participant encounters. I also understood from my knowledge of Heidegger's phenomenology that I was unlikely to succeed in bracketing everything and that some latent beliefs or ideas would intrude from my own experience.

My belief is that when two individuals -- two subjectivities -- come together the result is a co-constructed encounter. That is to say, the sum of who I am (together with all my experiences) will influence how I view my participants and interact with them, and this same process will occur for them; both parties will be affected by the encounter. This necessitates the need for reflexivity, a practice which involves the researcher, as a situated being, exploring their role in the research process and their possible impact on it. The present study acknowledges the researcher's presence in the phenomena being described by highlighting the reflexive journey of the researcher at each point of the research process (Finlay, 2011).

It is also important to stress that the findings of the present study are mediated by intellectual processes (Larkin et al, 2006) that are necessarily transitive. Applying these ideas to my research it is also important to recognise the problematic relationship between what clients say and what they experience. Indeed it is impossible to access pure experience for we apply meaning to it after the event (Smith et al, 2009). Of course, participants and indeed, this study, will be relying on

participants' ability to recollect and narrate the many facets of both their lived experience of grief and how they felt this impacted their therapeutic work as experienced in the past. This is an inevitable challenge when asking individuals to reflect back on past experiences. In fact the challenge of phenomenology is in trying to access pre-reflective lived experience. Dialogue, by its nature, is reflective. Therefore, my challenge, as part of this research study is to go beyond my participants words to their implicit meanings, which I will endeavour to do using Interpretative Phenomenological Analysis. While I am trying to get as close to participants experience as possible, I appreciate the epistemological challenges involved.

3.2 Choice of methodology: quantitative versus qualitative

The phenomena associated with grief and bereavement can be explored both quantitatively and qualitatively, depending on the research question (Stroebe, Stroebe & Schut, 2003). When a research question aims to quantify, measure, test or observe a phenomenon objectively, a quantitative methodology is clearly appropriate (Stroebe et al, 2001). For example, questionnaires and surveys can be utilised to measure healthcare workers' attitudes towards bereavement care. Quantitative research tools are typically used to test hypotheses, establish causal explanations, evaluate validity and reliability and measure the degree of generalisability across samples (Stroebe et al, 2003).

However, quantitative methodologies are not designed to help healthcare practitioners *understand a person's lived experience* in all its complexity. If the goal of research is to understand a particular phenomenon rather than generalise to a population, a qualitative methodology is required.

In the context of the growing emphasis on evidence-based practice in psychology, quantitative methodologies have traditionally been valued for their production of rigorous empirical data (Biggerstaff & Thompson, 2008). However, an increasing number of researchers are now demonstrating the usefulness of qualitative methodologies such as IPA (Smith et al 2009; Smith & Osborn, 2003; Biggerstaff & Thompson, 2008). These are seen as allowing for an idiographic understanding of individuals' experiences, enabling a researcher to capture the complexities inherent in psychological phenomena (Bryman, 1988).

In the field of psychology, qualitative approaches offer the possibility of insight into complex and multi-layered phenomena. They broaden the paradigmatic base, enrich philosophical and intellectual perspectives, and offer research methodologies which may well contribute to the profession's growth. (Ponterotto, 2005). Counselling psychologists (Hoshmand, 1989; Howard, 2003; Morrow & Smith, 2000; Polkinghorne; 1988) have, in fact, been calling for an increased emphasis on qualitative research methods for the past decade. In the field of counselling and psychotherapy, such methods have been rated the most appropriate for conducting research (McLeod, 2003).

From a counselling psychology and humanistic perspective, it feels pertinent to place the individual at the heart of research. Smith (2001) argues that psychological research should investigate "humanly significant problems with methods chosen or devised with intelligent flexibility to fit the problems to be pursued" (p443). Qualitative methodologies, which value each individual's unique experiences and seek to unravel the meanings underlying them, explore lived experience at a level of detail impossible for quantitative approaches to capture. In the field of bereavement

research, such methodologies offer a depth that cannot be achieved via quantitative means (Stroebe, Stroebe & Schut, 2003).

It is only recently that qualitative methodologies have been used to explore grief and bereavement (Costello & Kendrick, 2000; Daggett, 1999; Duke, 1998; Elliott, 1999; Harte-Barry, 1997). A range of phenomenological, hermeneutic, ethnographic, content analytic and grounded theory methods have been utilised to provide insights into the lived experience of loss and how human beings find meaning in such experiences (Glasser and Strauss, 1969; Klass 1999; Rosenblatt, 2000).

The current study is an addition to this body of qualitative research. Given my belief that knowledge is both transient and shaped by context, I do not propose to reveal facts or assert any absolute truth on the basis of this research. Instead, by eliciting personal narratives from my participants I seek to uncover implicit meanings in order to ‘give voice’ to each individual’s experience (Finlay, 2011).

3.3 Interpretative Phenomenological Analysis (IPA)

IPA is a relatively new qualitative approach developed specifically within the field of psychology. Despite its relative newness, however, it has already generated a body of published studies, reflecting increasing confidence in its applicability and relevance (Biggerstaff & Thompson, 2008). According to Reid et al (2005), IPA encompasses many principles of good practice, including owning one’s perspective, situating the sample, grounding in experience, and achieving coherence (Elliot et al, 1999).

IPA is an idiosyncratic and inductive method, grounded in a broader phenomenological field that focuses on lived experience (Smith et al, 2009). It has been described as a variant of phenomenology (Finlay & Ballinger, 2006), since its

idiographic method of analysis is seen as consistent with phenomenological attempts to capture individual experiences. IPA is also strongly associated with hermeneutic traditions which recognise the central role of the researcher as an interested and subjective participant rather than a detached and impartial observer (Finlay, 2009).

Phenomenology is a philosophical approach which aims to identify and explore 'phenomena' (life experiences) by looking at how they are lived and experienced by individuals within their particular social, cultural and historical contexts (Finlay, 2011). By opening up the way we look at everyday experience, phenomenology provides a powerful tool for research in the humanities (Wertz, 2005) and, more specifically, for understanding individuals' intricate experiences in the therapeutic arena (Finlay, 2011). In this section I will present the philosophical foundations of phenomenology, particularly the ideas of Husserl and Heidegger.

3.3.1 Husserl and the 'epoche' (reduction)

Husserl's phenomenological ideas argue for prioritising one's subjective experiences in an attempt to gain a scientific account of the world (Smith et al, 2009). However, Husserl was not an advocate of positivism; rather his ideas sought to emphasise lived experience as a more authentic scientific foundation for exploring the world (Finlay, 2011). He argued that exploring the essence of lived experience could be facilitated by what he called the 'epoche': the bracketing, or putting aside, of prior knowledge (whether scientific or experiential) so as to make oneself more open to intuiting fundamental meanings (Finlay, 2011). Indeed Husserl's Phenomenology was concerned with capturing the essential qualities of experience made possible through the Phenomenological attitude.

In practice, the Husserlian epoche (or reduction) involves the researcher bracketing their natural, taken-for-granted knowledge of the world, immersing themselves in the narrative, and striving to determine the essence of experience (Smith et al, 2009). It requires pushing beyond surface appearances to delve deeper and deeper into the experience. Throughout the research process, the researcher strives to maintain a naïve and curious stance, an idea reflected in Merleau-Ponty's assertion that "enquiry is a continuous beginning" (1960/1964, p.161).

3.3.2 Heidegger and Hermeneutics

Heidegger (1927) criticised Husserl's notion of the reduction by questioning the possibility of knowing anything in absolute terms beyond one's participation in it (Smith et al, 2009). He argued that in order to gain knowledge of the lived world, an interpretative stance was necessary. As a result his approach to the question of human existence can be described as hermeneutic.

Heidegger called attention to what he called our 'thrown-ness' in the world and the resultant constraints on freedom and understandings. From his perspective, phenomenological inquiry involves interpretative steps between pre-understandings and current understandings (Finlay, 2011). Within this, bracketing is a cyclical process that can only be partially achieved; it is engaged within the 'hermeneutic circle', a process of moving between parts and the whole (Smith, 2007).

A number of post-Heidegger phenomenologists (Todres, 2007; Van Manen, 1997) have also challenged Husserl's ideas of bracketing by arguing that individuals cannot 'put aside' their embeddedness in a specific culture and history. They argue that we

need to work with, rather than bracket, our fore-understandings when encountering new experiences; by becoming familiar with the new, we can re-evaluate our fore-understandings (Finlay, 2011).

The challenge, when conducting phenomenological research, is to balance the use of self-reflection and personal experience. Hermeneutic researchers might do this by evaluating how their attitudes, beliefs and values affect the research process and engaging in a continuous process of reflection, both regarding the research experience and the phenomenon being investigated. As such, they recognise the impartiality of their pre-understandings (Finlay, 2008). They need to manage this process carefully, avoiding the trap of becoming overly self-immersed or hyper-reflexive and thereby losing sight of the phenomena under investigation (Finlay, 2011).

3.3.3 Idiography

IPA is also rooted in idiography: the study of the particular. It seeks to zoom in on the finely textured specific details of a phenomenon and how it is uniquely experienced (Smith et al, 2009). In the case of the current study, a small sample was used in order to give priority to a detailed, systematic, case-by-case analysis. As such I sought to illuminate the phenomena under exploration through a fine-grained analysis of each participant account and the meanings therein. This idiographic approach offers an strong insight into a particular person's experience and their response to a particular situation. Importantly, the details of a specific case might also highlight dimensions of a shared commonality (Shinebourne, 2011) As such, I chose to focus on explicating general themes as my way of describing the phenomenon but remained committed to

an idiographic focus in an attempt to uncover points of similarity and differences across participants.

3.3.4 The double hermeneutic

Given that humans typically seek to make sense of things (Frankl, 1963; Van Deurzen & Arnold-Baker, 2005), participant accounts shed light on their attempts to make sense of their experience. The value of any participant account rests on how far a participant has been able to do this and how much they choose to disclose; the researcher's consequent interpretation of the account will be influenced by this (Smith et al, 2009).

IPA seeks to address this problem via what is known as the 'double hermeneutic'. This refers to the way in which the researcher unravels the meanings of a participant's experiences by interpreting meaningfully how that participant makes sense of the world (Smith & Osborn, 2003; Smith et al, 2009). Such interpretations are based on the researcher's own beliefs, expectations and experiences as well as the interplay between researcher and participant (Smith et al, 2009). This interplay, involving a process of hermeneutic questioning, uncovering meaning and further questioning as the process evolves, is also known as the hermeneutic circle (Moran, 2000; Smith, 2007, Smith et al, 2009). As a distinguishing feature of IPA, I will endeavour to engage the hermeneutic circle in the present study, throughout both my data collection and analysis with a view to explicating a layered analysis of the phenomenon under exploration, acknowledging the dynamic process at the heart of this endeavour. I intend to do this by providing a descriptive, phenomenological account of the participants' narratives to demonstrate how the phenomenon appears as well as going on to engage in a more critical analysis based on my interpretations as

researcher. A critical part of this process and indeed of the hermeneutic circle, is to continually revise and review understandings gained from participants. Thus, rather than engaging with the data in a linear fashion, I will endeavour to move backwards and forwards as I immerse myself in participants narratives and meanings, reviewing and revising these as new understandings evolve.

As a phenomenological researcher, I understand that I cannot be detached from my own presuppositions. In order to present a transparent piece of research (Yardley, 2003) it is therefore important that I outline my own beliefs and assumptions in an attempt to 'own my perspective' (Elliot et al 1999).

3.3.5 Limitations of IPA

IPA has been critiqued for an over-reliance on language as a way of accessing individual experience. This is seen to raise problems of validity, especially where participants are unable to articulate the multiple layers inherent in their experience (Willig, 2001). However, it is important to note that IPA does not claim to be able to access pure experience; it acknowledges that human beings are meaning-making creatures and thus the meaning applied to experience has much to teach us about a person's involvement with a given phenomenon. In this way it offers an insightful account of a particular sense-making process (Eatough & Smith, 2006)

IPA has also been criticised for failing to consider the constitutive role of language (Willig, 2001). This argument rests on the idea that since language is socially constructed, an interview (for example) simply reflects how a person talks about an experience; it does not constitute a description of the experience itself (Willig, 2001).

However, IPA involves a close engagement not simply with an individual's language use but also with what is unspoken; it looks for meanings which are necessarily bound in the context of a person's life-world. While concerned with language, it also invites us to consider other elements of experience beyond language use (Eatough & Smith, 2006).

Reflexivity is an important facet of research utilising IPA. However, it has been argued that IPA offers only limited guidance as to how reflexivity should be incorporated into a research study (Willig, 2001). IPA has also been challenged on the grounds that its idiographic approach means that broad generalisations are not possible and that any data produced is likely to be "subjective, intuitive and impressionistic" (Pringle et al, 2011. p 58). However IPA as a methodology does not aim to achieve empirical generalisations but rather theoretical transferability which can provide significant contributions to existing knowledge bases in the field as well as open new avenues for investigation (Reid et al, 2005; Smith et al, 2009).

Giorgi (2010) recently criticised IPA's methodology arguing that it is unscientific and that it appears to be non-prescriptive but that in reality it is prescriptive rather than suggestive. Smith(2010), however, argues that IPA is not a prescriptive methodology acknowledging that prescriptions in quantitative research should not be compared to the same in qualitative research due to their inherent methodological differences. However this does not mean that any work produced using IPA is not scientific. In fact Smith argues that IPA provides guidelines to researchers and inevitably relies on the researchers complex professional and personal skills which will ultimately influence the quality of the work carried out.

3.3.6 Rationale for selecting IPA over other qualitative methodologies

Below I offer a rationale for choosing to use IPA as my qualitative method above other possible alternative approaches, namely Grounded Theory, Discourse Analysis, Narrative Analysis, Descriptive Phenomenology and Hermeneutic Phenomenology.

Grounded Theory shares its theoretical underpinnings and process of analysis with IPA but also lends itself to generating theory as part of an inductive process. Hence, it is largely focused on exploring an individual's account of their experience for the purposes of comparing cases in an effort to construct theory (Strauss & Corbin, 1990). This suggests the need for a large enough sample size to reach 'saturation' and arrive at a theory (Barbour, 2007; Smith et al, 2009). In contrast, IPA draws on a small sample of participants because it seeks to delve deeper into each case in pursuit of a fine-grained, detailed and rich account of each participant's 'life-world' (Smith & Osborn, 2008; Smith et al, 2009). As such, it is more in keeping with the aims of this study. As a phenomenological researcher I value the idea of going back to the things themselves (Husserl, 1936/1970), using IPA to delve into the fine detail of a person's experience rather than investigating experience on a macro level to achieve a theory. At a practical level, too, Grounded Theory seemed inappropriate for this study, given the problems of obtaining a large enough sample of participants within the given time limits.

Discourse Analysis was also considered for this study. Like IPA, it values the role of language in qualitative analysis through its recognition that experience is shaped by language and culture (Smith et al 2009). However, Discourse Analysis seeks to examine the words and language people use when they talk or write about a particular

experience as dissociated from their cognitions (Potter and Wetherell, 1987). The current study, in contrast, seeks to understand the participant's engagement with a particular experience and the meanings they derive from it in a given space and time. IPA offers the possibility of capturing multiple facets of a person's engagement with a phenomenon; it takes into account the dynamic nature of a person's development within the linguistic and cultural realms. Discourse analysis appears to offer a more static engagement.

Narrative Analysis was considered for this research study, given its interest in the content of people's experiences. Narrative Analysis is concerned with how an individual tells the story of a life experience, and how meaning is attributed in this process (Bruner, 1987). However, the aim of my research is to explore the lived experience of a therapist's bereavement in the context of therapy rather than look at how a person uses narrative to make sense of their experiences.

Descriptive analysis, which aims to describe the structure of experiences so as to bringing to light the pre-reflective lived world of participants, also resonates with the aims of this study. However, it is more concerned with general phenomena (for example, the experience of grieving) than with an individual's experience per se; there is less emphasis on idiographic exploration of an individual's embodied subjective experience (Smith et al 2009). In contrast, IPA focuses at all times on the individual, prioritising how people make sense of their experiences (Smith et al, 2009). This focus is pertinent for this study because my aim is to achieve an understanding of participants' personal experiences of the therapeutic encounter whilst bereaved, with an emphasis on their embodied, cognitive, affective and

existential interpretations of their unique experiences. Such goals are more readily achieved via idiographic analysis. Furthermore, IPA allows for the exploration of contextual situations (Smith et al, 2009). Its emphasis on open-ended questions and processes facilitates the process of exploring how participants in a particular situation experience and understand a particular phenomenon.

Hermeneutic Phenomenology also attempts to evoke lived experience and does so through explicit involvement of interpretation via the use of the hermeneutic circle (Finlay, 2011; Smith et al, 2009). However, I felt IPA would be more appropriate for this particular study because of its combination of valuable hermeneutic elements with a specific method of analysis.

My rationale for choosing IPA over other qualitative methodologies derives from my view of IPA as a creative, innovative method whose strength lies in its flexibility and ability to stimulate creative individual responses to the research process (Smith, et al, 2009; Smith & Osborn, 2008). With its roots in phenomenology and its commitment to exploring the essence of experience (Finlay, 2011), IPA is consistent both with the aims of my research and with my epistemological position. It acknowledges that access to knowledge is partial and mediated by the situatedness of both participant and researcher, thereby emphasising the role of the researcher in the research endeavour (Smith et al, 2009; Smith & Osborn, 2008) as well as its co-constructed nature (Larkin et al, 2006). Rather than seeking to uncover an objective truth, it endeavours to uncover the intricacies of human experience as revealed in the interplay of researcher and participant. The interpretative stance demanded of the researcher by

IPA is in tune with the belief system of an existential counselling psychologist such as myself.

Smith et al (2009) also recommend IPA as a methodology for novice researchers, given its structure and ‘user-friendly approach’. Smith & Osborn (2003) recommend this approach for areas where there is little published research or where the experience under investigation is considered particularly complex or unexplored novel, as is the case with therapist bereavement (Kouriatis & Brown, 2011) .

Reflexive exploration

For more than ten years I have been training and working in the area of existential counselling psychology and mental health. This experience has allowed me to name what I feel is my long-standing affinity with phenomenology. For years prior to my embarking on my journey to become a therapist, I often engaged a phenomenological attitude to the world around me. An inquisitive person by nature, I have always been passionate about understanding the essence of phenomena and engaging with existential issues. Such enquiry, I have found, provides an avenue for a more authentic understanding not only of others but also of myself.

Outlining my epistemological position as a researcher was a thought-inducing exercise. It called me to question my way of being in the world and more specifically, how this would translate to a research process. I found myself challenging and questioning myself often through this process as I recognised that in some ways, I could locate myself in facets of numerous epistemological positions. However, I felt

particularly aligned to the critical realist standpoint given my belief in an external world independent of myself which is nevertheless interpreted through a subjective lens. In many ways, this exercise helped to solidify my position which has facilitated a more attuned relationship with the research process.

My interest in the phenomenological attitude was enlivened as a result of my training in existential counselling psychology, which has served as a catalyst to develop my understanding of phenomenology and my interest in utilising this way of being with my clients. Conducting a research study on the basis of a phenomenological methodology feels appropriate for me; it fits well with both my personal and professional way of being. At the same time, I am conscious of being a neophyte researcher, with much to learn about how to engage the phenomenological attitude. As a neophyte researcher, I am conscious of a certain hesitancy and caution, and perhaps a tendency to cling to structure. Perhaps this will place constraints on the creativity of my research project.

Chapter 4 Method

In this chapter I provide a detailed account of the method used for this study. I describe how participants were recruited and selected, present a rationale for the use of semi-structured interviews and show how my interview schedule was constructed as well as how I conducted my interviews. I go on to describe the steps used in the analysis and then use Yardley's (1980) evaluation criteria to assess the validity of the study. Finally, I explore the ethical issues raised by the study, including the important issue of confidentiality. The chapter concludes with a reflexive statement.

4.1 Research Design

This study employed a hermeneutic phenomenological research design. Since such an approach generates large amounts of data, emphasis was placed on quality and depth of information rather than quantity. Purposive sampling via the selection of a small and homogenous group of participants was utilised (Smith, Flowers & Larkin, 2009; Langdrige, 2007). Semi-structured interviews were employed; they were audio recorded, transcribed verbatim and then analysed using IPA (Smith & Osborn, 2003; Smith et al, 2009). In keeping with an idiographic approach I sought to bracket any assumptions regarding the likelihood of a shared reality across different individuals.

4.2 Participants

A small purposive sample of seven participants was recruited in accordance with IPA's requirement for a fairly small and homogenous sample (Smith, Flowers & Larkin, 2009) and in line with the New School of Counselling and Psychotherapy and the Psychology Department's Ethical Committee agreement.

In order to achieve as homogenous sample as possible, I sought to recruit humanistic therapists who had experienced the bereavement of a significant other. In recognition of the idiosyncratic nature of the loss experience and in an attempt to reduce the disenfranchisement of grief, I asked that participants self-define their significant loss (Kouriatis & Brown, 2011; Doka, 2002).

Initially I sought to interview participants who were specifically working with bereaved clients at the time of their bereavement, however due to difficulties in recruiting, I widened my original search criteria to encompass participants working with any clients whilst bereaved themselves.

Recruitment advertisements were sent out to staff and students of the New School of Psychotherapy and Counselling. Advertisements were also made via the Counselling Psychologist (BPS) website and LINKEDIN professional networking website. A research notice and call for participants were posted on the BACP and Therapy Today websites, and I also reached out via professional contacts in the field.

After individuals made contact with me to indicate their interest in the study, I provided them with copies of the Research Information Sheet (Appendix 4) and Inclusion Criteria (Appendix 5) to determine whether they would be suitable for the study. I arranged to meet those who were deemed suitable (as per the sampling criteria outlined below) in order to go through the consent form before conducting the interview.

Prior to recruitment, I ensured that all prospective participants met the study's criteria by asking them to confirm that they in fact did meet the criteria (Appendix 5). I stipulated that the bereavement must have occurred between six months and five years earlier, in the interests of homogeneity and also because this time span set sought to facilitate recollection of the experience. There was also an ethical dimension to this criterion: I felt it appropriate to stipulate this requirement so that the interview would not cause distress for a newly bereaved therapist. At the same time I was aware that feelings of grief do not necessarily follow a linear pattern and that talking about bereavement at any stage in a person's process could trigger distress. I therefore took further steps to reduce the level of distress that participants might suffer (see section 4.6.1 below).

Seven participants -- five women and two men -- were recruited for the study. All seven were British nationals, aged between 30 and 58, and living in London or the greater London area. All described themselves as humanistic psychotherapists and all were currently practising. Their therapeutic experience ranged from 8 to 25 years.

For the purposes of this study I asked that participants self-define the 'significant other' they had lost. As a result, participants' losses were varied: one had experienced the loss of a child, three the loss of their father, one the loss of their mother, one the loss of their best friend, and one the loss of a treasured pet. Participants' bereavement ranged from having occurred between 6 months and 2 years prior to our interview.

4.3 Data collection

Participants were interviewed on the basis of semi-structured interviews, which were seen to allow for in-depth, detailed exploration of participants' lived experience. The

semi-structure interview is an often used data collection method for IPA studies, particularly for those conducted by novice researchers (Smith & Osborn, 2003). Unstructured or open-ended interviews, participant-led and hence less structured around researcher-led topics, are also used for IPA research. However, Smith et al (2009) do not recommend that newcomers to IPA utilise them. While semi-structured interviews can also be participant-led to an extent, they enable the researcher to be prepared and confident, which in turn facilitates a more comfortable research interview for the participant (Smith et al, 2009). While the pre-formulated structure of semi-structured interviews may somewhat restrict discussion, questions (usually few in number) are phrased so as to be open-ended, offering participants some flexibility to steer the conversation, although always within the scope of the broader themes under discussion (Ponterotto, 2005). This also allows the interviewer scope to respond to, and follow up, issues raised by participants, including ones that were not anticipated, and to explore implicit meanings in participants' narratives (Kvale and Brinkmann, 2009).

Prompts, recommended by Smith & Osborn (2003) as a way of elucidating areas of discussion for participants, were also incorporated into the interview schedule. These were utilised as and when it was felt necessary. Because it was important to allow participants to steer their explorations to a degree in order to capture their unique experiences, in some cases I did not strictly adhere to the interview schedule.

The construction of the interview schedule (Appendix 7) was informed by my engagement with the research question, relevant literature (e.g. Smith et al, 2009;

Kvale & Brinkman, 2009) and discussions with my supervisor and colleagues. A pilot test also helped in the process of refining and fine-tuning my questions.

I spent considerable time mulling over my research question and playing with ideas as to what questions might be particularly fruitful. I sought to keep my questions to a minimum so as to ensure enough space for participants to engage with each question in depth. I ensured questions were open-ended and did not make assumptions about participants' experiences: again, to offer space for their unique perspectives.

My first interview question sought to 'set the scene'. A sequence of five questions then sought to cover the theme questions pertaining to the two areas of my research question: the bereaved therapist's lived experience of grief and the manner in which their grief had impacted/was continuing to impact the therapeutic encounter. I constructed expansive prompts for each question to facilitate further exploration where necessary.

4.4 Data analysis

Smith et al's (2009) recommended six-stage approach to analysing the data was utilised for data analysis. I created a table whereby I could look at the transcript line by line and note initial themes, linguistic comments and my interpretations of the data (see Appendix 9 for table excerpt of transcript analysis). The various elements of my note-taking were colour coded in order to delineate each part of the analysis process .

4.4.1 Reading and re-reading

In this phase I actively engaged with the data by reading and re-reading the participants narrative which had been transcribed. I began with dwelling with one

narrative at a time and immersed myself in this process as opposed to just browsing through. This allowed me to pick up on the development of rapport between myself and participants and the more detailed sections of the narrative as well as those sections posing contradictions.

4.4.2 Initial noting

The aim of this phase was to produce a detailed and comprehensive set of notes about the data by commenting on the narrative while staying close to participants' explicit meanings. I entered summaries of content, connections between different parts of the transcript and initial interpretations in the margins of the table. Initially my comments were simply descriptive, summarising what participants were saying, particularly those comments that had some bearing on the research question. As I became more immersed in the transcripts, I began to comment on linguistic aspects which stood out. I then moved to a more interpretative engagement with the text, in which I commented on questions that arose from the narratives, reflected on implicit meanings and speculated on these meanings. I noted how the move from descriptive comments to interpretative comments entailed the double hermeneutic. I was mindful that these were my thoughts about participant meanings as opposed to facts.

4.4.3 Developing emergent themes

For each transcript, the notes made as described above were condensed to produce emergent themes. The aim was to use the initial notes to map interrelationships, connections and patterns and to locate what was important in the various comments in each part of the transcript. This process involved devising emergent themes that reflected my descriptive, linguistic and interpretative notes. These emergent themes were then noted on the left hand column of the table so as to provide a clear overview of the initial emergent themes arising (Appendix 10).

Alongside this process, I also sought to write a phenomenological description (in narrative form) of my understanding of participants' accounts so as to get closer to their lived experience. The aim was to explicate the experience and avoid getting too caught up with the mechanics of thematic analysis which at times took me away from the phenomenon.

4.4.4 Searching for connections across emergent themes

This phase involved drawing together the emergent themes in a way that illuminated important aspects of each participant's account. Initially a large number of emergent themes arose from the transcript. I transposed these onto a word document which I then printed out, creating a system of cut-out strips of emergent themes (Appendix 10). This allowed me to play around: I clustered the themes that seemed linked or similar while noting those themes that appeared weaker. Once my list of emergent themes was tightened, I repeated this process with the next participant's transcript.

4.4.5 Moving to the next case

Each new transcript was treated as an isolated account in the first instance. As I began working on each transcript, I strove to bracket what had been gleaned from previous transcripts.

4.4.6 Looking for patterns across cases

After analysing each transcript I then began looking for patterns, connections and potent themes as well as idiosyncrasies across accounts. With all the main emergent themes for each participant on separate sheets of paper, I began to look across cases at the themes that appeared more frequently, those that seemed inter-related, and also those that contradicted themes suggested by other accounts. The results were then ordered into a table representing the findings of the research.

With the master tables in front of me, I then began writing the analysis section. This involved going back to the transcripts and looking again at the tables of themes I had devised. During this process, I was challenged to consider whether the main themes I had devised encompassed the participants' experiences in the area under question. For example, I was challenged to consider how a theme might encapsulate divergences within participants' accounts and how I might best put this into words as I wanted to highlight both commonalities and divergences. Throughout this process, I benefitted from the consistent involvement of my supervisor, who monitored my analysis and identification of themes. This is consistent with Smith et al's (2009) recommendation of independent audit to help demonstrate the validity of the analysis.

4.5 Evaluation Criteria

Assessing the validity and reliability of qualitative research is a much debated area (Smith et al, 2009). Indeed, the proliferation of qualitative research in the past several decades has prompted an important debate as to the most appropriate ways in which to evaluate such research. The acknowledgement by qualitative researchers, that quantitative research is based on different epistemological assumptions has given rise to the contention that traditional notions of reliability, validity and generalisability suited to positivist studies are in fact, less relevant to qualitative research (Hammersley, 1992; Smith et al, 2009). Importantly, the criteria used to assess a research piece needs to take into account the method used. Smith et al (2009) recommend Yardley's (2000) criteria for assessing qualitative psychological research on the basis of its "sophisticated and pluralistic stance" (p179). Indeed Yardley's criteria offers numerous ways of establishing quality and are suitable for studies regardless of their theoretical positioning (Smith et al, 2009). Following their

suggestion, in this section I outline the evaluation criteria to be used to assess the quality of this research, and go on to describe how the research fulfils the criteria.

4.5.1 Sensitivity to context

Yardley (2000) points out that sensitivity to context involves showing sensitivity to many factors, including contextual factors, existing literature, and the nuances of data collection. It also involves a commitment to attending closely to participants' material during data analysis.

My commitment to these criteria is demonstrated in a number of ways: 1) it is evidenced in my literature review, where I have sought to identify and describe the existing literature in this area. 2) During data collection, I endeavoured to be at all times empathetic to my participants, helping them feel comfortable and adhering to ethical considerations throughout. From the very start, I was mindful of my role as researcher and how I might be influencing the research process, making personal notes about my experience of interviewing participants after each interview. In fact I was particularly mindful of contextual factors with regards to data collection. For example, I did my utmost to ensure interviews were conducted at a time and location convenient to my participants. Indeed many interviews took place at participants' homes. I was aware that such factors might encourage a greater sense of comfort and safety and somewhat offset the discomfort of talking to a stranger about such a delicate issue. With the majority of my participants I also disclosed my own personal loss prior to interviews commencing, in a bid to put participants at ease and communicate to them that their material would be treated sensitively. I was also aware that I was a lot younger than many of my participants and that perhaps this disclosure

might have balanced and softened the potential relational divide inherent in our age-bound positions. I wanted participants to feel that I could engage with their narratives and empathise with their experiences. 3) Finally, I engaged closely with the idiographic approach, immersing myself in the data and analysing each case as scrupulously as possible.

4.5.2 Commitment and Rigour

Yardley (2000) argues that commitment and rigour can be established by demonstrating a commitment and therapeutic skill relevant to the data collection process. This results in a quality interview, whose contents are used with care during analysis.

I endeavoured to help participants to feel at ease throughout the interview process by meeting with them at a convenient location, being attentive to them during the interviews and showing appreciation for their input. In an attempt to ensure sampling was relevant to the question under exploration, participants were carefully selected: I endeavoured to achieve a reasonably homogenous sample via the use of inclusion criteria which all participants met prior to conducting any interviews.

During the interviews I was conscious of having an interview schedule and the questions I hoped to explore with participants whilst simultaneously being aware of the need to be flexible with them, to allow them to tell their stories in their own unique ways. I did this by seeking to give participants space during interviews, to allow their thoughts and feelings to emerge without always providing prompts. As such, sometimes I allowed for silences as participants took time to reflect. At the

same time, I was particularly mindful of wanting to dig deeper with participants narratives to uncover the implicit meanings therein and so I also often intervened to open up this facet of our dialogue. This was a judgement call on my part, based on my understanding of these tensions and a desire to keep a balance between ‘closeness and separateness’ (Smith et al, 2009).

During the analysis stage, I engaged closely with participants’ material when interpreting the data: this was a multi-faceted process mediated by Smith et al’s (2009) guidelines. I began by reading participants’ transcript one at a time, initially making descriptive annotations. Continuing my idiographic engagement with each transcript, my more basic annotations developed into interpretations whereby I would draw out implicit meanings from participants narratives, delving deeper as I became more familiar and immersed in their contents. Once themes had been derived from individual cases I sought to detect commonalities across participants’ accounts. I sought to be creative as well as systematic in this endeavour, utilising cut out strips of themes, numerous tables and layouts to draw out the main themes for the study (Appendices 9 and 10). For each theme, extracts from at least three participants are provided as evidence of its representativeness (Appendix 11).

4.5.3 Transparency and Coherence

These criteria refer to how clearly the stages of the research process are described and evidenced, and the degree of coherence of the research (Yardley, 2000). I endeavoured to provide a detailed and thorough explanation of all decisions taken in this research, from my epistemological stance to how participants were sampled and how I analysed the data. Throughout the research process I sought to remain closely

engaged with the phenomenon under question. My in-depth analysis and arguments are supported with proportionately sampled verbatim extracts.

4.5.4 Impact and Importance

Yardley (2000) argues that, ultimately, the best way of assessing a piece of research is in how useful, interesting or important it is for its reader. Indeed this is, in part, Yardley's attempt to address generalisability. As such, it is important to note that the findings from this idiographic study with few participants is not intended to provide generalisations but rather that the findings may provide theoretical transferability, allowing the reader to evaluate the evidence in relation to their current professional and experiential knowledge. Moreover, the findings may also offer transferability relevant to therapist vulnerability beyond bereavement. Further implications of my study in terms of its value and impact are explored in section 6.3 of the discussion chapter.

4.6 Ethical Considerations

Ethical approval was granted for the study by the New School of Psychotherapy and Counselling Ethics Board (Appendix 2).

4.6.1 Potential Distress

I understood that interviewing individuals on the subject of bereavement and death issues might trigger painful experiences. I understood that perhaps 'degrees of upset' might be evoked during the interview when a participant was invited to share their experiences of loss.

While participants were not given the questions to look at before the interview, they were all provided with an information sheet outlining the nature of the study, including an outline of the difficult emotions that might be aroused as a result of discussing a sensitive issue. Participants were informed that they could terminate the interview at any stage if they felt this was necessary.

During the interviews I was mindful of the need to check in with how participants were managing the process, especially where I noticed signs of distress. At the end of the interview, participants were debriefed and provided with a debriefing sheet, which included information on available support resources. During this debriefing stage, participants were invited to discuss their experience of the interview. This enabled me to monitor any unforeseen negative effects the interviews might be having.

4.6.2 Participants' rights

Care was taken throughout the research to recognise and respect the rights of my seven participants. All were provided with an information sheet detailing the purpose of the research, its expected duration and the procedures involved. The sheet also set out the potential risks, discomfort or adverse effects for participants, along with the prospective benefits of the project. Participants were provided with details about whom to contact for more information about the research and also about their own rights as participants.

On the basis of the information sheets, participants were asked to give consent (Appendix 6) prior to being included in the study. Issues around consent can be problematic in qualitative research, where it is not always clear what will emerge. I

therefore made a point of seeking participants' renewed and active consent in an on-going fashion. During interviews, I checked in with the participant regarding their willingness to continue and their experience of the process where necessary. Prior to interviews, participants were also informed that they would be allowed to read the transcripts if they wished to and to withdraw from the study after the interview had been completed should they feel distressed or uncomfortable about what they had revealed.

4.6.3 Confidentiality

The consent form explained each participant's right to freely withdraw from the interviews at any point, as well as their right to confidentiality and anonymity. Interviews were recorded on an audio-recorder. I ensured that the recorder and tapes were kept in a secure place (a locked drawer in my home) during the process of analysing participants' transcripts. Once the study was finalised all recordings were cleared.

I used a coding system in the process of transcribing to ensure anonymity of participants. The initial consent form also asked participants to give permission to use their information in the event of publication of the research (BPS, Section 8).

4.7 Use of hermeneutic reflexivity

Reflexivity, in general terms, refers to turning one's gaze to oneself, that is, reflecting one's thinking to oneself. This concept is rooted in the idea that human beings and the world are interrelated wherein every dialogical relationship constructs multiple versions of reality. This conjures up Brentano's (1995) notion of 'intentionality'

whereby he posits that human beings interact with and are conscious of things and therefore are inextricably embedded in their culture. Similarly, Heidegger's notion of Da-sein, further elucidates this idea in his claim that our interrelatedness presupposes that we are always seeking to make meaning within the constraints of the world we live in.

Our social situated-ness implies that we always interpret the world from a particular perspective and therefore that we are somewhat bound by our subjectivity. Gadamer (1975) refers to this as 'horizons': the assumptions, predilections, and beliefs, forming our sphere of understanding that we bring to any given situation. Reflexivity in research then, refers to being critically self-aware of how our situatedness impacts the research process (Finlay, 2011). This is driven by the recognition that the researcher's assumptions, behaviour, personal history and circumstances will inevitably influence how we experience and impact each step of the research process (Spencer et al 2000; Yardley, 2003). A reflexive attitude to research is a dynamic process whereby the researcher endeavours to be aware of their feelings and assumptions about the research, acknowledging their relationship to it and how it might impact on them, both personally and professionally, as well as how the researcher is impacting on the research, at each stage of the research process. By making oneself transparent in this way, the reader is better able to see what belongs to the phenomena under exploration.

Recognising that any knowledge achieved will be embedded in a historical context, Gadamer (1990/1960) advocated an open stance towards interpretation. Hence, reflexivity requires that the researcher remain open to all that might emerge in an encounter, acknowledging, bracketing and simultaneously using fore-understandings

to explore phenomena as they emerge in the co-constructed space between researcher and participant (Finlay, 2008).

While not traditionally theorised explicitly in IPA hermeneutic reflexivity formed an integrated part of this research. At every stage, I endeavoured to reflect critically upon my interpretations of my experience in relation to the phenomena being studied and the research process. I remained alert to my emotions and experience so as to be in a position to utilise them to critically reflect on, and embrace the richness, of unique experiences. Use of reflexivity also allowed me to transcend my previous understandings (Finlay, 2008).

In an attempt to monitor my thoughts and feelings during the data collection phase I kept a reflexive journal in which I entered personal notes after each interview session. I jotted down my experience of the interviews, my impression of participants, our interaction and rapport, and how future interviews could be improved, as well as anything that particularly stood out. By endeavouring to make explicit my role as researcher at each stage of the research process, my hope is that the phenomena under exploration will be better illuminated.

My commitment to reflexivity is shown by the final reflections (in italics) of each chapter.

Reflexive exploration

Here I share some reflexive thoughts on the process of collecting data for this study. Prior to conducting interviews I was mindful that in any interaction, no less in an interview situation, we bring with us our preconceptions, assumptions, background and experience, which form our “horizon of intelligibility” (Gadamer, 1975; Martin & Sugarman, 2001, p196), mediating our ability to understand others. At the same time, when two individuals come together in discourse, this involves a transformative process in which our fore-understandings are altered (Finlay, 2011; Gadamer, 1975). This makes subsequent interpretations necessarily partial. With this in mind I attempted to remain as open to participants’ perspectives as possible by staying close to my own changing preconceptions.

As I began conducting interviews I was struck at the courage of participants in sharing such profound experiences with me, a stranger. We had not had the opportunity to build rapport beforehand, as would have been the case in therapeutic work. Instead, participants took the time to talk to me about their precious losses during just one session. I wondered how much they could reasonably reveal in this somewhat impersonal context. Having said that, the fact that I was a stranger may also have had the effect of encouraging bolder self-disclosures than might have been the case if we had been previously acquainted. In my attempt to put participants at ease I sought to reflect on their openness during interviews and I made my appreciation for their disclosures explicit. I was clear with them that I was keen to hear about their unique experiences. Moreover, I retained a soft and non-judgemental

stance throughout which was borne from my genuine compassion and appreciation of their participation and experiences.

At the end of the third interview, the participant in question asked why I had chosen this area for research. I then shared that I had experienced a significant loss which, among other things, had ignited my interest in this area. I felt this softened the connection between my participant and myself. For the remaining four interviews I decided to share my reasons for conducting the research, disclosing my own loss to my participants as part of my introduction. I felt this promoted a level of rapport and safety that perhaps had not been there prior to my discussion with the third participant.

I was mindful of wanting to ensure participants were at ease and were being understood whilst they were daring to share such sensitive and important parts of themselves. Having said this, I am aware that this disclosure will have impacted the research. The disclosure may have influenced participants in a multitude of ways. Those to whom I disclosed my loss may have felt a greater sense of connection with me as a result, or may have assumed that, given my own experience of grief, there was no need to be very explicit in their narratives. I am aware that my disclosure was based on my assumption that participants might benefit from my explicitly sharing the fact of my own bereavement. My decision to do this was situated in my desire to create a safe, understanding space. However, I feel and hope that my curious and open stance, as well as my explicitly made intention to hear their unique stories, promoted an organic, authentic revealing. Through my disclosure, furthermore, I

gave voice to a central theme in this research: exposing one's vulnerability and encouraging an open dialogue about it.

Having said this, I was also aware that this was a research process and not a therapy session. I was mindful not to hold a therapeutic stance in relation to participants, and to avoid offering interventions or interpretations. I found this particularly challenging given the sensitive nature of the phenomenon being explored and my background and experience as a therapist. I was confronted with the tension of discussing a topic which evoked strong feelings while seeking at all times to navigate this terrain in a way appropriate to the research process and to participants' human experiences. Essentially I had to ensure my interventions were not overly therapeutic in style. This echoes Finlay's (2008) idea that an IPA researcher must grapple with the tension of being distanced and detached and simultaneously open and fully involved. Mindful of this, in some instances I felt I was somewhat rigid in my interviewing style.

However, I found it helpful that my participants were therapists themselves, with a clear understanding that the focus was on gathering information about their experiences rather than therapy as such.

Nevertheless, the research interview explored extremely sensitive areas, and some participants became tearful during its course. In such instances I was confronted more viscerally with the emotional nature of the subject matter. I invited participants to continue sharing their feelings only if they felt comfortable. I took note of my own feelings and thoughts and prompted myself to bracket my assumptions about what these displays might mean. I sought to be authentic in my responses to participant's distress, albeit in a contained and considered way, in order to maintain rapport as

well as to reflect an active engagement in their stories. When they were ready they stoically collected themselves to proceed further with the interview.

I further reflected on these moments during the analysis of data. This reflects the reductive-reflexive dance described by Finlay, (2011), whereby there is a “stepping away from initial assumptions and understandings, then moving in to reflexively interrogate them” (p.81). I sought to be continuously mindful of the challenges inherent in this multi-layered process and look beyond the act of simply bracketing pre-conceptions. Having engaged with Finlay’s work around reflexivity throughout the research process, I endeavoured to engage in a dialectical process of hermeneutic reflexivity, mindfully and continuously considering my own partial interpretations with a view to moving beyond them. As such I have sought to critically evaluate the research process and outcomes throughout.

During the de-briefing process participants had an opportunity to share their experience of the interview with me. I was reassured to find that all of them had found the process useful, notwithstanding the distress it may have prompted. Some participants told me that this was the first opportunity they had had to think and talk about their experience in such depth, others reflected on how they were surprised at the material that emerged, and still others felt the process of being heard and witnessed in relation to their precious losses was cathartic. I became more aware of how potentially transformative and impactful this research might be. This also caused me to reflect on whether in fact therapist disclosure of vulnerability is generally the exception rather than the rule: something I explore further in the discussion chapter.

Chapter 5 Analysis

In this chapter I present and describe the four main themes identified in the analysis. I begin by presenting a general description of each super-ordinate theme. I then offer a more finely detailed exploration of each theme, delineating how it was specifically experienced by participants and providing verbatim extracts to illustrate and support the findings. I have provided subheadings within themes to help the reader navigate the broader themes in question.

It is important to note that the themes that emerged from my analysis were intended to address my research question. As a result, the information I present is not exhaustive of what participants had to say. I was required to prioritise and work with the data which seemed particularly figural and/or interesting from the point of view of my research question. It should also be emphasised that the main themes are not distinct, stand-alone entities but rather ones that often overlap and merge.

Consistent with IPA sensibility, I have emphasised the individual idiographic nature of the findings by offering specific quotations from participants. Furthermore, through the analysis I have sought to focus on explicating general themes as a way of describing the phenomenon. These should not be taken as assertions of fact nor stages of grief. Rather, they are an indication of what seemed more figural in participants' stories. Meanings are complex, multiple and layered, and the themes are offered tentatively as a way of evoking key aspects of the experience.

Pen portraits (see appendix 12) are included as a way of contextualising participants' stories.

5.1 A narrative description of the lived experience of therapeutic work in the midst of grief

Participants in this study seemed to experience a strong, unexpected, powerful response to grief. Whilst all having very unique experiences, it seems that the felt intensity of their loss catapulted them into a different reality: one which was both paradoxically similar and different to the one before as they grappled to come to terms with the intrusion of loss and grief into their everyday existence. As a result participants were faced with a precarious therapeutic space and an altered sense of themselves as therapists, now bringing with them into this sacred space, their experience of grief. Many participants managed this by bracketing and leaning on professional rules and boundaries during this challenging time. Some participants felt triggered and disconnected by certain clients in the aftermath of their loss. In fact, in some cases, bracketing was compromised. In other cases, participants felt a greater sense of presence with their clients, having experienced such raw emotions of grief themselves; their ability to empathise was heightened. However, participants' journeys through their own grief served to enhance both their therapeutic resources and their professional and personal identity. As they ultimately came to accept their grief, their stoic attitude towards themselves softened, allowing them to embrace and use their experience without fear it might tarnish the therapeutic space. It was ultimately transformational.

Figure 1 sets out in diagrammatic form the four super-ordinate themes, together with their associated sub-themes.

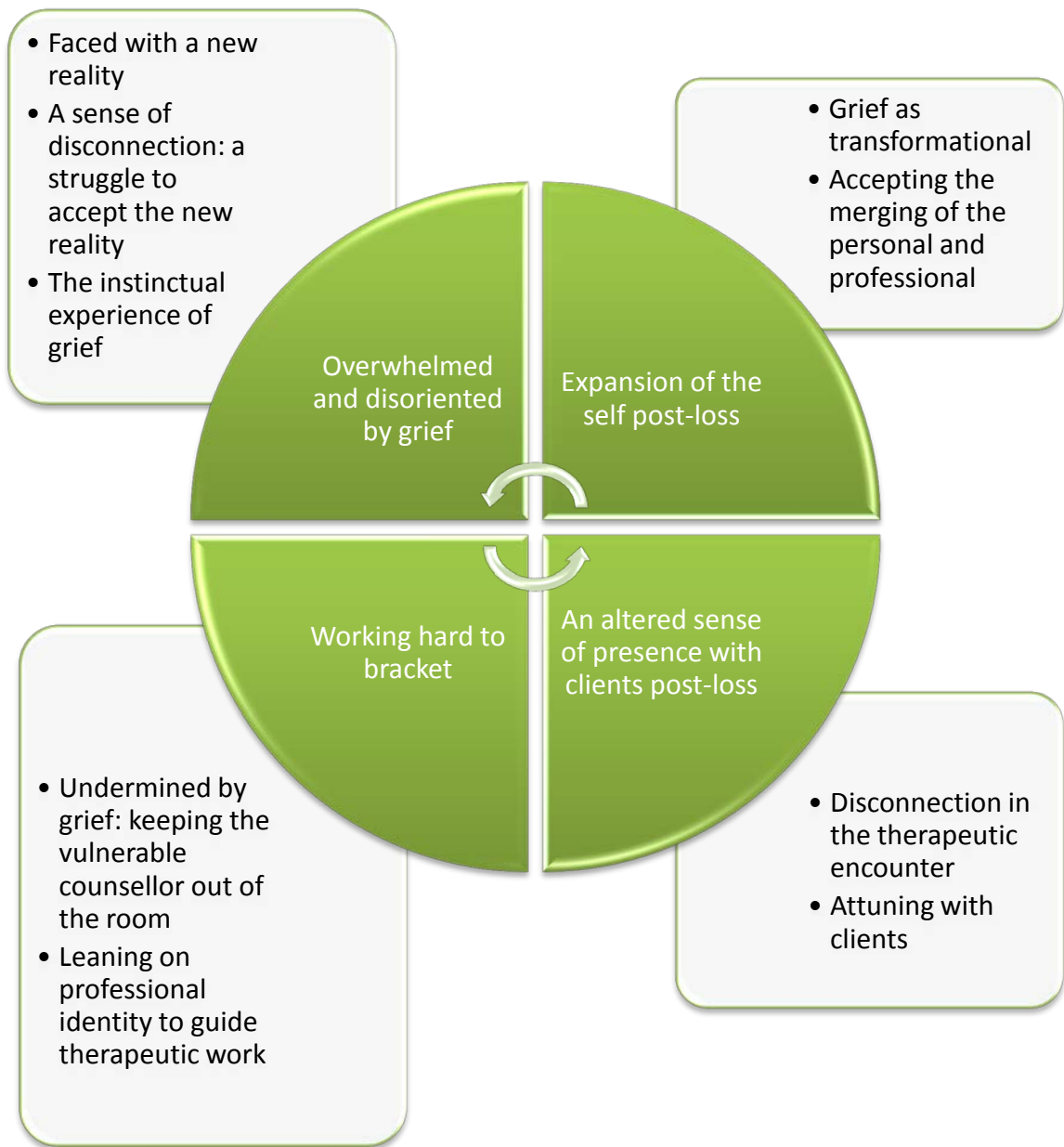


Figure 2 Annotated diagram illustrating main themes and sub-themes

5.2 Super-ordinate Theme 1: Overwhelmed and disoriented by grief

For participants in this study, the loss of a significant other, regardless of how it presented itself, was experienced as an unexpected intrusion into their lives. It came uninvited, bringing with it a grief so great it had the power to destroy their current landscape, leaving only remnants of what once was. In its wake, the bereaved are left shocked, paralysed, and beset by a myriad of questions. This is a disorientating time, in which survivors are confronted with unexpected and extremely raw and unfamiliar emotions whilst simultaneously being disoriented by the changed world around them and the new experience of the self in the aftermath of loss. Individuals are faced with the reality of moving forward in a different way, across a changed landscape, bearing many unanswered questions and fearful that perhaps the wreckage has the power to dismantle what once felt stable and durable: the individual's sense of self.

When recounting the initial post-loss period, participants' provided descriptions that were extremely visceral and poignant. Interestingly, there was a sense of calmness in the room and a softness in the way participants gave their accounts, despite the unease apparent between participants and myself as we knowingly began to approach this sensitive subject. This calmness was striking in light of the overwhelming content of their narratives.

While some participants had been expecting their loss, for others it had come suddenly. Nevertheless each participant felt unprepared for their loss and more specifically for the emotions that swept over them when confronted with the reality of bereavement and the transformed nature of the inner and outer world they once knew. They experienced their grief as an intrusion into their life-world. It was unexpected

and uninvited. This had the effect of altering their sense of being in the world they once knew.

5.2.1 Faced with a new reality

For Carol, the intrusion of grief and the ensuing internal changes that occur brought a sense of alienation from the world. Re-adjusting to this new life-world was experienced as disorienting:

“It’s a bit like when you come back to your real world but you’re not quite in it – you’re sort of on the edge of it” (Carol: lines 220-222).

Carol expressed her feeling of being somewhat disconnected from the world she once knew in the aftermath of her loss. It is a tormenting, disorienting alienation in which one finds oneself estranged from the familiar and only able to look in confusion at what is left behind.

Similarly, Hannah’s sense of unpreparedness for her loss is intensely felt; her description of even strangers experiencing surprise at the death of her loved one emphasises the immensity of her shock in the aftermath of her loss:

“None of us were prepared for that – not even the medical team. It was a shock to everybody” (Hannah: 27-29).

Hannah could not have been prepared for what was to follow: it was a landscape yet to be traversed.

Mary, too, refers to the unpredictable nature of one’s embodied experience of grief, describing her inability even to conceive of its impact prior to her loss. In doing so

she sheds light on the overwhelming and disorientating nature of grief, a force so powerful that one cannot even refer to past experiences in order to prepare oneself:

“It was very much a shock actually and I suppose that’s the learning from it, for me, no matter how prepared you are for a death, when it happens something else happens to you that you don’t anticipate or you can’t imagine until the actual death” (Mary: 33-36).

Also overwhelmed by shock in the aftermath of her loss, Gill felt an alteration in her relationship with others. Swept up in her sense of disbelief, she felt estranged from the world around her, including her roles, routines, and relatedness to others:

“...I know I went into shock and initially I probably wasn’t the best mother in the world because I was in my own shock” (Gill: 54-56).

Grief stuns. It stops an individual in their tracks and leaves them frozen by shock. With shock comes immobility, a disconnection from the superficial plane of existence, an embodied experience in the moment and an incredibly powerful recognition of loss, with a simultaneous sense of confusion as to how and why this occurred and where one finds oneself now. There is difficulty reconciling all these thoughts and emotions. Terry describes his experience thus:

“So it was a huge shock to be honest and it really sort of stunned us and it’s certainly something I’m still processing and I’m certainly aware of that” (Terry: 75-77).

Mary’s description of her experience of loss is extremely visceral. There is a sense of being helpless in the midst of loss: helpless in relation to the event and also to what is left, with ever-present reminders of the deceased in the everyday. Grief takes on the urgency and speed of a thief, meticulously taking what is needed swiftly in order to

avoid exposure. Mary's disorientation in her grief is exacerbated by the bewildering speed at which one can be left devastated, empty-handed but for memories which are not substantial enough to fill the space left:

"It really was as if something had been plucked from your life unexpectedly, just gone – one minute there, next minute –gone. And it's that huge hole that is left, and it's the mundane things that you miss the most" (Mary: 61-65).

Suddenly the world appears different. What was once at the forefront of one's mind becomes irrelevant; projects, plans, problems all disappear; shock, disbelief and disorientation take their place. As Mary struggles to recognise the finality of loss, she has a sense of her life stopping and the world around continuing: an awareness of the discrepancy between the internal world and the world outside, a world that does not give one time to re-adjust and re-orient oneself whilst in the midst of sorrow:

"I don't feel this now, but at the time it was a sense of where do you go from here-you're stuck with all this grief and sadness with no sense of it ending because you don't know when you're going to feel better or different" (Mary:138-141).

With this comes a sense of being lost, or in limbo. In the lost-ness there is a not-knowing what to do other than remain immobile while the world keeps moving. Feeling in limbo mirrors the sense of immobility felt in shock. There is a negative state of dissonance, an awareness that one cannot move backwards, and a fear and confusion about how to move forward. There is a juxtaposition between seeing the world continue as fast-paced as ever and feeling dissociated from it. Mary expresses the experience thus:

“It was kind of a sense of well where do we go from here? How do we fill this space – do we fill this space? What with?” (Mary: 132-133).

5.2.2 A sense of disconnection: a struggle to accept the new reality

Whilst in this realm of being, participants seemed to sense their relations with others to be affected. Their disconnection is heightened by awareness that the world of others does not stop to feel the intense sense of pain and confusion of their grief. There is recognition of being isolated in their pain.

For Carol, this experience of being somewhat removed from the external world conjures up a sense of her life having stopped following her loss. She is keenly aware that the world around her continues regardless:

“It’s a bit like after you have a baby -- you come out and you think ‘how can everything still be the same when this momentous thing has happened to me?’ and there are still cars going on the road – life had been carrying on in exactly the same way so it’s a bit unreal” (Carol: 216-220).

Hannah has difficulty accepting death as part of this new reality:

“Death actually seems like a non-reality” (Hannah: 47).

For Hannah, the experience of grief can be likened to being catapulted into a different world. There is a feeling of helplessness and meaninglessness, a deep emotional confusion, and resentment as to how and why one’s loss has occurred. There are no answers, no guidance as to how to proceed, no comfort to be had from the beloved who has passed away.

For Mary, there is a sense that in the aftermath of loss one is left with nothing but sadness and heartbreak. It is difficult to create any meaning from the loss or to resist the feeling of being out of control in a world where importance is attached to control, however illusory. There is no compass at hand; the bereaved person is left to forge their way through their altered landscape, haunted by reminders of what once was. For Mary, this journey represents

“..a change without gain really. Change with gain, great, change with loss, huge. Change is, for me I love change, but on my terms as most of us would probably realise. But imposed change with loss is very different” (Mary: 227-230).

This raises the question of where grief sits in this new life-world, where there is a struggle between accepting and rejecting the new reality. While aware of their changed life-world, participants seemed to struggle to accept it into their immediate experience. Gill describes it as a sense of resistance to the intensity of her experience: an intensity perhaps too much to bear and therefore to be experienced only in short bursts. It is as if the bereaved person is tentatively stepping out into the new landscape, trying to gauge how they will experience themselves in this new terrain before fleeing quickly, reminded yet again of their loss.

“I obviously had to describe it quite a number of times but it just doesn’t feel real” (Gill: 53-54).

This immediate, disorientating confrontation with loss and grief creates a to-and-fro movement which mirrors the accepting and rejecting of current reality and the dissonance felt between inner and outer worlds.

5.2.3 The instinctual experience of grief

The intrusion of grief into participants' life-worlds swiftly and abruptly alters the realm of their human experience. The impact of this is felt in an extremely visceral and embodied way.

Some participants were able to connect very closely to their experience of grief in the aftermath of their loss when recounting their stories to me. It became clear that all participants' losses were experienced as huge events, difficult to capture in words. As I write, I am aware that my prose cannot do justice to the actual embodied experience of their grief.

Mary describes experiencing grief as a deep physical pain whose precise location is ambiguous but whose presence is profoundly felt. I imagine this sort of pain as being everywhere and nowhere and as a result incredibly destabilising; there is no way of getting hold of it in order to soothe it away:

“It is an indescribable feeling because it’s so visceral...and it was a physical pain sometimes, very deeply, deeply lodged somewhere within the core of you” (Mary: 86-89).

Gill also attempts to describe an instinctual bodily response to her loss by using the phrase ‘animal grief’. Being overwhelmed by feelings of loss is for her akin to losing control, and being overtaken by such intense emotion that the outside world becomes irrelevant and non-existent. All that does exist is the bodily pain felt in that moment:

‘It was that powerful, animal, instinct scream of disbelief, of horror...’ (Gill: 358-359).

What adds to the overwhelming experience of grief is the intrusion of feelings without warning. As Hannah notes:

“You’re absolutely fine, you’re absolutely focused with everything and BANG! It’s there ... The emotion was quite uncontrollable and it surprised me at its power” (Hannah: 76-78).

Hannah’s comment highlights the sudden, explosive nature of loss and how it renders an individual helpless. The bereaved individual fluctuates between immersing themselves in the everyday world (which is devoid of grief) and experiencing yet again the sharp pang of raw emotion (as grief comes flooding back). This connects to participants’ sense of separation between their inner and outer worlds. They struggle to integrate their overwhelming sense of loss with the everyday. This also mirrors the struggle of accepting and rejecting grief in its aftermath.

There is a desire to separate from grief whilst simultaneously (and paradoxically) being acutely aware of its all-encompassing presence. For Gill, this desire to separate meant going into work mode and repressing feelings for the sake of getting on:

“I went into sort of work mode – completely (and interestingly so did she) we both went into ‘just get on with it’ forget feelings, just do” (Gill: 57 – 59).

In this way it perhaps becomes possible to function in the world, but it is a functioning without emotion. Again this echoes the difficulties participants felt integrating grief into their everyday existence. Kate’s feelings of grief are so overwhelming that she fears being annihilated by them:

“I just didn’t know how to cope with her not being here...” (Kate: 14-15).

Experiencing a fear of annihilation evokes an intensely felt questioning of one's very existence. Participants seemed to doubt their ability to overcome such emotional anguish, so unbearable is the pain. There is an insurmountable sense of fear, an awareness that one is caught up in something one cannot imagine navigating successfully, or surviving. There is an urgency to participants' pain, whose overwhelming nature creates a sense of chaos and fear in their newfound landscape.

For Terry, a multitude of emotions arise. Following the initial pain of loss, he is swept into a deeper, existential consideration of the absurdity of life, an experience he describes as

"... the most amazing, significant, impactful, traumatic thing that has ever happened to me" (Terry: 304-306).

5.3 Theme 2: Working hard to bracket in the therapeutic space

With grief at the helm, the therapeutic endeavour is experienced as less secure for participants. In fact the unpredictable and often ambiguous nature of therapy is heightened in grief, where one is acutely aware of one's vulnerability and altered state of being and unsure as to how this might manifest itself with clients. Within this matrix of uncertainty and vulnerability there is a need to remain grounded, and to take hold of something in order to navigate the ambiguous terrain.

Bracketing, one of the means by which therapists strive to work ethically by self-monitoring and safeguarding the client, is an endeavour that was especially present for participants in grief and acutely aware of their own vulnerability. Participants speak of the emphasis they place on bracketing in their therapeutic work during this period.

Bracketing is seen as a way of regaining control in an uncertain space, so as to protect the client and the therapeutic work. It also offers participants a way of holding on to their internal therapeutic road map or compass during a time of disorientation.

It soon became clear during my interviews that participants were passionate about their therapeutic work; this emerged as they immersed themselves in thoughtful considerations of how their powerful emotions of grief in the aftermath of their loss entered the therapeutic space. I had wondered how they would feel discussing how they felt their grief might have impacted their work and I noticed a tentativeness about my style of questioning in this area. However, my hope is that this created a safe, non-judgemental space in which they could reveal what was relevant and important for them.

Participants shared awareness of having changed somewhat when they returned to the therapeutic space after their bereavement; their loss experience and resultant emotions were now a part of them. However, they worked extremely hard to bracket their emotions in the therapeutic space, driven by their passion for the work; their knowledge and training around therapeutic rules, boundaries and bracketing; their professional identity as therapists; and their high regard for the needs of their clients as well as their own. This was a lot of material to be holding in the therapy room: a multitude of factors were now informing their work, alongside their ever-present vulnerability in grief.

5.3.1 Undermined by grief: keeping the vulnerable counsellor out of the room

Participants described being aware of their emotions of grief existing somewhere in the background as they resumed therapeutic work. With this recognition came a strong resolve to bracket.

Gill speaks in general terms of how experiences are inevitably brought into the room in one form or another. While the therapy room may often be seen as a sacred space, its walls are not impermeable; therapists' 'stuff' also enters with the therapist. Gill speaks of triggers acting both as a way for therapists to navigate the therapeutic terrain and as strong indicators that one must work harder to bracket:

"..we've all had different experiences and you know, loss for all sorts of reasons, you know divorce whatever, and they'll all being brought into the counselling room all the time so you know if there are triggers and they're not good or they're negative or you don't find that they're useful in the room, you need to be working on it" (Gill: 429-434).

Noah tells of experiencing his own emotions of grief in the therapeutic space, sometimes viscerally. This created a sense of unpredictability, along with the discomfort at having to manage grief's further intrusions at the risk of not doing a good enough job:

"I'd remember having a real bodily response to it...yeah it was sadness I think, and being very aware that I had to bracket you know, and try to shelve that; being aware of it but at the same time really very intently monitoring myself, you know, about being there with the client and exploring it as I should" (Noah: 57-62).

There is a quiet managing of these emotions, with therapists self-monitoring and directing themselves from the compass of their inner world whilst ensuring the client is unaware of their inner processes. This echoes some participants' experience of the world in the aftermath of their loss, when they report a sense of separation of their experience from their being-in-the-world. This felt sense of their own emotions appears to act as a strong reminder to bracket.

Participants' humanity, vulnerability, fragility and limitations seemed to be heightened following their loss, perhaps as a result of their being confronted with different, formerly latent aspects of themselves. Bereavement brought them face to face with an extreme form of vulnerability, a 'not-knowing' uncertainty that generated feelings of helplessness and fragility: qualities that therapists seek to ward off in the therapy room in the interests of their clients. It therefore became even more important for participants to be professional, and that involved keeping the vulnerable counsellor out of the room. This is illustrated in Mary's narrative:

"All I remember is having to be very compartmentalised and bracketing anything that I felt. What I found was I cried in the morning going to work in the car and then I cried in the evening coming home in the car, but during the day I was able to just completely try and set it aside" (Mary: 159-163).

"I project a certain sort of professionalism and am very boundaried and am very clear about boundaries when I'm talking about clients and so on so maybe that's why they (colleagues) experienced it so differently –this was very personal and very raw" (Mary: 340-343).

Participants' need to compartmentalise their own vulnerability and emotions whilst with clients was felt with particular intensity upon their return to work following bereavement. Bracketing their emotions perhaps reassured them that they could continue to be the same counsellor they were before their loss. They did not want to bring their sense of disorientation into the therapeutic space or inflict it on the client. They also did not want it to reflect on their professional identity: their self-constructed perceptions of themselves as professionals.

Kate describes the therapeutic space as offering a line of demarcation, a tangible reminder that the therapeutic space is sacred and off-limits to therapists' personal woes. In this way, the therapeutic space is used as a metaphor for bracketing: the door is the bracket, the area outside represents the therapists' vulnerabilities, and the inner space or sanctum is where therapeutic work prevails:

"...it's almost to do with the space...this environment that I'm able to, I suppose set aside my own stuff, on some level" (Kate: 161-163).

This dimension figures very strongly in some participants' accounts where participants reveal evidence of sharing strong ethics and applying tight, rule-based therapeutic styles to ensure they are good enough therapists. This runs somewhat counter to the essential ambiguity of therapy and its ways of being and working with clients. There is much freedom in how therapists work, and this can be quite disconcerting when one is vulnerable, unsure or in need of something solid to take hold of.

For Mary, this desire to be there for the client is extremely strong; it is a stoic effort, steeped in passion for the good of therapy. This provides Mary with a much needed compass to help her navigate the tumultuous emotions of grief, which rise and fall even in the therapy room:

"I was very, very boundaried and clear about this is the divide and I think that's part of the skills really that I've been able to use in this particular context, that when I was at work I was at work and I have to do that and be there for my clients and this was my stuff and it didn't come into the relationship with my clients and once I got into the car that was fine – I could be sad, upset" (Mary: 287-293).

Noah speaks of feeling daunted by the prospect of returning to therapy work in the midst of grief. But he also felt he had to move forward:

“I just felt that I would have to be stoic and get on with this” (Noah: 111-112).

Noah’s use of the word ‘stoic’ here is interesting, since this word usually denotes an unemotional, self-controlled stance. There seems to be a contrast between Noah’s feelings of vulnerability and his desire stoically to get on with things. While aware of his fears, he puffs up his chest, takes a deep breath and marches on, perhaps in the spirit of self-sacrifice which is often part of therapy work.

Gills gives voice to the dilemma therapists share when they are holding something -- an experience, an emotion, a thought – and, while aware of its presence, know that it must be bracketed. With this comes the need for a certain sharpness, since such moments often occur without warning, catching both client and therapist unawares. Hence bracketing is accompanied by self-monitoring, processing and decision-making, all within a short time-frame. Gill’s narrative highlights the focused, firm, matter-of-fact attitude required for bracketing:

“...when we’re given some information of our own, it’s part of us, you can’t absolutely leave it out there, we can work then as the counsellor saying ‘right that’s – we’ll deal with that later, that’s your stuff, not the clients’ ” (Gill: 398-401).

Participants’ sense of identity as therapists seems bound up with being strong enough to work with clients and make them feel safe, even in the midst of their own vulnerability. Bracketing appears to be especially at the forefront of their minds at this time. Through its use, participants attempt to shield their clients from the perilous shrapnel that could spring from therapists’ post-loss emotions.

For participants, bracketing their own emotions was especially important or necessary during this time of heightened vulnerability. Feeling the need to bracket often followed an instance of feeling grief in the room, as if their vulnerability or the evoking of their grief were reminders to bracket.

However, some participants felt their ability to bracket was compromised, leading to 'leakages' in the therapy room. This was the case for Carol:

"I think it was a sign that my bracketing wasn't as secure as I thought it was. And there were leakages but it was coming from what the client had said and then I was processing that with a bit of an unprofessional actually 'oh I'm counselling' edge to it" (Carol: 240-244).

With this comes a fresh realisation of one's limitations and vulnerability, since even the familiar process of bracketing is now prone to leakages. This evokes a sense of diminished control, of being taken unawares in the moment by a feeling or thought, and wondering whether such a feeling or thought was necessary or in any way connected with the client's material. The complexities involved in bracketing become starkly revealed. How does one know if one is bracketing enough? How does one know if leakages are affecting the client? When one is in a vulnerable state, to what extent is one's ability to bracket compromised?

Ever more acutely aware of his need to bracket, Noah also found the process more challenging at this time. He says:

"It was just a very daunting process, an anxious process to do it, but nonetheless I got through it and hopefully it was still useful to the client" (Noah: 117-119).

5.3.2 Leaning on professional identity to guide therapeutic work

To help them to bracket, participants often relied on rules, along with their professional identity and expectations of themselves as therapists. By conceptually separating his personal life from his professional one, Noah, for example, was able to focus more on the client:

“..being mindful that I had a job to do and that my job was to work with this person who was in a vulnerable place, whose bereavement was not the only issue they had, so you know, knowing that I was there doing a job in itself, helped” (Noah: 130-134).

This reliance on their professional identity helped participants feel grounded and strong in their attempt to mimic their pre-loss therapeutic identity by focussing on the job at hand. Viewing their therapeutic work as a job had the effect of turning down their emotions, although this may have had an impact on their presence.

This raises the question of whether a therapist’s presence is more affected by their tuning into their emotions or by their tuning them out. For Kate, tuning out seemed necessary in order to focus on her client. Leaning on aspects of her professional identity which she had developed pre-loss enabled her to regain a sense of perspective and a way of supporting herself through the challenges of being with clients whilst in the midst of her own grief:

“...so I think actually I think the ethics have kept me, not kept me safe but kept me boundaried, enabled me to be boundaried” (Kate: 180-182).

Mary’s narrative also highlights the divide between the personal and the professional, one which perhaps mirrors the endeavour to bracket out one’s emotions of grief whilst with clients. For Mary, there is a need to contain her emotions and keep her internal process in check, not allowing them to contaminate therapeutic space. Once more

there is a stoical attitude which perhaps emphasises the rigidity of movement at a time fraught with peril and fragility. The rigidity is present in order to ensure the client space is not tarnished:

“I’ve been taught how to, trained how to and can do it and I think that’s what I drew on. I was able to, yes when I was home I can completely give in to this and I don’t have to contain myself, at work I have to be there for my clients and it’s almost as cut and dry as that” (Mary: 187-191).

For participants, working hard to bracket by leaning on their professional identity helped them find their way through an ambiguous landscape. This evokes a sense of dissonance between the idea of therapy as a job and the idea of therapy as a meeting of two minds: of two human beings. How can the two be reconciled? Overcoming such dissonance involves allowing one’s therapeutic way of being to be informed by theory, rules and ethics whilst at the same time accessing one’s emotional core so as to be able to engage with clients.

5.4 Theme 3: An altered sense of presence in the room with clients, post-loss

In the aftermath of loss, grief entered the participants’ life-world and became part of it. Often there is a denying of this while the individual adjusts to their new internal landscape and altered set of beliefs about the world, the self and others. When returning to the therapeutic world in the aftermath of loss, the therapist does so as a somewhat changed individual, as reported by many participants. This perhaps mimics the small, implicit changes that occur every moment as we venture through life. However, when a huge event occurs such changes may be experienced more

energetically and viscerally; one's sense of presence will inevitably be affected.

In the aftermath of loss, therapists' presence was altered, shaped by their current internal processes as well as by the client and by how therapist and client experienced their together-ness. How did participants' changed life world and sense of altered presence manifest themselves in the therapy room?

Mindful of the sensitivity of this area, I approached it with questions that were as open as possible so that participants could guide me towards a rich understanding of their experience. In fact, I did not specifically ask about presence (as a therapeutic concept) during the interviews, nor did participants specifically use this term. However, as they told their stories, they brought this idea to life and to the fore.

Following their losses, participants spoke of feeling overwhelmed, disoriented, and conscious of an altered sense of themselves. When they returned to therapeutic work, they felt prods of grief and became acutely aware of the possibility of grief intruding into their work. They worked hard to bracket such intrusions. What was it like being in the therapy room, post-loss, with an altered sense of self and the world?

What became clear upon hearing participant's stories was that despite their efforts to bracket their emotions and guard against 'leakages', their grief was now part of them. They could not completely obliterate the knowing-ness that grief/loss/bereavement had entered their lives, and this knowing-ness accompanied them into the therapy room.

The experience of a significant loss can be a catalyst for a shift in perspective. It can lead to deeper exploration of existential concerns: how to live a meaningful life, our thrown-ness in the world, our own mortality, our inherent sense of isolation in the

world, and our connection with others through empathy. After experiencing bereavement, participants reported feeling more aware of their pain, suffering, and vulnerability in the therapy room. Despite the myriad ways in which participants sought to channel or redirect it, this connection to their own grief was always in the room.

5.4.1 Disconnection in the therapeutic encounter

All participants experienced their grief as an intrusion into their life-world, one they could not have been prepared for. However, they all emphasised the importance of putting their grief aside and getting on with their work. This emphasis was perhaps informed by the self-sacrifice and unrelenting standards which form part of therapists' professional identity. And perhaps the framework used by therapists differs significantly from that of others.

However, when participants found themselves working with clients who seemed embittered, stuck in their own problems, or insufficiently engaged with resolving them, frustration could set in.

Terry spoke of feeling somewhat impatient with clients whose concerns and troubles he perceived as superficial and who were unwilling to take responsibility for their lives:

“I have very little patience with those patients and I have sort of pointed that out quite strongly to people” (Terry: 454-455).

Participants noticed that their own experience of grief was sharpened by being with such 'resistant' clients. Not only did they have to deal with the client's more superficial concerns (as compared with bereavement) but also they could not escape

from the distinction or contrast between themselves and their client. This strong reaction to a client's perceived complacency may have worked against their active engagement in the moment with the client's material.

Carol experienced a reduced tolerance for engaging in futile work with those perceived as not valuing their lives:

"I do think our time on earth is limited...and I do want to do thing that are a bit more valuable now" (Carol: 576-578).

Resistant clients posed a particular challenge, affecting Carol's presence in the room in the aftermath of her loss. These clients were experienced as passive, not wanting to take responsibility, wasting time, and in some cases being reckless with their own lives. All such behaviour stood in contrast to her predicament and way of being. She now tended to compare herself with clients and have a keener sense of her own ability to stoically move forward despite her tragic experience. She used this new lens to view others' progress in the face of adversity:

"... Why are you here with me? – that's what I felt like saying" (Carol: 443 - 444)

Carol's therapeutic presence is coloured by a strong desire to get to the heart of client issues swiftly. She also has strong beliefs about the right or most appropriate ways of dealing with distress. Following her loss, this sometimes led to feelings of frustration towards clients and difficulty in tolerating small achievements or implicit moments of healing. This seemed related to a tendency to compare her own grieving/coping process with that of the client, and notice the discrepancies therein:

"You can't, you can't, you can't? And actually look at what's just happened to me" (Carol: 270-271).

“..I felt we needed to get down with the nitty-gritty and we can all move forward...”
(Carol: 420-421).

Participants’ presence was in fact permeated by the grief they were enduring, which coloured their perception on many levels, despite their best efforts to prevent it from entering the therapeutic space.

On the question of whether to disclose their personal loss to clients, all participants spoke of avoiding such a course, given its likely impact on their work with clients. However, it is not always possible to ward off such disclosures: sometimes they emerged organically and unbidden.

This occurred, for example, when a client raised the subject of Hannah’s bereavement. Hannah experienced this as messy and difficult to manage in the moment:

“Not a good memory at all and the overriding feeling as again I’m recounting it to you, is not for me, it was the position I put her in.” (Hannah: 212-214).

As therapists, we may believe it important to leave our vulnerable or limited selves at the door, aware that our vulnerability or pain may hurt the client. Perhaps, having learnt to feel powerful in our strength, we may also fear being seen as incompetent. Perhaps, too, we learn to lean on theories and rules in a bid to manage the unpredictable, enigmatic and sometimes scary nature of therapy work. For Hannah, the whole experience was disconcerting:

“The sympathy and the concern from clients, it is, it’s a whole turn around but it’s not what the relationship... (Tails off)... I know I’m speaking volumes about how I am as a counsellor or how I am as a person but it’s quite strange” (Hannah: 242-245).

Hannah notes that the imbalance inherent in the therapeutic relationship can become even more apparent in the event of therapists' distress. She finds it difficult to deal with her client's sympathy and concern, and this causes her to reflect on what this might mean about her personal and professional identity.

This inability or difficulty to take on board a client's sympathy sheds further light on how a therapist's presence can be affected by loss. When the therapist is so used to being 'the strong one', such moments can be difficult and disconcerting.

Terry tells of being spontaneously reminded of the loss of his son when a client brought their own bereavement to the therapy room. For him, his sense of grief is like a strong suction pulling him down into the pit of its grip:

"Able to simple just focus-- because when people spoke about their response to the bereavement – whether their parent or partner – I invariably thought about my own sense of loss with Sam ... I found myself going back to what I had experienced after Sam died instead of being able to focus completely on what the client was saying to me" (Terry: 479-485).

Noah's presence, too, was affected by his loss. He was now extremely tentative about his client work and how far he could go with clients, for fear of getting sucked into grief's grip unawares. Thus his interventions were informed by his fear and vulnerability, at least to a degree; it became safer, both for himself and for his client, if he operated on autopilot mode.

"I think I was quite cautious with where I would go with the client, how far I would explore certain aspects" (Noah: 193-195).

“I do wonder if I entered into a sort of autopilot mode, to be honest, during that time and just became, a good enough therapist, and you know, just went through the motions as a way of protecting myself. I think I did. But it, you know, it still felt like useful work. I would be lying if said I think it didn’t affect the work you know, I’m sure I coloured it to an extent but you know” (Noah: 62-68).

For Noah, being a ‘good enough’ therapist was preferable -- and felt more feasible -- than being a therapist who was overtly fragile.

Interestingly, participants revealed a sense of uncertainty about what impact their grieving might be having on their clients. This was exacerbated by their not getting ‘feedback’ as to whether the client felt them to be fully present with them in the room. This raises the question of how a therapist in the grip of grief can gauge their presence in the therapeutic encounter without (1) disclosing their personal crisis to clients or (2) having a conversation about how the client experiences them as a result.

For Hannah, this dilemma leaves her uneasy, apprehensive and wondering how the client may have experienced her:

“It is around when you’ve got so much unanswered or uncertainty going on – I never got anything, I never got feedback from the clients...” (Hannah: 502-504).

Noah is also left wondering whether his clients were affected, or noticed a change in his presence. Reflecting on his tumultuous journey through grief, he is still unsure as to how it may have impacted his clients:

“It was just a very daunting process, an anxious process to do it, but nonetheless I got through it and hopefully it was still useful to the client” (Noah; 117-119).

Navigating this area with participants during the interviews was quite an intense experience. I was conscious of there being something important at stake in our discussion about presence and yet there were so many unanswered questions. I was struck by the fact that some of my questions caused participants to stop in their tracks as they described this part of their therapeutic journey.

Some participants found their own feelings of grief triggered by material brought into the room by clients, generally ones who were also in bereavement. In such moments, participants relied on therapeutic guidelines, along with their strong commitment to professionalism. For Mary, this manifested itself as a need to dissociate herself somewhat from the embodied experience of loss in order to be more rational and controlled:

“I have to work; I have to get on with it” (Mary: 262).

“I felt – ‘oh so you’re surprised by me showing my feelings?’ I must be doing a good job of pretending I haven’t got any [laughing]” (Mary: 346-348).

For Noah, reminding himself that he was there to do a job, and separating his personal and professional views of himself enabled him to attend to his clients’ needs:

“...being mindful that I had a job to do...” (Noah: 130-131).

Kate describes a framework she uses to help gain perspective. Her words appear official and rule-based, but beneath there is deep care and concern for the client. This mirrors the juxtaposition of the vulnerable self and the strong therapist, the professional sphere and the personal sphere, which participants mindfully attempt to separate in order to be present to their client:

“I think always being mindful of the interests of the client and um mindful that that person has taken a big step often to come and see somebody to come and talk about their difficulties, so it is their space, it’s their time, it’s my duty, my responsibility to be able to offer them that and it would be a disservice to them and myself if I wasn’t able to offer that but obviously I would be honest about it” (Kate: 185-190).

Acknowledging an altered sense of presence meant that participants worked hard to ensure they managed their counselling work. For Kate, being boundaried and emotionally controlled was important; her quiet resolve to proceed was accompanied by the need to adhere strictly to rules in order to remain on track:

“I think it’s because I was held by the ethics...” (Kate: 208-209).

While participants are working hard to push their thoughts and feelings of grief away, or at least separate them from their professional sphere, they rely on their professional identity and techniques to ensure they stay focused.

5.4.2 Attuning with clients

Interestingly, amidst her grief Gill experienced a powerful moment of attunement with a client’s feelings of loss. This attunement was experienced as an ‘aha’ moment which caught her unawares: *“It was just like this light bulb moment, I felt the tears coming thinking, whoa, I’m really feeling that, because of my loss I could feel his loss maybe even more”* (Gill: 194-196).

Other participants, too, experienced pivotal, transformational moments when they were astonished by their sense of connection with clients’ emotions of loss.

As participants shared their experiences of connecting with a client's loss, it was as if a sort of presence had entered in the room. Noah experienced a bodily sense of connection with his client:

"I really did feel that I could understand almost bodily what was going on for this person, or I could assume that I think I knew...there was this feeling of a shared experience to an extent" (Noah: 70-72).

These powerful, poignant moments of connection occurred when therapists allowed themselves to feel: when they accessed their own emotions of loss in order to appreciate what the client was feeling. What is interesting is that these moments, to a degree, seemed to occur outside of the therapists' control; the experience was organic rather than connected to managing and controlling one's thoughts and emotions. However, it also appears that such moments were also fleeting points in time, leaving participants unsure as to how to make use of them. Should they use the emotions created in the moment, or push them away?

Gill appears fearless about accessing her feelings. Without knowing if they are good or bad for the therapeutic work, she nevertheless refrains from judging them and attempts to harness and channel them. Her account suggests that she has given these feelings of grief and pain permission to emerge:

"If that pain came into the room and whether that is a good or bad thing, I just used it for me. I tried to use that in a really positive way for the client, I didn't, I worked with the feeling, I didn't send it back" (Gill: 212-215).

While Noah notices the differences between his client's experience and his own, he also emphasises and connects with what he shares with his client. This resolves the power imbalance in the room momentarily:

“.. It's a shared experience but quite a different experience. Maybe there was a bit of jealousy but none the less I feel that we both talked about pain” (Noah, 72-75).

It seemed that an altered sense of presence could be experienced in a multitude of ways, reflecting each person's unique set of beliefs, experiences and emotions. While this altered sense of presence could be quite limited and fragmented, participants seemed to experience exquisite moments of attuned connection with another human being. They experienced a to-and-fro movement between attuning and disconnecting which seemed to mirror the to-and-fro motion of everyday existence, when immersion in the everyday coexist with moments of deep reflection and connection. Perhaps too much of one or the other is not feasible.

These moments of attunement were tempered or balanced by accessing the rational mind (so often utilised to ward off emotions where there are tasks at hand). There was a calm stepping back from the emotion in order to gather oneself and do the job.

This highlights the mix of emotions and ambiguities present in the therapy room. On the one hand, participants give a sense of being present in the room and connected to the client. On the other hand, they are also somewhat removed, rational, controlled.

5.5 Theme 4: Expansion of the self, post-loss

The experience of expansion of the self, post-loss, occurs gradually over time for participants. For any individual, the journey through grief may be laden with intense

emotions, uncertainty, and existential concerns. Therapists are challenged even further by having to hold these internal processes whilst providing therapeutic care to their clients. Although initially experienced as destabilising and anxiety-provoking, this tension becomes a catalyst that broadens their experience and invites them to gain a deeper understanding of themselves and the world they inhabit, including their way of being in the therapeutic space.

For participants, this growth and transformation of the self (in which the self emerges as more evolved) materialises as enhanced ability to access empathy and emotion. They seem to emerge with newfound strength as well as an enhanced awareness of their humanity and vulnerability.

Towards the end of each interview, I asked participants what they felt they had learnt through this experience. All of them took time to consider the many ways in which they had evolved as part of their journey through grief and through the matrix of ambiguity and uncertainty in their therapeutic work. Having journeyed with me through the tumultuous waves of their experience, participants now had an opportunity to take a step back and take stock. All of them reported finding it useful to reflect on the phenomenon in this open, free-flowing yet committed way.

Just as they had been for the intrusion of grief into their life-world, participants were unprepared for what had emerged during their interviews with me. This sense of surprise and uncertainty perhaps mirrors the ambiguity and uncertainty that permeated their experience of grief, as well as their attempts to reconcile this with their therapy work.

5.5.1 Grief as transformational

All participants felt that they experienced an expansion of the self post-loss. For them, self-expansion involved a sense of having grown or developed emotionally, cognitively, and/or spiritually. Some spoke of having greater access to their emotions. Others felt strengthened by their ability to cope with their grief whilst providing therapy, while others still spoke of having emerged with greater access to their own sense of themselves. Their experience of grief and having to deal with their therapeutic work acted as a catalyst, broadening their realm of experience and their experience of themselves. For me, this summons up the image of a circle which expands as a result of having incorporated a new experience into its space.

This idea of expansion seemed to emerge in two different ways. Some participants related to the idea that their experience had caused an *awakening* of what was already there in an undeveloped or latent form. This is in line with the idea that it is only through experiencing that we gain the opportunity to see, or get closer to, other aspects of ourselves. Without these experiences, these other parts of ourselves have no reason to emerge and therefore remain out of our consciousness.

Carol illustrates this in her description of herself having grown up after her loss experience. She perceives herself differently now, and refers to her experience as having lifted a veil. She allows herself to appreciate what she has become and gives herself permission to stand tall in this sense of glory.

“I think it allows you to be a grown-up, in a way that perhaps I couldn’t or wasn’t or didn’t allow myself to be perhaps” (Carol: 189-191).

Other participants described the experience as the emergence of a *new part* of the self. This relates to the idea that experiences can be catalysts for the birth of new parts of the self which were absent or perhaps not needed prior to the experience.

“I didn’t expect to feel the way I felt- that was the biggest shock for me although there was a part of me that kind of knew I might but you know, until it happens you don’t really know” (Mary: 50 -53).

What seems evident is that all participants emerged from their experience of loss with an enhanced understanding of themselves. The experience was in this sense transformational.

Terry speaks of having a deeper sense of himself and his life:

“So it gives you a greater sense of perspective about life and how fragile it can be” (Terry: 415-417).

Kate, who once feared annihilation, discovers that she is more strong and resilient than she had once thought. It is only through her journey into grief that this newfound knowledge had emerged:

“I seem to sort of somehow manage to balance my work with what was going on in my mind, in my life, fortunately and I didn’t know if I could but again somehow I found the resilience or the strength to do it” (Kate: 410-413).

In relating such gains to their therapeutic work, participants recognised their ability to access a broader range of emotions, including those associated with grief. This was the result of having experienced a life-altering event and then being able to incorporate the emotions associated with this event into their self-schemas. This enabled them to understand, perhaps more viscerally, their client’s emotions.

Participants' accounts suggest a peaceful acceptance of what once felt overwhelming and disorienting. Their emotions of grief appear to have acted as catalysts, promoting self-expansion and providing a source of new information for therapists to draw on in their work.

Many participants also recognised a new ability to surrender to the ambiguities and paradoxes in therapeutic work, especially during times of emotional upheaval. Their sense of self-expansion was highlighted in their appreciation of the enriching nature of life crises in relation to therapy work. This suggests a softening of attitude, a readiness to welcome their human vulnerability, a reconciling of being-with and being-for. This merging of doing and being perhaps mirrors the merging of the professional (strength) and the personal (vulnerability): it acknowledges the inherent possibilities within each mode of being. In the return to self, there is also a remembering of who one is, beyond absolute roles and rules.

Kate speaks of this merging of the professional with the personal. Her counsellor-self is a part of her; her personal qualities are informed by her professional role and vice versa. The two mix freely, helped by Kate's acceptance of herself:

"You know, at the end of the day I can't stop being a counsellor, now I'm trained in it, that's just part of who I am and my way of being" (Kate: 159-161).

Mary speaks of now feeling more in tune with her emotional side, which she worked extremely hard to contain in the aftermath of her loss. She describes herself as more compassionate towards herself and others and more in touch with her softer side. She now has more realistic expectations of herself and is more aware of her limitations. She describes this as

“freeing. Less pressure. More time to just stay with the here and now” (Mary: 381-382).

“...it’s also aligned to an acceptance that this is just the way it is and actually I’m doing the best I can. It’s more that acceptance of being flawed and not always 100 per cent on top of things and not always having to be...” (Mary: 417-420).

This denotes an ability to utilise complex and enigmatic life experiences in therapeutic work as opposed to denying or repressing them. This appears to be something participants learned to do over the course of their journey through grief and within their therapy work: self-expansion occurred over time. It also suggests that while participants found it difficult to integrate their grief into their experience in the immediate aftermath of loss, ultimately this proved possible. Participants were now in a position to share their new perspectives on grief and life crises.

Gill found that by allowing herself to access her pain and accept it as part of herself she could understand more fully what her client was feeling:

“I think because I was more in touch with that emotion, with that loss, I connected somehow more with his and he was able to grieve more openly” (Gill: 248-250).

“I just get a sense that I connect with them better rather than Rory’s in the room, that’s what fills the space. I just kind of get them, that pain; I can immediately go to that empathic stage where before I don’t think I did” (Gill: 279-282).

Mary describes how her embodied experience of grief, once accepted and valued, can be used to achieve greater empathy with clients who are also in the grip of grief:

“There’s something different about a felt experience and how that changes you and gives you a bit more insight maybe into people’s unique experience of grief” (Mary: 403-405).

Noah also speaks of how his experience of grief allowed him to get closer to his client’s experience of grief on a bodily level. This transformation of the therapist’s self then translates to a way of being with the other in the therapeutic space:

“I really did feel that I could understand almost bodily what was going on for this person” (Noah: 70-71).

In her narrative, Kate emphasises the importance of development, in particular in the way in which therapists provide modelling to clients:

“It’s modelling as well, it’s walking the walk and talking the talk because you know, there’s no point me helping people to be able to become more self-aware with their thinking and their thoughts if I’m not doing it for myself” (Kate: 259-262).

Kate favours the notion of therapist development by highlighting the fact that there is always room for growth, along with inner awareness of one’s limitations.

In general, participants reported heightened empathy for clients, resulting in more positive attunement and connection in the therapy room. Their narratives speak to courageous and compassionate attempts to meet the other in their suffering; participants seek to embrace rather than deny their embodied experience of pain. This impulse is strengthened by a desire to be authentic with clients. Perhaps such authenticity is possible only once one’s emotions feel manageable and permissible, as Noah’s reflective comments suggest:

“I also think I was able to care, cautiously draw on my own experience when working with my clients bereavement – I could tap into thoughts around what, contradictions they might’ve been thinking of, or guilt; I think I could really get to that, if we were talking about that feeling I guess it reminded me or I learnt that these kinds of life experiences gives you a certain bank of resources that you can tap into with clients”
(Noah: 224-231)

5.5.2 Accepting the merging of the personal and the professional

Participants’ sense of having expanded was also linked to having survived their experience. Their experiences of loss had profound implications for participants, both personally and professionally. They were forced to take a close look at their altered landscape (personal and professional), and do the viewing through a new lens. This encouraged a deeper reflection on these aspects of participants’ life-worlds.

Kate speaks of having experienced a profound change in her perception of herself:

“I was able to get through it, I didn’t collapse, I didn’t lose my marbles or have a nervous breakdown, not cope, I was actually far stronger than I thought I could be which was actually really (reflective pause) a relief and also indicated to me that that’s something that I believe my clients can also find in themselves, they have the internal resources to help them” (Kate: 390-395).

Participants acknowledge that while their grief is always there, they now have a deeper understanding of it, one which beckons them to accept and embrace rather than resist and deny. This they believe has facilitated the integration of their grief experience into their life-world. With this acceptance and integration of grief, there is recognition of the need to manage what has been integrated. This capacity to cope

with grief has also contributed to participants' sense of themselves as expanded beings. Gill gives voice to this idea:

"Having gone through this bereavement...um has shown that I can handle what's given to me..." (Gill: 402-403).

"It's not even about being frightened of the work; it's not at all I'm just very accepting of it. If it's a bereavement that's coming through the door I'm not feeling 'oh my God, I'm not going to be able to do this at all' it's not, I just absolutely go with it and work with it" (Gill: 405-409).

Mary speaks of death both as a harsh reality and as something that is survivable. She too has experienced a triumph over loss:

"Death is what it is and life does go on afterwards and that's the other learning. We have all survived this, we are all still here" (Mary: 426-427).

Following his loss, Noah also eventually experienced a newfound resilience and a further developed sense of his professional identity, including his role in supervision:

"It reassured me that I felt quite resilient and I think as I've said before it kind of solidified my view of supervision" (Noah: 231-233).

All participants seemed to have progressed along a path with certain shared features. From feeling overwhelmed and disorientated in the initial aftermath of their loss, they had found ways of repressing their emotions for the sake of their therapeutic work and their established professional identity. Subsequently, they had become more accepting of their limitations and vulnerabilities and had given themselves permission to integrate these aspects into their self-identity and professional identity.

The expansion of the self post-loss would appear to encompass both a 'being-with' emotion and a more compassionate approach to the self. It also possibly features a closer merging of therapists' professional and personal identities. With self-expansion there is a greater sense of freedom: more room to roam; greater recognition of multiple abilities; enhanced permission to be human.

Reflexive exploration

This analysis was my first attempt at utilising a phenomenological method. I found writing up the interviews time-consuming, intense, often exhausting but also very provocative. Listening to the tape-recordings and typing out the transcript provided another layer to the process of analysis. I found myself reflecting on what was emerging from a participant's account, on how I had conducted the interview, and on my own reactions to the narratives as I re-visited them. Fore-understandings often emerged as part of this process, only to be challenged and altered (Smith et al, 2009). In contrast to the interviews, which felt encapsulated and time-bound, the transcription process was an opportunity to slow down and engage with the smallest details in front of me. My note-taking during analysis was predominantly theoretical and conceptual. Annotating the transcripts also facilitated a reflective process and shaped this aspect of the analytic process.

Initially I found IPA's flexibility and lack of prescriptive structure rather disconcerting; I found myself wanting a structure to ensure that I was 'doing it right'. At the same time I found it liberating to be able to immerse myself in the data knowing that my personal contribution and interpretation was as much a part of 'doing it right' as following another person's rules and prescriptions. I found myself relaxing

into participants' accounts and allowing myself to be inspired and excited by what emerged in the matrix of their narratives and my interpretations of their stories.

When writing this analysis chapter, I found myself being unexpectedly transported back to my interviews with participants, and felt incredibly inspired as a result. For me, this underlines and reaffirms the power, uniqueness and richness of the interviews -- at many levels.

Mindful of the importance of taking an idiographic approach to analysis, I sought to immerse myself in each narrative, only moving on to the next once I had completed analysis of the previous one. Following analysis of the first case, however, I was aware that my fore-understandings had been influenced by the case I had just been working on. My perspective on the phenomenon under exploration had already undergone change. Despite this, I still wanted to treat each case as a unique entity, retaining an open stance so as to allow participants' narratives to challenge any fore-understandings and surprise me as I proceeded. I strove to bracket any fore-understandings from a previous case before moving on to the next one. My hope is that my open stance, and constant use of reflexivity, made it possible for me to appreciate, and do justice to, each participant's account.

The process of analysing across cases was a challenging exercise as I was faced with having to make significant decisions about what seemed particularly meaningful and representative of participants' accounts across cases. The tension between remaining faithful to the uniqueness of participants accounts whilst also seeking to find broader meanings became apparent at this stage. At the same time, this process also afforded me the opportunity to delve into the data in a different way than I had done whilst looking at the narrative on a case by case basis, as I endeavoured to take a more

over-arching view of what had been presented to me in participants' accounts. I found myself feeling the weight of responsibility, to a degree, to do justice to the accounts in an attempt to present a faithful account of the data. Having said this, I was mindful of my own position as researcher and that even at this stage I was influencing the data set in my decisions about the themes that seemed particularly prominent and important and those that seemed to naturally fall away. When I felt the final set of themes had emerged, through this rigorous process, I remained particularly interested in the ways that I could capture both the similarity among participants as well as the uniqueness of the individual experience.

Chapter 6 Discussion

The purpose of this study was to understand the lived experience of a therapist's bereavement and how this might impact the therapeutic encounter. Semi-structured interviews were employed to gather the data, followed by analysis of participants' accounts using Interpretative Phenomenological Analysis. Four rich super-ordinate themes emerged as a result of a double hermeneutic engagement with the participants' accounts.

In this chapter I begin by discussing the fundamental aspects of the phenomena investigated in relation to existing literature. I then engage in a critical reflexive evaluation, outlining the strengths and limitations of my methodology and method. Following that, I explore the implications of the research for clinical practice in the field and suggest avenues for future research. I end the chapter with a reflexive account of my experience of the research process.

6.1 Discussion of the main themes

6.1.1 Theme 1: The lived experience of grief

Overall, the research found that participants experienced their grief as overwhelming and disorienting. It was both an instinctual reaction to their losses and a disruption of their previous ways of thinking and cognitive assumptions about the world. As a result participants experienced both themselves and their world as having been altered by their bereavement.

The definition of grief as a “primarily emotional reaction to the loss of a loved one through death” (Stroebe et al, 2001, p.6) was affirmed by the experience of the participants, whose raw and visceral embodied experiences of grief echo Bowlby’s (1969) explanation of this phenomenon as an “instinctual emotional reaction” as well as one that involves automatic cognitive processing (Calhoun & Tedeschi, 2004). However, following the initial instinctual response during the post-loss period participant’s also experienced alterations on cognitive and relational dimensions of living, including a re-construction of past assumptions and ways of relating with others: this coincides with both Broadbent’s (2013) and Kouriatis and Browns’ (2013-2014) research emphasising the multi-dimensional impact of grief. In fact, some participants in the present study shared their embodied physical reactions to the experience of grief echoing the relationship between psychological and physical pain following a loss (Kouriatis and Brown, 2013-2014).

There is convergence between participants’ accounts and the view that grieving individuals experience certain predictable responses which include shock, awareness of loss, conservation withdrawal, healing and renewal (Sanders, 1989, 1999); and an initial experience of shock and disbelief followed by somatic, emotional discomfort, and social withdrawal before entering the stage of resolution (Shucter & Zisook, 1993). There accounts also resonate with Bowlby’s (1969) stages through grief.

There is less convergence with Kubler-Ross’s (1969) five stages of grief, with anger, bargaining and depression not manifesting themselves in participants’ accounts.

Perhaps participants’ responses to loss were, to a degree, affected by their professional identity as therapists, which may have encouraged a level of self-awareness which facilitated more constructive coping responses. This suggests that while certain emotions are typical following a significant loss, bereavement will

manifest differently for different individuals. The uniqueness of the grief experience bears emphasis (Neimeyer, 1999; Wortman & Silver, 2001; Broadbent, 2013, Kouriatis and Brown, 2013-2014).

Participants' experiences also throw doubt on the premise that the stages of grief lead to a completion stage of recovery from grief after certain psychical tasks have been performed (Freud, 1913, 1965). In line with Broadbent's (2013) research, the findings from this study point to the ever-changing, cyclical nature of grief, which gradually unravels and deepens over time and over the course of one's life. In recounting their experiences of grief, participants shared the transformative elements of their encounter with loss which they had not been able to see in the early aftermath. Their accounts highlighted the ever-evolving nature of an individual's relationship with grief and loss, and as such diverged from models positing a linear pattern to grief. This resonates with the ideas espoused by Worden (2009), who revised his original theory of grief to argue that the grieving process is highly individual, with variables affecting this process at differing points along the way in accordance with the complex, socio-cultural context bound nature of experiencing.

Classical grief models, such as stage and task models, prescribe ways of understanding and working through grief, while constructionist theories offer new perspectives to create new meaning following loss. The evidence from this research study, however, is that in the initial post-loss period grief is riddled with a tormenting not-knowing. For the bereaved, there is just enough energy present to attempt to fathom the altered landscape they now find themselves in. Despite their knowledge of the plethora of techniques and theories on offer to help lead them out of the pit of despair, participants found themselves deeply embedded in their instinctual, emotive response to grief. This is echoed in Kouriatis and Brown's (2013-2014) study which

revealed that despite having expertise in human struggle and suffering, therapists nevertheless experienced their grief as intense and disorienting.

This suggests that the initial response to grief is ingrained and strong and perhaps needs to be experienced rather than combatted via technique and theory. In fact, bereavement theories appear to fall short in their attempt to grasp the phenomenon of grief in its most profound, instinctual form, which appears to be the starting-point from which to build theories.

Macjewski et al (2007), conducting research with 233 people who had experienced the death of a parent, child or spouse, found yearning to be the predominant feeling amongst participants; yearning for the return of the loved one superseded feelings of depression, disbelief and anger. The current research, however, found little evidence of participants yearning for the deceased to return. Rather there was a deeply felt awareness of the irrevocably changed nature of participants' environment. Perhaps a reason for this may be that as therapists, participants had developed a level of awareness that facilitated a more active acknowledgement or confrontation with their loss. This raises the issue of how transferable elements of this study would be to the general population. However, their accounts lent some support to the notion of 'grief work'; the findings showed that integration and re-organisation of the loss experience occurred over time (Calhoun & Tedeschi, 2004), with participants adjusting gradually. Again, it is important to question how much their response was as a result of their being therapists and how far these findings would be transferable to the general population.

In line with the idea that human beings are intricately bound to each other (Merleau-Ponty, 1962; Heidegger, 1927), participants' descriptions of their experiences of grief

showed evidence of inter-relatedness with the world around them. For all of them, it was important to understand the concept of grief in the context of their relationship with the world about them. This is in line with constructionist approaches to bereavement which posit that human existence is situated in the relational world and is based on meanings gathered via interactions with others (Neimeyer, 2001). The idea that grief impacts one's social identity and requires that they 're-learn the world' (Attig, 2011; Broadbent, 2013) is pertinent here: participants' losses affected not only the core of their being but also their perception of the world, rendering them somewhat dissociated from it for a time.

Merleau-Ponty (1962) speaks of the self, the world and others as being intertwined; the experience of the world is related to the experience of one's self. This is evident in participants' accounts of feeling catapulted into a new landscape with their internal compass or worldview shattered by their loss. Their loss of a precious being also involves the loss of everything they once knew: not only their significant other but also their own selves and their familiar environment. This illustrates the existential premise of *Da-sein* (Heidegger, 1996:10) :the notion that as human beings we 'care' about our interrelatedness, the disruption of which causes us anxiety about our own mortality and vulnerability in the world.

How, then, do therapists manage to move from this instinctual connection to their inner lives and emotions to a separation from this facet of themselves that allows them to move forward?

Stroebe and Schut's (1999) Dual Process Model (DPM) posits that following a bereavement a person oscillates between being present in their grief and focusing on practical matters requiring the suppression of thoughts and feelings associated with

their loss. The findings of this study reveal that in order to function in the everyday, participants needed to dissociate somewhat from their loss: to set it aside or compartmentalise it. This was certainly the case for participants who returned to therapy work between two and three weeks after their loss. By viewing their therapy work as a practical matter -- a job to be done -- they were able to move back into their professional role with some sense of stability and control.

This ebb and flow between immersing themselves in their grief and dissociating from it perhaps acted as a psychological protection, enabling their grief to be gradually integrated into their worldview. This resonates with anecdotal accounts provided by psychologists, psychiatrists and social workers, which reveal a similar pattern of oscillation (Adelman & Malawista, 2013). Importantly, this facet of therapists' loss experience was not captured in Broadbent's (2013) study.

In the end, the finality of death has to be integrated; as Freud (1915, p. 291) memorably put it, "Death will no longer be denied; we are forced to believe it. People really die". This research has shed light on how participants regained their focus on their everyday lives and work; how they moved between acceptance and not fully acknowledging their loss.

6.1.2 Theme 2: The challenge of keeping the vulnerable counsellor out of the room

The phenomenological approach to therapy, the platform from which humanistic therapists work, advocates that therapists identify the preconceptions, judgements and attitudes they may be bringing into the therapeutic space (Joyce & Sills, 2001). As part of this, therapists attempt to bracket or set aside such elements in order to be present to the client in a specific moment in time.

Few studies have investigated the concept of bracketing in the therapeutic encounter (Gearing, 2004). Within the limited research exploring therapist bereavement, too, there has been little exploration of the role of bracketing, with more attention paid to issues of self-disclosure in the ways therapists manage their vulnerability in the therapeutic encounter (Vamos, 1993; Rodman, 1998).

For the current research, however, the issue of bracketing emerged as extremely pertinent. The findings pointed to bracketing being a very important way of working for participants following their significant loss. Participants referred to bracketing as a way to set aside or shut out emotions and thoughts linked to their loss experience in order to be fully present to the client. However, this was not always easy or clear-cut. Participants' awareness of their grief emotions often came to light in the midst of therapy work, and they were faced with having to deal with these difficult intrusions in the moment, with their client before them. This is also reflected upon in Kouriatis and Browns (2013-2014) study which reported on the dangers of over-identifying with clients in the aftermath of loss. This is seen to be most prominent when a participants' loss is 'active' (Kouriatis and Brown, 2013-2014, p.105).

In Millon's (1998) research, three psychotherapists talked about an indirect form of disclosure whereby they felt their clients could perceive their changed emotional state in the room. Interestingly, in the present study, some participants during our interviews shared their ponderings about whether their clients had perceived their somewhat altered presence in the room and questioned how this might have impacted the therapeutic process. Generally, participants felt it was important to not disclose their bereavement to their clients but paradoxically were also concerned with the ambiguity created, as a result. This process has been documented in the field of

qualitative research (Smith, Flowers & Larkin, 2009), but there is a paucity of research into this concept in therapeutic literature.

The current study suggests that bracketing becomes increasingly important the more vulnerable a therapist feels. As a result therapists will work harder to ensure their material does not emerge in the therapeutic space, despite the lack of guidance on how to actually carry out bracketing (Chan, Fung & Chien, 2013).

Participants referred to bracketing as a skill they had learnt during their therapeutic training. Therapists are trained to separate their personal and professional lives and to protect their clients from their own inner turmoil or personal sufferings (Adelman & Malawista, 2013). The ability to empathise with a client is thought to be reliant on an ability to 'bracket' (Cooper, 2004) in order to gain a greater sense of the client's unique perspective. In this study, participants were mindful of the ways in which their own processes could obscure a clear appreciation of their clients' subjective reality. However, participants' desire to keep their grief out of the room, and their fear of any personal intrusions, in some cases led to an unquestioning resolve to bracket, with little consideration as to whether this was really possible. This attempt at rigid bracketing was coupled with a rational, professional approach to client work which perhaps hindered their ability to tune into themselves and self-monitor at times. This is in line with Adam's (2014) contention that therapists who experience life crises cannot leave their tensions at the door, regardless of how committed they are to their work. This finding highlights the importance of retaining a questioning stance in relation to the use of technique in the midst of vulnerability.

For my participants, bracketing seemed to be accompanied by a stoical, rational approach to work which was motivated by a desire to safeguard the client as well as

their own professional identity. Participants viewed any manifestations of their own grief in the therapeutic encounter as problematic. This differs from the view that, rather than being problematic, a therapist's reaction to a client is inevitable (Aron, 1992; Hoffman, 1992) and will reflect their "values, assumptions and psychological idiosyncrasies" (Renik, 1993, p.553). The findings also mirror those of Givelbar and Simon (1981), whose study highlighted how the professional role can enhance the (false) idea that therapists should manage better. Rappaport (2000) reported experiencing this same expectation of himself as a therapist.

All participants shared high expectations of themselves, despite acknowledging their vulnerable states. This was often framed by participants as the desire to be there for clients, whose needs were prioritised at all times. However, Guggenbuhl-Craig (1971, p.10) suggests that "if a therapist deludes himself that his motives are selfless, he is more likely to act inappropriately within the consulting room."

Jaenicke (2007) discusses how therapists, in an attempt to ward off feelings of inadequacy and vulnerability, may try to remain neutral in their therapeutic work, thereby denying their subjective impact on the client. As she notes, "we demand invincibility and omniscience of ourselves and clothe it in the armour of the heroic myth of the isolated mind" (2007, p13). This offers a new way of looking at vulnerability in the therapist and raises questions about how such vulnerability can be worked with, in the therapeutic encounter and beyond.

Participants' stoical attempts to remain boundaried in their therapeutic endeavour whilst grieving did not negate the fact that they were aware of their vulnerability. However, they continued into the unpredictable terrain of the therapeutic arena nevertheless. Some participants expressed a lack of certainty as to whether their

clients were aware of their vulnerability, or the ‘leakages’ that occurred, something touched on in Millon’s (1998) research on indirect disclosure. This raises the question of how therapists can know whether their clients are impacted by their vulnerability in the absence of self-disclosure and feedback from their clients.

Adams (2014) provides an anecdotal account of her experience of a significant life event. This she believed she had bracketed whilst providing supervision, only to discover later that her supervisees had sensed that something was wrong. Fromm-Reichman (1950) sought to resolve this problem decades ago by offering down-to-earth, practical advice: for example, that therapists acknowledge their life crises to clients while reassuring them of their competence.

Hoffman’s (1992) notion that the therapists’ subjectivity is always implicated in multiple ways in the therapeutic encounter is reflected in the findings of this research. Participants acknowledged an altered sense of self when working with clients; their revelation of occasional ‘leakages’ (in the form of implicit reactions to clients) underlines the idea that self-disclosure is ever-present in the therapeutic space and cannot be avoided (Gerson, 1996), and also that therapist anonymity is a myth (Ferenczi, 1988; Greenberg, 1995). All participants consciously chose not to reveal their processes whilst engaged in client work, but this did not guarantee that their material would not be implicitly communicated via their interventions and non-interventions.

Keeping the vulnerable counsellor out of the room appeared to be quite a feat. In their efforts to achieve this, participants were motivated by seemingly coherent and understandable reasons such as the desire to be there for the client and not allow their internal state to contaminate, or intrude upon, therapeutic work. Following a loss, a

struggle ensues to integrate the loss into one's self-narrative and create a new script of who one is and who one will become (Adelman & Malawista, 2013). A therapist's professional identity, it appears, is an important factor facilitating the integration of loss, both inside and outside of the therapy room.

A therapist's professional identity is bound up with being strong, self-sacrificial, stoical and capable. How do bereaved therapists integrate feelings of unbearable pain and vulnerability into a narrative that says they are strong, and able to hold their clients at all times?

This aspect sheds light on the precarious balance between ensuring our personal woes do not enter the therapeutic space and also utilising our internal resources and emotions to attune to clients. In fact, Vamos (1993), in her anecdotal account, shares that she decided to not disclose her loss to clients in part, as a result of wanting to appear strong. A therapist's sense of self-esteem and integrity is also bound up with preserving their composure and professional role (Epstein, 1994). This becomes even more important at a time where the therapist's sense of self is fragile and uncertainty abounds. There is a need to assert one's professional stance and work hard to bracket at all costs, in order to preserve both the therapeutic space and one's own professional identity. At the same time, this attempt is at odds with the view that we may get closer to the client by understanding our own pain (Husserl, 1931).

6.1.3 Theme 3: Therapeutic presence in the midst of grief

Therapeutic presence is the bringing of one's whole self to the therapeutic encounter. It involves an openness and ability to engage at multiple levels so as to be fully attuned to the client (Geller & Greenberg, 2002). This definition seems to be at odds with what was felt by the participants in this study, who in their grief experienced the

therapeutic space as more ambiguous than ever. Their attempts to bracket worked to a degree, but leakages also occurred, highlighting the limitations inherent in technique and supporting the idea that therapists' struggles and vulnerabilities do enter the therapeutic space (Adams, 2014). In line with Kouriatis and Brown's (2013-2014) findings which reported on the inherent dangers of over-identifying with clients whilst in the grieving space, participants also experienced triggers of their loss in session by client material, which they felt negatively affected presence.

However, participants who were able and ready to access their own emotions experienced a powerful attunement with clients, and this served to foster greater connection in the therapy room.

It was evident from participants' accounts that they experienced their grief as part of themselves, despite it taking time to integrate this into their selfhood or identity. This contrasts with Freud's (1912) view of transference, whereby the therapist is seen as a benign and neutral vessel ready to absorb the client's material and remain unaffected. In fact this study highlights the permeable nature of life experiences and crises for the therapist, emphasising that the person of the therapist will always intrude to a degree in the therapeutic space (King & O'Brien, 2011; Adams, 2014). This point is buttressed by the leakages experienced by some participants, whose altered view of themselves had caused a shift in perspective which they brought into the therapy room. This mirrors the idea that a therapist's personality, style and worldview all impact on treatment (Gerson, 1994).

The findings of this research are consistent with anecdotal accounts from Shapiro (1985) and Vamos (1993). Following the loss of her mother, Shapiro (1985) struggled to understand and communicate with one of her clients who was severely regressed,

while Vamos (1993) found disclosure becoming more dependent on her own difficulties than on therapeutic considerations. The current research also supports Balsam and Balsam's (1984) claim that grieving therapists returning to work may not be in a position to be fully present with clients. In fact, Kouriatis and Brown (2013-2014) advise that therapists' make the ethical decision to take extended leave when they feel that the therapeutic endeavour may be significantly compromised as a result of their grief and they emphasise the role of supervision.

Participants spoke of how presence was affected by many factors, including resistant clients, therapists' own altered worldview, and self-exposure via leakages. They acknowledged that their grief was triggered at times by client material and sometimes interfered with therapeutic presence.

Such findings are line with those of Millon (1998), who found that participant's emotional state was unstable and interfered with the therapeutic process. It also supports Adams' (2014) research into the impact of personal events on clinical work. She interviewed 40 psychotherapists, nearly all of whom stated that their personal life had impacted their work with clients. In an anecdotal, self-critical account, Adams (2014) questions her ability to be present to her clients by exploring issues such as spontaneity, avoidance, and ability to tune in to clients' material. Adams' experience seems to reflect that of participants in this study who raised questions about whether clients were impacted by their presence, or lack of presence, in the therapeutic encounter.

Some participants found their presence affected when working with resistant clients. This seemed to be connected not only with their loss but also with their altered ways of coping. This is consistent with Rappaport's (2000) experience of client work

following her loss; she found herself feeling impatient and rather irritated with clients as a result of her vulnerability. Similarly, some participants in my study experienced an anxious intolerance of clients who were finding it difficult to cope; an aspect borne out by Adams' (2014) findings. Other participants found client material triggering thoughts and memories of their own losses: in one case, this resulted in the participant avoiding going too deeply into a client's material for fear of triggering more of their own material. This converges with Kouriatis and Browns (2013-2014) research whereby participants reported on the dangers of over-identifying with clients. Case study research by Rosenberg and Hayes (2002) suggests when a therapist's issues were touched upon by client material avoidance behaviour can occur. Adams (2014), in an exploration of how therapists' personal lives affect their work, found that in some cases therapists would avoid exploring certain issues in greater depth if they felt this might evoke their past or current trauma.

At times, however, participants felt their presence to be enhanced as they experienced powerful moments of attunement with clients. This seemed to occur when therapists were ready to access their emotions and grant them permission to emerge. This resonates with Bozenski (2006), Broadbent (2013), Devilly's (2014), Kouriatis and Brown's (2013- 2014) research which found that, following loss, therapists felt increased empathy for clients, increased sensitivity to clients' feelings of grief, and a deeper overall connection with clients. Similar findings are reported by Martin (2011) in his qualitative study and Givelbar and Simon (1981) and Guy (1987) in their anecdotal accounts.

For some participants, increased feelings of empathy provided leverage for movement in the therapeutic work. Clients seemed more responsive, and more willing to share emotional content with their therapists. Bozenski (2006) argues that, for a therapist,

bereavement can also result in increased empathy, facilitating deeper connection and communication with clients. In line with this, findings from Kouriatis and Brown (2013-2014) revealed that following their loss experience participants were more able to “walk alongside clients” (p.101). Participants felt their moments of empathic attunement with clients to have been inspired by their loss experience, echoing Adams’ (2014, p.109) contention that significant life experience can provide the therapist “with a more profound understanding of the immediacy of pain surrounding terror and loss.”

The issue of self-disclosure emerged as an important theme in this research. All participants spoke strongly against disclosing details of their loss experience with their clients, and even more so with clients themselves in the grip of loss. Participants spoke of their anxiety about how to deal with potential self-exposure and of their difficulty managing unwitting exposure by the client in session. They questioned whether, in the absence of disclosure, it was possible to gauge whether the client felt their presence to have changed. This diverges somewhat from Broadbent’s (2013) study, whose participants expressed fewer anxieties about whether or not to disclose, focussing instead on the appropriateness of disclosures. Similarly, in her research, Devilly (2014) reports that the majority of participants disclosed their personal crises to their clients: in some instances, however, this was related to sharing an illness which felt a necessary and ethical intervention. Devilly’s (2014) research revealed that self-disclosure can be of therapeutic value, with one humanistic psychotherapist sharing his bereavement in an attempt to foster greater connection, authenticity and sharing in the therapeutic encounter. This runs counter to the findings of the current study with all humanistic therapists feeling strongly that self-disclosure might interfere with the therapeutic work. This raises questions about how therapists

navigate this ambiguous terrain, how they manage the tensions inherent in creating an authentic connection whilst simultaneously remaining boundaried and ethical. This is echoed in Vamos' (1993) observation that there is a lack of experiential material guiding therapists in this area.

The findings of the current research also stand in contrast to those of Boyden (2006), who found that psychologists usually disclosed their loss to one or more clients. These divergences may reflect differences in theoretical orientation and culture, and may also be connected with whether clients questioned therapists about their absence. Nevertheless, such divergences highlight the complex nature of self-disclosure in the midst of a therapist's vulnerability. This suggests a need for more research into such questions as how therapists might better gauge their readiness to disclose to participants, whether it is useful to share one's grief with clients, and what benefits might ensue.

The findings reveal that, post-loss, participants at times felt both disconnected and connected with their clients. This paradox reflects the nature of the therapeutic process, which is both mutual and asymmetric; while allowing ourselves to be affected by our clients; we must also manage that impact so as not to lose sight of the therapeutic endeavour (Jaenicke, 2007).

6.1.4 Theme 4: Expansion of the self, post-loss

The findings of this study suggest that bereavement is a cyclical journey that evolves, expands and is re-structured over the course of one's life, with no end point or 'recovery' as such. This finding is supported by Broadbent's (2013) and Kouriatis and Brown's (2013-2014) research into therapist' loss experiences. This diverges from the task and stage models of grieving proposed by many theorists (Bowlby, 1969; Freud,

1917; Lindemann, 1944; Rothaupt and Becker, 2007; Worden, 1991), which suggest that the grieving process ends with a set point: either resolution and recovery or entry into the realm of pathological grief.

Whilst such models seek to explain incidences of what might be considered maladjustment to grief, they do not capture the complexity or idiosyncratic nature of this phenomenon, nor can they account for its transformative effects. In fact, Worden (2009) concedes that “in a sense mourning is never finished” (p.77), highlighting the ever-present nature of the phenomenon of bereavement, and beckoning us to look more closely at how this manifests for individuals in unique ways. In a similar way, Adams (2014) speaks of there being life crises “from which we never really recover, though gradually they become part of the fabric of our day-to-day living, removed from the immediate tragedy and yet ever present’ (p. 105). In contrast, Hayes et al (2007) contend that unresolved loss may have a negative impact on the therapeutic process.

The current research endorses the view of grief as an open-ended, evolving process which demands open-ended exploration, particularly in relation to its changing nature and impact over time.

Participants in this study spoke of the transformative effects of their loss, as a result of which they experienced self-expansion. Some explained this as the emergence of latent parts of the self, while others saw it as the birth of new parts of the self: parts previously absent. Participants’ accounts therefore support the idea of bereavement as a transformational process which can lead to the expansion of the self (Martin, 2011; Moon, 2008; Broadbent, 2013). The findings also support Yalom’s (1980) assertion that bereavement is an ‘existential opportunity’ to uncover or get to the core of one’s

self, making use of the profundity of the loss experience and its impact on one's sense of self.

With the destruction of their assumptive world post-loss, participants were called upon to re-construct a new identity. At the heart of this process was an attempt to restore meaning through the construction and reconstruction of one's personal narratives: a central facet of the bereaved person's journey towards integration of loss (Attig, 1996; Broadbent, 2013; Gillies & Neimeyer, 2006, Kouriatis and Brown, 2013-2014; Neimeyer, 1999, Nerken, 1993), and descriptive of Stroebe and Schut's (1999) Dual Process Model of Mourning. This also echoes Heidegger's (1927) idea that a person's sense of Being-in-the-world is inevitably changed following bereavement.

More specifically, participants reported a newfound sense of themselves, encompassing increased self-awareness and self-esteem, increased self-confidence, and greater belief in their ability to cope with adversity. They also spoke in terms of existential growth. There are commonalities here with Calhoun & Tedeschi's (2001/4) research on personal growth, Martin's (2011) study on wounded healers, with Broadbent's (2013) and Kouriatis and Brown's (2013-2014) qualitative studies of therapist bereavement and with research by Dunphy and Schniering (2009), which found that counsellors' own significant losses served as a major resource upon which they could draw to enhance their therapeutic practice.

In Adams' (2014) study, one participant spoke of feeling she had become a better therapist as a result of her loss experience, in part because she could sit with a lot more pain. Similarly, Kouriatis and Brown (2013-2014) report that following their loss experience participants felt more confident addressing sensitive issues with

clients and bolder in their approach. Some participants in the current study reported feeling more attuned and connected to their clients as a result of their loss experience; they also felt they had access to a greater range of emotions, including empathy. This resonates with Husserl's (1931) contention that we can empathise with others to the degree that we are in touch with our own pain and feelings.

The idea that self-expansion encompasses a being-with emotion is a prominent finding of this research. It takes its place alongside other studies reporting a heightened sense of empathy for clients as a result of loss (Guy, 1987; Martin, 2011; Millon, 1998; Bozenski, 2006; Broadbent, 2013; Givelbar and Simon, 1981; Guy, 1987; Kouriatis and Brown, 2013-2014; Martin, 2011; Schwartz, 2004), and greater reciprocity in the therapeutic relationship (Antonias, 2002; Broadbent, 2013; Martin, 2011).

Participants reported not only the emergence of new, positive aspects of themselves post-loss but also a softening of their self-expectations, along with greater acknowledgement of their limitations, humanity and fallibility. All this seemed to have been driven by existential considerations which were deepened as a result of their loss experience (Gerson, 1996). This surrendering, this acknowledgement that one cannot be neutral, objective or unaffected in therapeutic encounters, represents a move away from the security of standardised techniques: the strategy used by participants in the aftermath of loss to ward off their "dread of structure-less chaos" (Storolow, Atwood & Branchaft, 1994, cited in Orange et al, 1997, p.42). Within this, there is acknowledgement of the humanity of the therapist, of the merging of the personal, professional and inherently inter-subjective nature of the therapeutic process. This seems to echo Adams' (2014, p.5) belief that "the most important gift

we can give our clients and patients is our humanity”. Allowing oneself to become de-stabilised lays the path for re-organisation at a higher level (Jaenicke, 2007).

The results of the present study are therefore in tune with research suggesting that critical life crises offer opportunities for positive personal growth (Caplan, 1964; Calhoun & Tedeschi, 2004; Dohrenwend, 1978; Frankl, 1963; Martin, 2011; Maslow, 1971; Yalom, 1980). Growth emerges as an experience of improvement or development which surpasses what was before and which involves the re-organisation of previously established schemas (Calhoun & Tedeschi, 2004). Bereavement features among the life crises that have revealed evidence of post-traumatic growth (Calhoun & Tedeschi, 2004; Edmonds & Hooker, 1992; Lehman et al, 1993; Nerken, 1993; Schwab, 1990). However, the findings of this study suggest that because grief is cyclical rather than linear, transformation and personal growth may not signal an end to pain or distress (Calhoun & Tedeschi, 2004). Rather, they seem part of the unfolding and developmental nature of grief (Worden, 2009; Adelman & Malawista, 2013).

6.1.5 Summary of findings

Thus far, this discussion has sought to situate the findings of the current study in the context of the existing literature. A number of key themes have been identified as providing important insights into therapists’ bereavement and how they manage therapy work in the aftermath.

Firstly, the findings indicate that grief emotions do not necessarily follow a linear pattern, with an end point marking resolution. While some individuals identify themselves as experiencing a certain set of similar emotions, their actual experience of grief emerges as unique, cyclical, evolving and changing over the course of life.

Secondly, the study highlights therapists' need to rely on and safeguard their professional identity, often via bracketing. The effort to bracket emerges as a means of *self-protection* as well as a way of protecting the client. However, over-reliance on bracketing protocol may impede self-monitoring and awareness of one's impact in the therapeutic encounter. In general, there is a paucity of research around bracketing as a therapeutic technique, and this absence of solid research perhaps finds its reflection in participants' struggles to keep their vulnerability out of the therapy room.

The research raised the question of how therapists actually manage the therapeutic space, given the limitations inherent in technique. While participants saw bracketing their vulnerability as an important facet of their 'job', this raises the question of whether their denying their vulnerability might prevent more authentic relating.

Thirdly, therapists' presence was seen to be affected by their grief and vulnerability. In some cases, a therapist's vulnerability might cause them to project onto the client or become impatient with them, thereby causing a disconnection. In other cases, a therapist's vulnerability fostered a deeper connection with, and increased empathy towards, clients. These findings accord with those of existing research, which suggest that a therapist's grief can have both positive and negative effects on client work.

Fourthly, the findings of the current study support theories positing the positive transformational nature of life crises such as bereavement. They provide evidence for the view that an expansion of the self can follow bereavement and suggest how such processes can be beneficial for therapeutic work.

6.2 Methodological considerations and critical reflections

6.2.1 Strengths and limitations of the research

To date, most studies in the area of therapist bereavement have centred on anecdotal accounts. The majority of qualitative research that has been conducted (Antonias, 2002; Boyden, 2006; Bozenski, 2006; Colao-Vitolo, 2006; Millon, 1998) has lacked a rigorous research base. Two studies (Broadbent, 2013; Kouriatis and Brown, 2013-2014) to date have sought to bridge this gap by exploring therapist loss experiences utilising IPA. The present research has sought to further bridge this gap by heeding Kouriatis & Brown's (2011) recommendation that IPA be utilised to explore this under-researched area. The findings of this study add to those of Broadbent's (2013) and Kouriatis and Brown's (2013-2014) IPA studies of therapist loss experiences and their impact on therapeutic work.

Research into therapist bereavement has explored specifically the loss of a relative or client and these have been presented mostly in anecdotal accounts (Balsam and Balsam, 1984; Givelbar and Simon, 1981; Guy, 1987; Rappaport, 2000; Shapiro, 1985; Vamos, 1993) and a few qualitative studies (Antonias, 2002; Boyden, 2006; Bozenski, 2006; Colao-Vitolo, 2006; Millon, 2008; Broadbent, 2013; Kouriatis and Brown, 2013). As recommended by Kouriatis and Brown (2011), the present study offered space for participants to self-define 'significant other', thereby acknowledging the idiosyncratic nature and impact of a loss experience for an individual. In this way the present study has sought to broaden the scope of the meaning of "loss" as well as reduce the disenfranchisement of grief.

This study has sought to illuminate an extremely pertinent phenomenon in the field of Psychology: it has endeavoured to explore the important realm of therapist

bereavement and in doing so has captured essences of how therapists manage their vulnerability whilst practising. It represents a further acknowledgement of the need to understand therapeutic processes particularly during precarious times and calls for further dialogue in this area to inform both practice and enhance understanding at both an individual and institutional level.

The analysis of participants' narratives is deep, rich and evocative. This mirrors and reflects my engagement with participants, both during interviews and during data analysis. I have tried to engage in life-worldly aspects of participants' narratives and I language the phenomena in a way that evokes. Again, this mirrors the depth of dialogue in the interviews as well as my interest and passionate engagement with the narratives. I have endeavoured to engage in a layered analysis of the phenomenon, at a descriptive level conveying an empathic understanding of participants' experiences as well as at a more interpretative level, engaging the hermeneutic circle. Moreover, I have sought to be as transparent as possible throughout, evidenced by my reflexive statements in each chapter; I feel this has added a special and unusual dimension to this research and I believe that the phenomenon in its appearing is clearer as a result.

Whilst IPA was deemed suitable for this research, it is important to recognise its limitations. A recent critique suggests that IPA's methodology is lax, ambiguous and scientifically weak because it does not allow for the replication of results if a different researcher were to investigate the data of the same participant (Giorgi, 2010). However, IPA recognises the skill of the researcher as a fundamental element in the creation of good research, as opposed to simply following method (Smith, 2010). With this in mind, I have attempted to manage the tension between efficacy and creativity in this research. I have been mindful that my input as researcher encompasses many intellectual capacities as well as the ability to be surprised and to

work with ambiguity and contradictions. All these elements, I believe, enliven a piece of research. Moreover, the emphasis with IPA is on producing findings that are descriptive rather than empirical. By foregoing solid absolutes and truths, IPA seeks to uncover complexities and paradoxes inherent in human experience.

During this research, the hermeneutic circle proved an invaluable instrument in bringing to life the complex area of therapists' bereavement. Via participants' unique accounts, I sought to capture the essence of participant's experiences by using the hermeneutic circle to explore prominent themes across cases and move between the parts and the whole (Gadamer, 1997; Smith et al,2009). This has produced some fascinating findings, which readers are invited to make sense of via what IPA calls the 'triple hermeneutic'.

As this has been my first attempt at IPA, my analysis is necessarily limited. Specifically, I could have dared to delve deeper with my interpretations. I could have attempted more micro-analysis of participants' accounts and engaged more fully with hermeneutic phenomenology, recognising that "findings are interpretations of a range of possible meanings as fitting the hermeneutic nature of the methodology" (Finlay, 2011, p.147). I look forward to developing my knowledge, skill and creativity further in this area.

The choice to approach this study from a hermeneutic phenomenological stance necessarily limits the realm of exploration of the phenomena. For example, the use of narrative analysis, with its emphasis on meaning-making in relation to an individual's wider socio-cultural experience, might have allowed more exploration of bereaved therapists' experience in the context of their wider social and professional identity. Dialogical research might have uncovered a plethora of data through its emphasis on

dialogical collaboration by researchers in an under-researched area. With any approach, choices must be made and I acknowledge that, had I used another approach, I would have captured different aspects. My choice of IPA was influenced by my knowledge of the phenomenon under investigation, my belief that IPA would relate well to it, and my status as a novice researcher.

Inevitably this research was influenced by my personal and professional experience. In fact, IPA acknowledges the process of engagement and interpretation by the researcher (Smith et al, 2009), whose input is a vital piece of the co-constructed research endeavour. However, it is important to recognise that another researcher might have honed in on different aspects of the phenomenon and achieved a different data set.

This research was based on a relatively small, purposive sample of participants who were interviewed in order to obtain a depth of analysis that might not have been possible with a larger sample. The cost of this is a lack of breadth in the data; as in any small-scale study, the findings are limited in terms of generalisability. However, the strength of IPA lies in the detailed nature of its analysis; such thoroughness precludes working with larger groups to develop generalised claims and theories (Smith et al, 2009). The present study sought to achieve depth rather than breadth; it strove for theoretical transferability rather than generalisability. Had I used a still smaller number of participants, I would perhaps have spent more time analysing each narrative, which may have highlighted further aspects of the phenomenon.

A homogenous, purposive sample, as recommended by Smith, Flowers & Larkin (2009), was used in the present study to ensure participants shared similarities relative

to the research question. While relative homogeneity was achieved, there are three areas which suggest possible limitations in the sampling criteria.

The first issue is that of timescale. Participants' losses had occurred during a specified time frame of six months to five years prior to interviews with the most historical bereavement occurring two years prior, to the research interview for one participant. With interviews relying on participants' recollection and subsequent interpretation, this span of time may have produced discrepancies. It may also have had implications for mapping participants' journey through grief, since participants were at different points in their processes when interviewed. However, a key finding of this study is that grief is a cyclical and highly individual experience (Adelman & Malawista, 2013; Broadbent, 2013; Worden, 2009), suggesting that time-bound comparisons may not be appropriate (Breen & O'Connor, 2007; Broadbent, 2013).

It must be acknowledged, however, that this was an arbitrary timescale, driven as much by my desire to achieve a homogenous sample as by the aim of facilitating recollection. In hindsight I realise that it excluded those whose grief experiences lay outside the specified parameters but who would have still been able to recall their grief experience. I have also considered whether it might have been more appropriate to let participants decide when they felt ready to discuss their grief experience, rather than imposing a specific timescale.

The second issue relates to the context of loss. The inclusion criteria of this study did not specify the type of bereavement participants had experienced, or the circumstances in which this loss occurred. It has been posited, for example, that multiple losses, violent deaths and sudden traumas are risk factors for complicated grief and could lead to a grief response that does not follow the normal course or

process to completion (McCall, 2004; Rando, 1993). In the present study, participants were certainly impacted significantly by their loss despite these losses not falling within the 'risk' criteria for complicated grief. However, such factors may need to be considered in future research, given their possible role in determining the sequence of grief for some individuals (Rando, 1993).

Thirdly, in order to ensure a homogenous sample this study aimed specifically to explore humanistic therapists' experiences of loss. Research on therapist vulnerability by Adams (2014) has indicated that therapists of differing orientations 'cope' with life crises differently. For example, CBT therapists tend to use solution-focused coping strategies, while psychodynamic therapists strive to get to the root of their struggles. However, it was beyond the scope of the current study to explore how therapists from other orientations might conceptualise their experiences. A more theoretically diverse sample might have produced different categories and richer findings, but this would have been at the cost of homogeneity and would have made it difficult to answer this particular research question.

When considering the issue of homogeneity within IPA, I am mindful of the inevitable tension between ensuring a relatively homogenous sample and achieving one not so narrow as to constrain the study's transferability to existing theory and other groups (Pringle, Drummond, McLafferty & Hendry, 2011).

My choice of the semi-structured interview as my data collection method was consistent with IPA's aim to achieve a deep and detailed account of participants' experiences. This has been seen as an exemplary method of data collection (Smith & Osborn, 2003) and has been recommended for novice researchers (Smith et al, 2009).

While offering the researcher some structure, it puts participants at the forefront of the process, allowing their narratives to guide the interview to a degree.

As part of the process of preparing my semi-structured interview schedule, I carried out a pilot test which helped me identify limitations in the interview design as well as in my conduct of the interview. This process refined my interview skills, particularly in relation to uncovering participants' implicit meanings. During interviews I sought to ask open-ended questions, using prompts and follow-up questions only when necessary (for example, to encourage more tentative participants or guide the process where participants seemed to be moving away from the research question). It is important to note that my decisions to encourage further disclosure on certain topics, utilise prompts or return to the interview schedule will all have influenced participants' accounts. In many instances, I had to make a judgement call in terms of referring back to my schedule and re-focusing on my set interview questions. In some cases this may have limited the scope of discussion. To a degree my interview schedule impacted my ability to stay with participant's narratives or delve further, since I was conscious of the questions still to be explored. A more open-ended interview structure might have encouraged me to venture further into specific experiences, thereby adding to the richness of the findings.

The research topic under investigation was an extremely sensitive one. It required participants to disclose potentially negative material about their practice, an aspect which may have caused some participants to respond in self-preserving ways or to avoid sharing certain elements of their experience. Despite my empathic and non-judgemental style, interviews may also have been impacted by the fact I was an unknown individual and that there was little time for me and each participant to build a strong rapport.

It was difficult to assess whether participants had been impacted by such factors. A specific discussion about them during de-briefing at the end of the interview might have shed light here, and perhaps informed subsequent interviews. Alternatively I could have provided anonymous feedback forms to participants following interviews. This would have given them an opportunity to add any information they may have felt uncomfortable raising or discussing face-to-face. In addition to this I could have given participants the opportunity to comment on their transcripts. This would have given them more control over their contribution.

My IPA data analysis was conducted following Smith et al's (2009) strategies outlined in the method chapter above. I sought to stay as close to the guidelines as possible whilst recognising the creativity called for in this approach. They provided a useful, systematic guide by which to analyse my data, and also helped my efforts to bracket prior knowledge and understandings while remaining mindful of my own interpretative and reflexive stance (Finlay, 2011).

The manual coding used in my analysis allowed me to achieve an intimacy with participants' narratives that might not have been possible through computer analysis (Clark, 2009). As a result my findings reflect my immersion in participants' experiences, as well as a strong interpretative element reflecting my role as a co-contributor to the research findings. However, if I were to do the research again I would dare to be more creative in my interpretations, and perhaps play with other strategies outlined by Smith et al (2009), such as polarization and contextualisation.

6.2.2 Validity and quality

The present study has sought to address each of Yardley's (2000) four criteria for assessing validity and quality in qualitative research.

Sensitivity to context

To ensure that my analysis and interpretation were sensitive to participants' accounts, I employed IPA with an idiographic focus on individual context, and conducted interviews in a way that facilitated participants' ease of disclosure. I strove to limit any power differentials in the room by showing empathy and being mindful of interactional issues (as outlined in the reflexivity section). I engaged in a reflexive practice to identify how my role as researcher might be impacting on the various processes in the research and on myself. I also sought to ensure that my analysis and interpretation were sensitive to social context by undertaking a thorough literature review and by contextualising my findings in relation to existing theory and knowledge.

Commitment and Rigour

In pursuit of rigour, this research involved detailed and thorough preparation. Participants were sampled carefully in order to achieve a reasonably homogenous sample (Smith et al, 2009) appropriate to the research question. Considerable time was spent devising and amending the interview schedule. Analysis was undertaken on the basis of the careful transcription of interviews.

My findings evidence a commitment to participants' narratives, with an idiographic focus along with more general accounts designed to show where some aspects of participants' experiences converge or diverge. Each major emergent theme was explored systematically and in depth, was related to existing literature in the field, and was supported by extracts from the narratives of more than half the participants.

Transparency and Coherence

I have sought to describe in detail each part of the research process, from how participants were selected, to the stages of analysis which guided my explication of findings. I have also offered a reflexive account of my own role in the research process consistently throughout the study in line with IPA's methodology (Smith et al, 2009). I have sought to use clear, concise and unambiguous language towards presenting a coherent argument, supported by evidence establishing the fit between my research and its underlying theoretical assumptions. This process was supported by my supervisor's consistent involvement and monitoring, particularly in relation to how I analysed my transcripts and extracted themes. This is consistent with Smith et al's (2009) recommendation of independent auditing of research to further demonstrate the validity of the analysis.

Impact and Importance

While I view the findings of the present study as illuminating and interesting, it is left to the reader to assess this for themselves.

6.3 Significance of the study and its implications for practice

The present study is relevant in the light of the paucity of research into the therapists' lived experience of grief and their experience of on-going clinical work in the midst of their vulnerability. Research into therapists' vulnerability has largely comprised anecdotal accounts, quantitative studies and unpublished dissertations which have generally lacked rigour, depth of analysis and generalisability. Two recent studies (Broadbent, 2013; Kouriatis and Brown, 2013-2014) have attempted to bridge this gap

by exploring this phenomenon using IPA: the first studies to do so. The present study constitutes a further contribution to this under-researched area.

Broadbent's (2013) study, however, involved four participants, all of them female. In contrast, the present study utilised accounts from seven participants, of whom five were female and two male. The data that has emerged therefore reflects the study's more gender-balanced sample, an aspect which strengthens the transferability of the findings. Moreover, the present study has brought to light aspects of the phenomenon of therapists' bereavement and their on-going clinical work not captured in Broadbent's study. For example, Broadbent's research did not capture therapists' difficulties in managing their grief whilst in the room with their clients, an important finding of the present research. The existentialist framework of the present study, which is not shared by Broadbent's research, offers a broader perspective on the topic.

In a similar way, Broadbent (2013) discusses the validating role of supervision when practicing therapists experience bereavement. However, the issue of supervision did not emerge as figural in my transcripts and was therefore not prominent theme in the present study. Perhaps this is a reflection of my particular group of participants as well as how these themes were touched on and explored in our interviews.

Participants largely spent a significant amount of time exploring their lived experience of loss and how they experienced the therapeutic encounter with their clients in the aftermath. I sought to bring the issue of supervision in via my interview schedule but felt that participants, on the most part, did not delve particularly deeply into their experience of this. As such during analysis of the data, I found this aspect to be less figural and representative than the others.

Kouriatis and Brown (2013-2014) also conducted a similar IPA study of therapists' loss experiences and the impact of loss on their on-going therapeutic work. Whilst the present study is similar in that it sought to limit the disenfranchisement of loss by allowing participant's to define 'significant other', Kouriatis and Brown (2013-2014) take this one step further allowing for any significant loss, as defined by participants including those not confined to bereavement. As such, the present study, focusing specifically on loss through bereavement, presents a somewhat more homogenous sample and might allow for more transferability. Furthermore, Kouriatis and Brown (2013-2014) interviewed six therapists from their own professional and academic environment which may have hindered bolder self-disclosures on this sensitive topic.

This research has a number of potential implications for practice. Acknowledging the open-ended, individual and evolving nature of grief gives individuals the space, freedom and acceptance to absorb the all-encompassing nature of loss. This is as pertinent for bereaved therapists as for individuals generally. While revealing that loss experiences are gradually integrated into a person's worldview, the current study also underlined the importance of recognising that grief is not always linear and that other life experiences can interact with one's experience of loss at any time, changing the course of its development. This suggests the importance of counteracting any tendency to disenfranchise grief over time (Doka, 2009; Martin, 2011). As therapists, we can utilise our knowledge and understanding of grief to enhance our self-awareness and self-monitoring, not simply for the benefit of the therapeutic endeavour but also for our own benefit.

The current study also suggests that therapists might gain by challenging their unrelenting standards and developing a more compassionate approach to their own vulnerability. This would involve unpacking the intricacies inherent in the therapist's

professional and personal identity: the ‘self’ which informs their work (Mearns & Cooper, 2005). It would require looking more closely at the influence of training and theoretical knowledge as well as of significant life events. While therapists are taught to be discreet (especially in the therapy room), such discretion can at times interfere with their ability to share their loss and learn from others (Martin, 2011). They may need support or advice on how to continue in practice (Adelman & Malawista, 2013).

By normalising and sharing experiences that impact them, therapists may be able to break away from the fear that self-exposure will be met with personal or professional sanctions. They may be more inclined to work through their difficulties therapeutically and by accessing professional support. They may also be more inclined to be compassionate towards fellow therapists who may be exposing their vulnerabilities. By acknowledging their human limitations, therapists open up the possibility of better managing or supporting themselves. By recognising that personal life crises (such as loss) can and do enter the therapeutic space, therapists may perhaps gain insights into how their vulnerability could be used for greater connection with clients.

Given that the personal and professional lives of therapists often merge, their ability to process their own grief is closely tied to the intricacies of their working selves.

While much of their working life is spent in the company of others, paradoxically they are often alone with their thoughts, feelings and reflections (Adelman & Malawista, 2013). In this situation, education and self-advocacy and care, sensitivity to loss, self-validation, and dialogue all have a role to play in preventing the “silent but terrible collusion to cover up pain” (Verghese, 1998, p.341). In tandem, they can foster an authentically supportive professional environment which could facilitate the integration of loss.

Therapeutic work is often unpredictable and laden with ambiguity and uncertainty. Therapists cannot predict what clients will bring to the therapeutic hour, nor what might arise during it. This uncertainty is heightened when a therapist is grieving or in a similarly vulnerable space. Bracketing and leaning on professional rules can be of help as therapists navigate this unpredictable environment. While they may have ample support at home related to their loss, at work there may be a bracketing off of their experience of grief. This is especially the case where therapists are working alone or in an environment which does not encourage open reflection or provide the space to reveal vulnerability.

Bracketing comes at a cost, however. For one thing, it may impact on therapeutic presence. As a promoted therapeutic technique, bracketing may also be applied rigidly in an attempt to ensure the therapeutic space is not contaminated by therapists' material and as a means of self-protection. Moreover, bracketing does not necessarily eradicate the therapist's influence; even the use of technique cannot separate therapists from their sense of embeddedness in the therapeutic encounter. This may lead to a negation of their self-experience (Jaenicke, 2007).

It is also important to remember that even if a client is unaware of a therapist's bereavement, this does not mean that the client will not pick up on the therapists' altered state or be impacted by it. Rather than being seen as problematic, this may provide therapists with an opportunity to consider in greater depth how they are engaging with clients in their state of vulnerability. Therapists may also be stimulated to reflect on how their attempts to separate the personal from the professional, the vulnerable from the strong parts of themselves might shape the way therapeutic work unfolds.

The findings also suggest that in order to be able to utilise their loss experience for the good of therapeutic work, therapists need to have reached a particular point in their own grieving process: one where they have access to their emotions in a way that enhances the therapeutic relationship and allows them to attune with the client. This might be facilitated by tailored supervision and by peer engagement and support, which might in turn have the effect of opening up dialogue in relation to therapists' bereavement and vulnerability.

The experience of loss is a transformative process with potential benefits for therapists, including increased self-awareness, improved self-esteem, a greater sense of resilience and personal strength, and stronger belief in one's ability to cope. All this has an impact on therapists' ability to be present with their clients. It seems that embracing one's vulnerability by softening (rather than tightening) one's therapeutic stance as the grieving process progresses enables a more active, attuned engagement with clients.

Bereavement deeply affects a therapist's personal and professional life. The relative paucity of research in this area presents a further difficulty for therapists attempting to cope with loss or other life crises. In this situation, the difficulties experienced by therapists may be negated, while self-sacrificial behaviours are encouraged. By highlighting the complexity of therapeutic processes when therapists are in the midst of grief, this research constitutes an invitation to training institutions to encourage more open dialogue, especially in relation to the merging of therapists' personal and professional lives in the course of their work. This echoes Martin's (2011) research findings and sentiments that celebrating our humanity in its many facets might contribute to the de-stigmatisation and recognition of the wounded healer in education and a more open attitude to this across the helping professions.

Given that the 'self' is the primary therapeutic tool utilised in therapy (Horvath & Symonds, 1991), it is crucial that therapists give voice to their experiences.

Paradoxically, the life of a therapist can be a lonely one, and this is only exacerbated by traumatic life experiences such as the loss of a significant other. By recognising and normalising these natural human occurrences via research and open dialogue, we may facilitate more active engagement with them by professionals in the field, gain a greater understanding of therapeutic processes, and explore how therapists might access greater support when navigating this uncertain terrain.

6.4 Future research

Despite the paucity of research in the area of therapist bereavement (Kouriatis & Brown, 2011), it is encouraging to note that research projects are attempting to bridge this gap (Broadbent, 2013; Kouriatis and Brown, 2013-2014). The present study is but one step towards further exploring the therapist's lived experience of grief and how this manifests in the therapeutic encounter. Further phenomenological research in this area is clearly indicated.

Firstly, there is a need for research exploring the lived experience of bereaved therapists who are providing therapy specifically to bereaved clients. This might throw additional light on how therapists manage their own vulnerability in their therapeutic work, shedding further light on challenges in therapeutic work, especially when facing encounters specifically focused on death and grief.

The current study has shed light on another under-researched area: that of the therapeutic process of bracketing. Further research in this area is indicated, especially in situations where therapists are vulnerable.

The issue of disclosure was also a prominent theme in this study highlighting the tensions inherent in deciding whether to disclose a loss to a client. This warrants further attention in the field.

In the present study, participants' losses would not be considered to have been traumatic losses. However, it has been argued that those dealing with such losses may experience grief differently (Rando, 1993). Further research exploring how therapists deal with traumatic loss may further expand this area of research.

A prominent theme in this research is how therapists' professional identity interplays with their experience of themselves in grief. Further research in this area might broaden our understanding of the ways in which a therapist's professional persona impacts their work and their experience of themselves in situations of extreme vulnerability.

Reflexive exploration

My reasons for selecting this topic were both personal and professional: I could see that there was a gap in the research base in relation to something which has been extremely poignant in my own life.

When I was fourteen I experienced the sudden death of my father and the subsequent family upheaval. Years later, while training to become a psychologist, I encountered

further losses (although none involving death) in the course of working therapeutically with clients. These experiences caused me to wonder about the transformational nature of the phenomenon of bereavement and how this impacts the personal and professional life of the therapist. During my therapeutic encounters with clients, I was aware of the losses I had experienced and engaged reflexively in supervision to understand how my losses were colouring my encounters, both within and outside the therapeutic space.

My own personal loss has shaped my worldview. I am acutely aware of my own and others' mortality. I feel a deep empathy for those who have experienced loss and suffering and, having emerged successfully from my own loss, I believe in the transformational nature of loss experiences. In many ways, the loss of my father served as a catalyst, prompting me to explore the paradoxes of life and the complexities of relationships.

Throughout the research, I sought to be mindful of any pre-conceptions I might have about the experience of grief and to bracket these as far as possible. This was facilitated by my view that experience is personal, with no two people experiencing a given phenomenon in the same way. I tried at every stage to be open-minded and curious as to how my participants experienced their grief. Given the passage of time since my own bereavement, I felt suitably removed from any raw feelings of loss and grief.

Nevertheless, I found myself empathising strongly with participant's accounts. In some instances I had a felt sense of their grief. Although mindful of the need to self-monitor such reactions during interviews, I believe my own experience of grief has

allowed me to engage more fully with the phenomenon at the core of my research. For example, in instances where participants became tearful as they spoke about their losses and loved ones, I was able to refrain from filling the space and silences which were imbued with sadness. Rather, I slowed down during these instances, allowing participants to feel their emotions, witnessing and honouring their visceral embodied experiences in the room. During these moments I was aware of my own sense of discomfort and of disorientation as to how to manage the tension between being a researcher and a human being bearing witness to another's' pain. My stepping back during these moments allowed me the space to monitor my own reactions to participants' emotions and to engage empathically with them. I was ever-aware of my powerlessness as their emotions of grief were evoked: I feel my ability to sit with my own discomfort and sadness enabled me to make space for theirs. During these instances participants permitted me to be with them in their emotions, taking their own time to compose themselves and reflecting back on our dialogue once again. I was especially conscious of not wanting to placate their feelings but rather to witness them and I hope my body language during these poignant moments conveyed this to them.

Prior to commencing the interview process I was somewhat reassured by the existence of my interview schedule which served as a way of structuring the interviews so that I might gain as much information as possible from participants. However during my interview with my first participant I soon became acutely aware of the tensions inherent in holding a piece of paper listing necessary questions and holding the human space between myself and my participants – a space fraught with inevitable tension as I sought to draw out my participants experiences of their precious and overwhelming losses. Rather than each interview getting somewhat

smoother and easier as I became more familiar with the research process, I realised each was a new starting point, bringing with it a new story, new tensions, new emotions, a new dynamic, all specific and unique to the space between myself and each of my participants and one that I would have to navigate anew each time. And so while the interview schedule did help me to navigate and focus on the fundamental research questions, I learnt that interviews which aim to shed light on individuals' lived experience are more than simply about gathering information; for me it was also about engaging with individuals and learning to embrace the 'messy' parts – the tensions and moments of awkwardness, the anxiety as well as the moments of attunement and insight. With the conclusion of my final interview, as I was leaving my participants home, I remembered letting out a sigh – this signified the release of a whole host of emotions that perhaps I had felt I had needed to contain through the interview process in order to 'do a good job'. I felt a sense of relief and simultaneously a sense of heaviness as I was able to acknowledge the difficult emotions that had arisen in me as I sought to grapple the tension between my role as a researcher and the inevitable human element of bearing witness to another's pain.

I also believe my training and general background in existential psychotherapy has helped me develop an openness towards lived experience and a genuine curiosity to understand it at its most fundamental level. Along with my interest in existential thought, this inevitably forms part of the lens through which I perceive, interpret and seek to understand experiential phenomena. As a result I have necessarily been drawn to certain aspects of participant's accounts, and my analysis will reflect such aspects of my subjectivity.

I feel there is much to be gained by exploring other therapists' experiences of loss and bereavement. As therapists, we can never be fully prepared for what our clients set before us, or evoke within us. Having long pondered the many ways in which death affects individuals, I remain fascinated by the ways in which bereavement can affect how a therapist is with a client. By shedding light on this phenomenon, research can help us understand the intricacies of our own reactions and draw lessons from such experiences.

Chapter 7 Conclusion

In this research, participant accounts unveiled the highly complex, evolving nature of the lived experience of grief. Participants' experienced a raw, instinctual initial response to grief, followed by a gradual adjustment and integration of their loss tempered with resistance and immersion in the everyday. Participants reported working hard to bracket their grief in their therapy work, leaning on their professional identity in order to protect themselves and their clients during an extremely uncertain, precarious and anxious time. Therapeutic technique was somewhat compromised, however, with participants sometimes struggling to be present with clients. In other instances, participants were able to attune to clients in new ways, utilising their lived and felt experience of loss to connect more fully with them. Despite their lived experience of grief being mediated by a tumultuous journey characterised by numerous difficult emotions experienced on a multitude of dimensions, participants found their experience of grief to be ultimately transformational. Following a gradual adjustment to their new life-world laden with troubling emotions both inside and outside the therapy room, they ultimately experienced self-expansion, emerging with

a newfound set of internal resources to inform their on-going therapeutic work. This was the result of their capacity to engage with their grief gradually over time as they continued to immerse themselves in the terrain of their everyday lives.

The findings of the present study highlight the multi-faceted nature of bereavement and experience of grief. The complexities of this phenomenon are further emphasised when we look at a therapists' lived experience of loss and how they manage their therapeutic work in the light of this. Therapists deal with vulnerability as a matter of course in their daily practice, but their own vulnerability is rarely acknowledged, addressed or explored (Adams, 2014). Indeed, therapists may often avoid appearing vulnerable, fearing it may compromise or undermine their professional persona.

The experience of the participants who shared their stories in the present study beckons us to consider the benefits of speaking more openly about therapists' vulnerability, grief, and trauma. Indeed the findings have implications for the development of professional knowledge in relation to understanding how bereavement impacts a therapist and thereby how it might enter into and impact the therapeutic encounter. By giving voice to this phenomenon, both therapists and the wider psychological community stand to benefit immensely (Martin, 2011). Given that it is through understanding and awareness that we can influence and monitor our practices, perhaps a more open and accepting stance will grant us permission to speak out about our vulnerabilities. Through its attempt to explore this important and fertile area, the current study hopes to stimulate a larger debate within the therapeutic community.

Final thoughts

This research endeavour has been a challenging and enriching experience. In it I have sought to bring to life a fundamental given of the human condition: the impact of death on one's sense of self and relationship to the world. More specifically, this endeavour has shed light on the ways in which therapists experience their grief and the intricate tensions that arise when this enters the therapeutic space. Having arrived at the conclusion to this piece, I feel I have experienced my own transformation; the journey through the research process has been illuminating, bearing witness to participants' experiences and working with their narratives at such an intimate level has been inspiring and evocative; the knowledge I have gained is invaluable. The tensions and challenges inherent in such an endeavour have pushed me to work past my initially perceived limits; my self-knowledge as well as expertise have developed as a result.

This process has inevitably shaped how I engage with and monitor my own vulnerability as a therapist as well as how I look at my own experiences through grief. It has deepened my compassion for therapists who are faced with personal life crises during the course of their work; I feel an open dialogue about this facet of our work is not only helpful but necessary but is most likely to occur in an environment of acceptance and understanding: acknowledging the humanity of the therapist is crucial here. I feel I am more aware of how I might try to conceal my vulnerability in the therapy room and have developed a more questioning and open-minded stance in relation to how I might manage this, especially when significant life crises strike. I feel more inclined to talk about vulnerability to colleagues and peers acknowledging

how this might benefit me both personally and professionally but remaining mindful that it is important that one's vulnerability be treated with care and compassion. My hope is that the reader (and wider therapeutic community) might glean their own valuable insights as a result of this research.

References

Antonas, V. (2002). *Death in the life and work of a therapist*. In Rowe, J. (2010). *The Effects of Transitions on the Therapeutic Practice of Psychologists*. (PsychD Thesis). Roehampton University.

Attig, T. (1996). *How we grieve: Relearning the world*. New York, NY: Oxford University Press.

Aron, L. (1992). Interpretation as expression of the analyst's subjectivity. *Psychoanalytic Dialogues*. In Gerson, B. (1996). *The Therapist as a person: Life Crises, Life Choices, Life Experiences, and their effects on treatment*. New York: Analytic Press.

Astin, M. C. (1997). *More than a mirror: How clients influence therapists' lives*. Birmingham, NY: Haworth.

Balsam, R. M., & Balsam, A. (1984). *Becoming a psychotherapist: A clinical primer* (2nd Ed.). Chicago: University of Chicago Press.

Barbour, R. (2007). *Introducing Qualitative Research: A Student Guide to the Craft of Doing Qualitative Research*. Sage Publications. London.

Barrett, C. J., & Schneeweis, K. M. (1981). An empirical search for stages of widowhood. *Omega*, 11, 97-104.

Barnett, L. (2009). *When Death enters the Therapeutic Space. Existential Perspectives in Psychotherapy and Counselling*. London: Routledge.

Beitman, G. (1983). *Categories of countertransference*. In Katz, R., & Johnson, T. (2006). *When professionals weep: Emotional and countertransference responses in end-of-life care*. New York, NY: Routledge.

Bennett, K.M., Gibbons, K & Mackenzie-Smith, S. (2010). Loss and Restoration in later life. An examination of Dual Process Model of Coping with Bereavement. *Omega*, 61 (4), 315-332.

Bhaskar R (1978). *A Realist Theory of Science*. Hassocks: Harvester Press.

Bhaskar, R (1997). *A realist theory of science*. (2nd Ed.). Verso, London.

Bhaskar, R. (1998). *The possibility of naturalism: a philosophical critique of the contemporary human*. (3rd Ed.). London: Routledge.

Biggerstaff, D. & Thompson, A.R. (2008). Interpretative phenomenological analysis (IPA): a qualitative methodology of choice in healthcare research. *Qualitative Research in Psychology*, 5(3), 214-224.

Birtwistle, J. & Kendrick, T. (2001) The Psychological aspects of bereavement. *Primary Care Psychiatry*, 7(3), 91-95.

- Blaikie, N. (1993). *Approaches to Social Enquiry* (1st Ed.). Polity Press, Cambridge.
- Bonanno, G.A., Keltner, D., Holen, A. & Horowitz, M.J. (1995). When avoiding unpleasant emotion might not be such a bad thing: Verbal-automatic response dissociation and midlife conjugal bereavement. *Journal of Personality and Social Psychology*, *46*, 975- 985.
- Bonanno, G.A., & Field, N.P. (2001). Evaluating the delayed grief hypothesis across 5 years of bereavement. *Psychological Bulletin*, *125*, 798-816.
- Bonanno, G.A. (2009). *The Other Side of Sadness: What the New Science of Bereavement tells us About Life after Loss*. New York, NY: Basic Books.
- Bonanno, G.A., Worman, C.B., Lehman, D.R., Tweed, R.G., Haring, M., Sennega, J., et al. (2002). Resilience to loss and chronic grief: A prospective study from pre-loss to 18-month post-loss. *Journal of Personality and Social Psychology*, *83*, 1150 -1164.
- Boss, M (1979). *Existential foundations of medicine and psychology*. New Jersey, Jason Aronson Inc.
- Bowlby, J. (1969). *Attachment and loss: Volume 1. Attachment*. New York: Basic Books.
- Boyden, S. (2006). *Psychologist bereavement and self-disclosure: Impact on the therapeutic process*. (Unpublished doctoral dissertation).

Bozenski, J. (2006). The impact of bereavement on empathy in psychotherapy. (Unpublished doctoral dissertation).

Breen, L.J., & O'Connor, M. (2007). *The fundamental paradox in the grief literature: a critical reflection*, 3(55), 199-218.

Brentano, F. (1995). *Descriptive psychology*. Transl. B. Müller. London: Routledge.

British Psychological Society (2009). *Code of Ethics and Conduct*. Leicester : British Psychological Society.

Bryman, A. (2008). *Social research methods*. Oxford: Oxford University Press.

Buber, M. (1970). *I and thou*. New York: Touchstone.

Buechler, S. (2000). Necessary and unnecessary losses. *Contemporary Psychoanalysis*, 36 (1), 77-90.

Calhoun, G. & Tedeschi, R.G. (2004). Posttraumatic Growth: Conceptual Foundations and Empirical Evidence. *Psychological Enquiry*, 15(1), 1 -18.

Calhoun, G. & Tedeschi, R.G. (1989 – 1990). Positive aspects of critical life problems: Recollections of grief. *Omega*, 20, 265 – 272.

Calhoun, G. & Tedeschi, R.G. (2001). *Posttraumatic Growth: The positive lessons of loss*. In R.A. Neimeyer (Ed), *Meaning reconstruction and the experience of loss* (p 157 – 172). Washington DC: American Psychological Association.

Caplan, G. (1964). *Principles of preventative psychiatry*. New York. Basic Books.

Casement, P. (1985). *Learning from the patient*. London; Routledge.

Chambers Dictionary (1995). In Van Deurzen, E, & Arnold-Baker, C. (2005) *Existential Perspectives on Human Issues. A Handbook for Therapeutic Practice*. London: Palgrave- MacMillan.

Chan, Z. C.Y., Fung, Y., & Chien, W. (2013). Bracketing in Phenomenology: Only undertaken in the Data Collection and Analysis Process? *The Qualitative Report*, 18, (59), 1 – 9.

Chassen, B. (1996). *Death of a psychoanalyst's child*. In Barbara Gerson (Ed.) *The therapist as a person: life crises, life choices, life experiences, and their effects on treatment* (pp. 3-20). Hillsdale, NJ: The analytic Press.

Clarke, K.A. (2009). Uses of a research diary: Learning reflectively, developing understanding and establishing transparency. *Nurse Researcher*. 17(1), 68-76.

Coady, N. (1991). The association between client in therapist interpersonal processes and outcome on psychodynamic psychotherapy. *Research on Social Work Process*, 1, 122-138.

- Cohn, H. (1997). *Existential Thought and Therapeutic Practice*. London: Sage Publ.
- Colao-Vitolo, N. (2006). *Coping and bereaved psychologists: Impact on the psychotherapy process*. (Unpublished doctoral dissertation).
- Constantino, R.E., Sekula, L.K., & Rubenstein, E.N. (2001). Group intervention for widowed survivors of suicide. *Suicide and Life-Threatening Behaviour*, 31, 428-441.
- Cooper, M. (2004). Towards a relationally-oriented approach to therapy: Empirical support and analysis. *British Journal of Guidance and Counselling*, 32(4), 451 - 460.
- Cooper, M. (2008). *Essential Research in Counselling and Psychotherapy. The facts are friendly*. London: Sage.
- Corr, C.A. (1992). A task-based approach to coping with dying. *Omega* 24 (2), 81-94.
- In Copp, G. (1998) A review of current theories of death and dying. *Journal of Advanced Nursing*, 28(2), 382 – 390.
- Copp, G. (1998). A review of current theories of death and dying. *Journal of Advanced Nursing*, 28(2), 382 – 390.
- Creswell, J.W. (2007). *Qualitative Inquiry and Research Design: Choosing Among Five Approaches*. Thousand Oaks, CA: SAGE Publications.

Crotty, M. (1996). *Phenomenology and Nursing Research: Meaning and Perspective in the Research Process*. London: Sage.

Denzin, N. & Lincoln, Y. (2003). *The Discipline and Practice of Qualitative Research*, in Denzin, N. & Lincoln, Y. (Eds.). *Collecting and Interpreting Qualitative Materials*, 2nd ed, SAGE Publications, Inc., California, pp. 1-45.

Diamond, N. (1996). 'Can we really speak of internal and external reality?' *Group Analysis*, 29, 302-23.

Dohrenwend, B.S. (1978). Social stress and community psychology. *American Journal of Community Psychology*, 6, 1- 15.

Doka, K, J. (Ed.). (1989). *Disenfranchised Grief: Recognizing hidden sorrow*. Lexington, MA: Lexington.

Doka, K. J. (Ed.), (2002). *Disenfranchised grief. New directions, challenges and strategies for practice*. Champaign, IL: Research Press.

Doka, K.J. (2008). *Caring for someone who is dying*. Washington, DC. Hospice Foundation of America.

Dunphy, R., & Schniering, C.A. (2009). The Experience of Counselling the Bereaved. *The Humanistic Psychologist*, 37, 353-369.

Edmonds, S. & Hooker, K. (1992). Perceived changes in life meaning following bereavement. *Omega*, 25, 307 – 318.

Elliott, R., Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215–299.

Epstein, S. (1994). Integration of the cognitive and the psychodynamic unconscious. *American Psychologist*, 49, 709-724.

Ferenczi, S. (1988). *The clinical diary of Sandor Ferenczi*. In Gerson, B. (1996). *The Therapist as a person: life Crises, life Choices, life Experiences, and their effects on treatment*. New York: Analytic Press.

Filstead, W.J. (1979). *Qualitative methods: A needed perspective in evaluation research*. In T.D Cook & C.S Reichardt (Eds.) *Qualitative and quantitative methods in evaluation research* (pp.33 -48). Beverley Hill, CA: Sage.

Finlay, L. (2008). A Dance between the Reduction and Reflexivity: Explicating the “Phenomenological Psychological Attitude”. *Journal of Phenomenological Psychology*, 39(1), 1-32.

Finlay, L. (2009). Debating Phenomenological Research Methods. *Phenomenology and Practice*, 3 (1), 6-25.

Finlay L, & Ballinger, C. (Eds.). (2006). *Qualitative Research for Allied Health Professionals: Challenging Choices*. Chichester: John Wiley Publishers.

Flowers, P. (2009). *Research Philosophies – Importance and Relevance* (1st Ed). Cranfield, School of Management, UK.

Frankl, V.E. (1963). *Man's search for meaning*. New York. Pocket books.

Fraley, R. C., & Shaver, P. R. (1999). *Loss and bereavement: Attachment theory and recent controversies concerning "grief work" and the nature of detachment*. In Cassidy, J. & P.R. Shaver (Eds.). *Handbook of attachment: Theory, research and clinical applications* (pp. 735-759). New York: Guildford Press.

Freud, S. (1910). *The future prospects of Psychoanalytic therapy*. In E. Jones (Ed.), *Collected papers of Sigmund Freud*, vol.2. New York: Basic Books, 1959, pp.285 – 296.

Freud, S. (1912). *The dynamics of transference*. In Strachey J (1961) (Ed) *Standard Edition of the Complete Works of Sigmund Freud*, Vol.12, p99-108; London: Hogarth.

Freud, S. (1917). *Mourning and Melancholia*. In Clewell, T. (2004). *Mourning beyond Melancholia: Freud's Psychoanalysis of Loss*. *Journal of the American Psychoanalytic Association*, 52 (1), 43-67.

Fromm-Reichman, F. (1950). *Principles of intensive psychotherapy*. Chicago: University of Chicago Press.

Gadamer, H. G. (1975/2006). *Truth and method*. (2nd Ed.). New York. Continuum.

Gadamer, H.G. (1997). *Truth and Method* (2nd Ed.). New York. Continuum.

Gearing, R.E. (2004). Bracketing in research: A typology. *Qualitative Health Research, 14* (10), 1429 – 1452.

Geller, S. M. & Greenberg, L. S. (2002). Therapeutic presence: Therapists' experience of presence in the psychotherapeutic encounter. *Person-centered & Experiential Psychotherapies, 1*, 71-86.

Gelso, C. & Hayes, J. (2007). *Countertransference and the Therapist's Inner Experience*. New Jersey: Lawrence Erlbaum Associates.

Genevay, B. & Katz, R.S. (1990). *Countertransference and older clients*. In Katz, R., & Johnson, T. (2006). *When professionals weep: Emotional and countertransference responses in end-of-life care*. New York, NY: Routledge.

Gerson, B. (1996). *The Therapist as a person: life Crises, life Choices, life experiences, and their effects on treatment*. New York: Analytic Press.

Gillespie, A. & Cornish, F. (2009). Intersubjectivity: Towards a dialogical analysis. *Journal of the Theory of Social Behaviour*, 40(1), 19-46.

Giorgi, A. (2010). Phenomenology and the practice of science. *Existential Analysis*, 21 (1), 3-22.

Givelbar, F., & Simon, B. (1981). A death in the life of a therapist and its impact on therapy. *Psychiatry*, 44, 141-149.

Greenberg, M.A. (1995). Cognitive processing of traumas: The role of intrusive thoughts and reappraisals. *Journal of Applied Social Psychology*, 25, 1262-1296.

Guggenbuhl- Craig, A. (1971). *Power in the helping professions*. Texas: Spring Publications.

Guy, J.D. (1987). *The personal life of the psychotherapist*. New York: John Wiley & Sons.

Hammersley, M. (1992). *What's wrong with ethnography? Methodological exploration*. London: Routledge.

Hansen, J.T. (2004). *Thoughts on knowing: Epistemic implications of counselling practice*. In Ponterotto, J.G. (2005). *Qualitative Research in Counselling Psychology: A Primer on Research Paradigms and Philosophy of Science*. *Journal of Counselling Psychology*, 52, 126-136.

Hayes, J.A., Yeh, Y-J & Eisenberg, A. (2007). Good Grief and not-so-good grief: Countertransference in bereavement therapy. *Journal of Clinical Psychology*, 63, 345-355.

Heidegger, M. (1927/1962). *Being and Time*. Oxford, Blackwell Publishing Ltd.

Henderson, P (2005). Bereavement and the supervisory relationship. *Therapy Today*, 16 (7), 30-32.

Hill, C., Thompson, B., & Williams, E. (1997). A guide to conducting consensual qualitative research. *Counselling Psychologist*, 25, 517-572.

Hoffman, I. Z. (1992). *Some Practical Implications of a Social-Constructivist View of the Psychoanalytic Situation*. In Gerson, B. (1996). *The Therapist as a person: life crises, life choices, life experiences, and their effects on treatment*. New York: Analytic Press.

Holland, J.M., & Neimeyer, R.A. (2010). An examination of stage theory of grief among individuals bereaved by natural and violent causes: A meaning-oriented contribution. *Omega*, 61 (2) 103-120.

Horvath, A. O. & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counselling Psychology*, 38, 139-149.

Howarth, R.A. (2011). Concepts and controversies in grief and loss. *Journal of Mental Health Counselling*, 33(1), 4-10.

Husserl, E. (1931). *Ideas: General Introduction to Pure Phenomenology*. In Thompson, G. (2005). *Phenomenology of Intersubjectivity: A Historical Overview of the Concept and its Clinical Implications*. Hillsdale NJ.

Jacobs, S. (1993). *Pathological grief: Maladaptation to loss*. Washington, DC: American Psychiatric Press.

Jaenicke, C. (2007). *The risk of relatedness: Intersubjectivity theory in clinical practice*. Rowland and Littlefield Publishers, Inc.

Johnson, P. & Duberley, J. (2000). *Understanding management research: an introduction to epistemology*. London: Sage Publications.

Joyce, P. & Sills, C. (2001). *Skills in Gestalt Counselling and Psychotherapy*. Sage.

Junkin, J.S. (2006). 'The Impact of a Clinicians Mourning on Music Therapy Treatment'. (PhD Thesis), Drexel University.

Katz, R., & Johnson, T. (2006). *When professionals weep: Emotional and countertransference responses in end-of-life care*. New York, NY: Routledge.

Kaufmann, J. (2002). *The Psychology of disenfranchised grief: Liberation, shame, and self-disenfranchisement*. In Kouriatis, K., & Brown, D. (2011). *Therapists'*

Bereavement and Loss Experiences: A literature Review. *Journal of Loss and Trauma*, 16, 205-228.

Kierkegaard, S. (1849). *The Sickness unto Death*. London, Penguin Books Ltd.

King, R. & O'Brien, T. (2011). Transference and countertransference: Opportunities and risks as two technical constructs migrate beyond their psychoanalytic homeland. *Psychotherapy in Australia*, 17(4), 12 – 17.

Klass, D., Silverman, P.R. & Nickman, S. (Eds.). (1996). *Continuing bonds: New understandings of grief*. Washington, DC: Taylor & Francis.

Kouriatis, K., & Brown, D. (2011). Therapists' Bereavement and Loss Experiences: A literature Review. *Journal of Loss and Trauma*, 16, 205-228.

Kouriatis, K., & Brown, D. (2013-2014). Therapists' Experience of Loss: An Interpretative Phenomenological Analysis. *Omega: Journal of Death and Dying*, 68(2), 89-109.

Kubler-Ross, E. (1969). *On Death and Dying*. New York: MacMillan.

Kübler-Ross, E. (1975). *Death: the final stage of growth*. Englewood Cliffs, N.J : Prentice-Hall.

Kvale, S. & Brinkmann, S. (2009). *Interviews: Learning the Craft of Qualitative Research Interviewing*, Los Angeles, California, Sage.

Langdrige, D. (2007). *Phenomenological Psychology: Theory, Research and Method*. Pearson Education, Harlow.

Langs, R. (1983). *Therapist's reactions to the patient*. In Katz, R., & Johnson, T. (2006). *When professionals weep: Emotional and countertransference responses in end-of-life care*. New York, NY: Routledge.

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology, 3*, 102-20.

Lehman, D.R., Davis, C.G., DeLongis, A., Wortman, C., Bluck, S., Mandel, D.R., et al. (1993). Positive and negative life changes following bereavement and their relations to adjustment. *Journal of Social and Clinical Psychology, 12*, 90 – 112.

Lepore, S.J. Silver, R.C., Wortman, C.B., & Wayment, H.A (1996). Social constraints, intrusive thoughts and depressive symptoms among bereaved mothers. *Journal of Personality and Social Psychology, 70*, 271-282.

Lepore, S.J., & Smyth, J.M. (2002). *The writing cure: How expressive writing promotes health and emotional well-being*. Washington: American Psychological Association.

Levinson, P. (1972). On sudden death. *Psychiatry, 35*, 160-173.

Lindemann, E. (1944). Symptomatology and Management of Acute Grief. *American Journal of Psychiatry*, 101, 141-148.

Maciejewski, P. K., Zhang, B., Block, S. D., & Prigerson, H. G. (2007). An empirical examination of the stage theory of grief. *Journal of the American Medical Association*, 297(7), 716-23.

Madison, G. (2001). Focusing, Intersubjectivity, and Therapeutic Intersubjectivity. *Review of Existential Psychology and Psychiatry*, 16(1), 3-16.

Mahoney, M.J. (1997). Psychologists' personal problems and self-care patterns. *Professional Psychology: Research and Practice*, 28, 14-25.

Martin, J. & Sugarman, J. H. (2001). Interpreting Human Kinds: Beginnings of a Hermeneutic Psychology. *Theory & Psychology*, 11, 193-207.

Martin, P. (2011). Celebrating the wounded healer. *Counselling Psychology Review* 26 (1) 10-19.

Maslow, A.H. (1971). *The furthest reaches of human nature*. New York. Viking.

Mead, G.H. (1934). *Mind Self and Society*. In Smith, J., Flowers, P & Larkin, M. (2009). *Interpretative Phenomenological Analysis. Theory, Method and Research*. Sage. London.

Mearns, D, & Cooper, M. (in print). *Working at Relational Depth in Counselling and Psychotherapy*. London: Sage.

Merleau-Ponty, M. (1960/1964). *Phenomenology of Perception* (Trans.C.Smith). In Finlay, L. (2011). *Phenomenology for Therapists*. Chichester, UK: Wiley-Black.

Mishne J. (1998). Unanticipated fatal illness: Stimulus for intense transference and counter transference phenomena. *Journal of Analytic Social Work*, 5(1), 41-61.

Millon, M.L. (1998). *Death in life: The impact of major loss on the therapist's work*. (Unpublished doctoral dissertation). In Kouriatis, K., & Brown, D. (2011). Therapists' Bereavement and Loss Experiences: A literature Review. *Journal of Loss and Trauma*, 16, 205-228.

Mitchell, S. (1988). The intrapsychic and the interpersonal: Different theories, different domains, or historical artifacts. *Psychoanalytic Inquiry*, 8, 472-496.

Moon, P.J. (2008). *Bereaved Elders: Transformative Learning in Late Life*. Dissertation,Athens.https://getd.libs.uga.edu/pdfs/moon_paul_j_200812_phd/moon_paul_j_200812_phd.pdf Accessed17/10/12.

Moran, D. (2000). *Introduction to phenomenology*. London, Routledge, Taylor & Francis Group.

Neimeyer, R.R. (1999). *Narrative Strategies in grief therapy*. In Kouriatis, K & Brown, D. (2011). Therapists' Bereavement and Loss Experiences: A Literature Review. *Journal of Loss and Trauma, 16*, 205-228.

Neimeyer, R.R. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death studies, 24*, 541-558.

Neimeyer, R.R. (Ed.). (2001). *Meaning Construction and the Experience of Loss*. In Rowe, J. (2010). *The Effects of Transitions on the Therapeutic Practice of Psychologists*. (PsychD Thesis). Roehampton University.

Nietzsche, F. (1883). Thus spoke Zarathustra. In Kaufmann, W. (1994). *The Portable Nietzsche*. Penguin: USA.

Nerken, I.R. (1993). Grief and the reflective self: Toward a clearer model of loss and growth. *Death Studies, 17*, 1 -26.

Nolen- Hoeksema, S., McBride, A., & Larson, J. (1997). Rumination and psychological distress among bereaved partners. *Journal of Personality and Social Psychology, 72*, 855-862.

Parkes, C.M (1987). *Bereavement: Studies of Grief in Adult Life* (2nd Ed.). Madison: International Universities Press Inc.

Ponterotto, J.G. (2005). Qualitative Research in Counselling Psychology: A Primer on Research Paradigms and Philosophy of Science. *Journal of Counselling Psychology*, 52, 126-136.

Potter, J., & Wetherell, M. (1987). *Discourse and Social Psychology*. In Chapman, E.

Smith, J. (2002). Interpretative Phenomenological Analysis and the New Genetics. *Journal of Health Psychology*, 7 (2), 125-130.

Pringle, J., Drummond, J., McLafferty, E., Hendry, C. (2011). Interpretative phenomenological analysis: a discussion and critique. *Nurse Researcher*. 18(3), 20 - 24.

Puterbaugh, D.T. (2008). *Spiritual evolution of bereavement counsellors: an exploratory qualitative study*. *Research and Theory*. Counselling and Values.

American Counselling Association – accessed 22 August 2011

<http://www.highbeam.com/doc/1G1-177912757.html>.

Rando, T.A. (1984). *Grief, dying and death*. Champaign, IL. Research Press.

Rando, T. A. (1993). *Treatment of complicated mourning*. Champaign, IL: Research Press.

Rando, T.A. (1995). *Grief and Mourning: Accommodating to loss*. In H.Wass & R.A. Neimeyer (Eds.). *Dying: Facing the facts* (pp.211-241). Washington, DC: Taylor & Francis.

- Rappaport, J. (2000). Traumatic time: The therapist's mourning. *Psychoanalysis and Psychotherapy. The Journal of the Postgraduate Center for Mental Health*, 17, 55-64.
- Reid, K, Flowers, P & Larkin, M. (2005). Exploring lived experience. *The Psychologist*. 18(1), 20 – 23.
- Renik, O. (1993). Analytic interaction: Conceptualizing technique in light of the analyst's irreducible subjectivity. *Psychoanalytic Quarterly*, 62, 553-571.
- Rodman, F.R. (1998). *Not Dying: A Psychoanalyst's Memoir of his Wife's Death*. New York, NY: WW Norton & Co.
- Rothaupt, J. & Becker, K. (2007). From Decathecting to Continuing Bonds: A Literature Review of Western Bereavement Theory. *The Family Journal*, 15, 6-15.
- Rowe, J. (2010). *The Effects of Transitions on the Therapeutic Practice of Psychologists*. (PsychD Thesis). Roehampton University.
- Rubel, R. (2004). When a client dies. *Psychoanalytic Social Work*, 11(1), 1-14.
- Samstag, L.W. (1999). Difficult dyads and unsuccessful treatments: A comparison of dropout, poor, and good outcome groups in brief psychotherapy. *Dissertation Abstracts International*, 59, 5109.

- Sanders, C. (1989). *Grief: The mourning after*. New York: Wiley.
- Sanders, C. (1999). *Grief, the mourning after: Dealing with adult bereavement* (2nd Ed.). New York: John Wiley.
- Sapienza, B. G., & Bugental, J. F. T. (2000). Keeping our instruments finely tuned: An existential-humanistic perspective. *Professional Psychology: Research and Practice*, *31*, 458-460.
- Sartre, J-P. (1969). *Being and Nothingness*. Northampton, John Dickens & Co Ltd.
- Schwab, R. (1990). Paternal and maternal coping with the death of a child. *Death studies*, *14*, 407 - 422.
- Schwartz, R. E. (2004). *Therapists' experience of client sudden death: A qualitative study*. (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses Database, (UMI No. 3111010).
- Shuchter, S., & Zisook, S. (1993). *The course of normal grief*. In Stroebe, M. S., Stroebe, W., & Hansson, R. O. (Eds.), *Handbook of bereavement: Theory, research and intervention* (pp. 23-43). Cambridge, England: Cambridge University Press.
- Servaty-Seib, L. (2004). Connections between counselling theories and current theories of grief and mourning. *Journal of Mental Health Counselling*, *26* (2), 125-145.

Shapiro, R. E. (1985). A case study: The terminal illness and death of the analyst's mother: Its effect on her treatment of a severely regressed patient. *Modern Psychoanalysis*, 10 (1), 31-46.

Shaver, P. R., & Tancredy, C. M. (2001). *Emotion, attachment, and bereavement: A conceptual framework*. In Stroebe M. S., Hansson R. O., Schut H., & Stroebe W. (Eds.). *Handbook of Bereavement Research: Consequences, coping, and care* (pp. 63-88). Washington, DC: American Psychological Association.

Silberberg, M. (1995). *On the death of my father: A psychoanalyst's memoir*. Edwin Mellen Press.

Silverman, P. (2003). *Social Support and mutual help for the bereaved*. In I.B. Corless, B.B. Germino, & M.A. Pittman, M.A. *Dying, death, and bereavement: A challenge for living*. Boston: Jones and Bartlett Publishers, 247-266.

Smith, J.A., Harre, R & Lagenhove, V. (1995). *Rethinking Methods in Psychology*. London: Sage Publications.

Smith, M. B. (2001). Sigmund Koch as critical humanistic. *American Psychologist*, 56, 441– 444.

Smith, J.A, Flowers P, Larkin, M. (2009). *Interpretative Phenomenological Analysis: Theory, Method and Research*. Sage Publications, London.

Smith, J. A. & Osborn, M. (2003). *Interpretative Phenomenological Analysis*. In J. A.

Smith (Ed.), *Qualitative Psychology: A Practical Guide to Methods*. London: Sage

Smith, J.A. (2010). Interpretative phenomenological analysis: A reply to Amadeo Giorgi. *Existential Analysis*, 21(2), 186 – 191.

Smyth, B. (2006). The intersubjective field of healing – beyond technique. *The Journal of the Rolf Institute*, 34(3), 6-11.

Spencer, L., Ritchie, J., Lewis, J. & Dillon, L. (2003). *Quality in Qualitative Evaluation: A framework for assessing research evidence*. London: Government Chief Social. Researcher's Office.

Stewart, K. (2002) *Models of caring for the caregiver*. In J.V. Loewy & A. Frisch Hara (Eds.), *Caring for the caregiver: The use of music and music therapy in grief and trauma* (pp. 9-22). Silver Spring, MD: American Music Therapy Association.

Strauss, A. & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. In Ponterotto, J.G. (2005). *Qualitative Research in Counselling Psychology: A Primer on Research Paradigms and Philosophy of Science*. *Journal of Counselling Psychology*, 52, 126-136.

Stroebe, M., Gergen, M.M., Gergen, K.J. & Stroebe, W. (1992). Broken Hearts or Broken Bonds: Love and Death in Historical Perspective. *American Psychologist*, 47, 1205-1212.

Stroebe, M., Stroebe, W., & Hansson, R. (1993). *Bereavement research and theory: An introduction to the handbook*. In M. Strobe,W. Strobe, & R. Hansson (Eds.),

Handbook of bereavement: Theory, research and intervention (pp. 3-22). New York: Cambridge University Press.

Stroebe, M & Schut, H. (1999). The Dual Process Model of Coping with Bereavement: Rationale and Description. *Death Studies*, 23, 197-224.

Stroebe, M. S., & Schut, H. (2005). To continue or relinquish bonds: A review of the consequences for the bereaved. *Death Studies*, 29(6), 477-494.

Stroebe M,S, Hansson R,O, Stroebe, W and Schut H (Eds.). (2008). *Handbook of Bereavement Research and Practice. Advances in Theory and Intervention*. Washington DC, American Psychological Association.

Stroebe, M., & Stroebe, W. (1991). Does 'grief work' work? *Journal of Consulting and Clinical Psychology*, 59, 57-65.

Stroebe, W., Stroebe, M., & Zech, E. (1996). *The role of social sharing in adjustment to loss*. Paper presented at the 11th General Meeting of the European Association of Experimental and Social Psychology, Gmunden, Austria.

Sugarman, L. (2003). *Handbook of Counselling Psychology*. London, Sage Publications Ltd.

Valentine, C. (2006). Academic constructions of bereavement. *Mortality*, 11(1), 57-78.

Todres, L (2007). *Embodied enquiry: phenomenological touchstones for research, psychotherapy and spirituality*. Palgrave Macmillan.

Van Deurzen, E. & Arnold-Baker, C. (2005). *Existential Perspectives on Human Issues*. Palgrave Macmillan: Hampshire.

Van Manen, M. (1997). From meaning to method. *Qualitative Health Research*, 7, 345-369.

Vamos, M. (1993). The bereaved therapist and her patients. *American Journal of Psychotherapy*, 47(2), 296 – 305.

Wass, H & Neimeyer, R.A. (1995). *Dying: Facing the Facts*. (3rd Ed.). Philadelphia:Taylor&Francis.

Weinberg, N. (1995). Does apologising help? The role of self-blame and making amends in recovery from bereavement. *Health Social Work*, 20, 294- 299.

Weiskopff, W.A. (1963). Existential Crisis and the Unconscious. *Essays towards a Humanistic Psychology*. 16 (49), 1-13.

Wertz, F.J. (2005) Phenomenological Research Methods for Counselling Psychology. *Journal of Counselling Psychology*, .52(2), 167-177.

Willig, C. (2001). *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. Open University Press, Buckingham.

Wishnie, H.A. (2005). *Working in the Countertransference: Necessary Entanglements*. New York: Jason Aronson.

Wright, P.M., & Hogan, N.S. (2008). Applications to Nursing Hospice Practice. *Journal of Hospice and Palliative Nursing*, 10(6), 350-356.

Worden, J.W. (1991). *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner*. New York: Springer.

Worden, J.W. (2002). *Grief counselling and grief therapy: A Handbook for the mental health practitioner* (3rd Ed.). New York: Springer.

Worden, J.W. (2009). *Grief Counselling and Grief Therapy: A Handbook for the Mental Health Practitioner* (4th Ed.). New York: Springer.

Wortman, C.B. & Boerner, K. (2007). *Beyond the myths of coping with loss. Prevailing assumptions versus scientific evidence*. In H.S Friedman & R.C Silvers (Eds.), *Foundations of Health Psychology* (pp.285-324). New York: Oxford University Press.

Wortman, C.B., & Silver, R.C. (2001). *The myth of coping with loss revisited*. In Stroebe M. S., Hansson R. O., Schut H., Stroebe W. (Eds.). *Handbook of Bereavement Research: Consequences, coping, and care* (pp. 405-429). Washington, DC: American Psychological Association.

Yalom, I. (1980). *Existential Psychotherapy*. In Van Deurzen, E. & Arnold-Baker, C. (2005). *Existential Perspectives on Human Issues*. Palgrave Macmillan: Hampshire.

Yalom, I. (2002). *The gift of therapy*. New York: HarperCollins.

Yardley L (2000). Dilemmas in qualitative health research. *Psychology and Health*, 15(2),215-22.

Appendices

Appendix 1 Summary table: Existing qualitative inquiries into a therapist's loss experience

Anecdotal

Names/dates	Title of research	Findings	Strengths (S) / Limitations (L)
Givelber & Simon (1981)	A death in the life of a therapist and its impact on therapy.	Challenged idea that therapists should manage better. Returning to work can affect therapy work negatively due to therapist's resistance but also positively as therapists may become more sensitive listeners to their client's loss experiences.	S – Offers a pertinent 'starting point' for further inquiry into phenomenon. L - Drawing on one case study alone provides limited insight into phenomenon in terms of transferability. L - Written from psychoanalytic perspective and therefore its ideas may not be applicable across approaches.
Balsam & Balsam (1984)	Becoming a psychotherapist: A clinical primer.	Returning therapists may not be capable of proper engagement as they may see 'loss' in everything their clients bring.	S – Offers a pertinent 'starting point' for further inquiry into phenomenon utilising one case. L – Offers limited insight into phenomenon, drawing on one case.
Shapiro (1985)	A case study: The terminal illness and death of the analyst's mother.	Own bereavement presented opportunities but also dangers in relation to understanding and communication with a client.	S – Using one case study, offers a pertinent 'starting point' for further inquiry into phenomenon. L – Offers limited insight into phenomenon, drawing on one case.
Guy (1987)	The personal life of the psychotherapist	Expressed concern about grieving therapists returning to work. Bereaved therapists may be more empathic to a client's emotional pain. Highlights benefits of therapists own therapy.	S – Offers a pertinent 'starting point' for further inquiry into phenomenon. L – Offers limited insight into phenomenon, drawing on one case.

Vamos (1993)	The bereaved therapist and her patients.	Following her own bereavement, she found working with clients difficult. Reported that there is little published clinical material around therapist self-disclosure added to sense of loneliness and uncertainty as to how to provide adequate information whilst protecting self following therapist bereavement.	S – Highlighting need for further research around therapist bereavement and disclosure. L – Used 4 case vignettes hence limited information and non-homogenous sample making theoretical transferability difficult.
Silberberg (1995)	On the death of my father: A psychoanalyst's memoir.	Experience of father's death facilitated resolution of past challenging issues.	S – A rich account of a therapist's bereavement. L- Written from psychoanalytic perspective and therefore not easily accessible or applicable to those not psychoanalytically oriented.
Rodman (1998)	Not dying: A psychoanalyst's memoir of his wife's death.	His wife's illness led to 'greater integration' with one of his clients.	S – Not clinically oriented and therefore would appeal to a layperson. L – Text was not clinically orientated and did not discuss effect on therapeutic work in detail.
Rappaport (2000)	Traumatic time: The therapist's mourning.	Highlighted false idea that therapists should manage better. After own loss and due to her own vulnerability found she was more impatient and irritated with clients.	S – Offers a pertinent 'starting point' for further inquiry into phenomenon. L – Offers limited insight into phenomenon, drawing on one case.
Ulman (2001)	Unwitting exposure of the therapist: Transferential and counter-transferential dilemmas	Using case study showed how bereaved therapist lost his ability to be self-aware and reflective.	S – Offers a pertinent 'starting point' for further inquiry into phenomenon. L – Offers limited insight into phenomenon, drawing on one case.
Rosenberg and Hayes (2002)	Origins, consequences and management of countertransference:	When a therapist's issues were touched upon by client material, avoidance behaviour occurred.	S – Offers a pertinent 'starting point' for further inquiry into phenomenon. L – Offers limited insight into phenomenon, drawing on one case.

a case study.		
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Qualitative studies

Names	Title	Findings	Strengths (S) / Limitations(L)
Millon (1998)	Death in life: The impact of major loss on the therapist's work.	Participants reported a continuing internal relationship with deceased. Self-disclosure depended on experience of therapist and how they believed it would affect the client. Some found comfort in the structure of their work but acknowledged unstable emotional state which sometimes interfered with therapy. More vulnerable and sensitive resulting in being sometimes more empathic and other times less attuned to clients. Participants felt their experience increased their awareness of their mortality, death grief and loneliness.	S – First qualitative study to address topic of loss experiences of the therapist and how these affected the therapeutic encounter highlighting need for further research in this area. L- Lacked clear epistemological stance, explanation of qualitative method and process of analysis.
Boyden (2006)	Psychologist bereavement and self-disclosure	Psychologists usually disclose their grief to clients – this depended on time in therapy but most psychologists believed their disclosure was beneficial for the relationship. Disclosure also depended on whether clients were also experiencing loss issues, therapist's theoretical orientation, cultural factors and whether clients were aware of reasons for therapists absence.	S – Important contribution to under researched area, drew attention to implications of therapists bereavement to practice. L – Use of Consensual Qualitative Research (CQR) did not yield as much rich interpretative information as what might have been possible if using IPA, for example. Use of telephone interview will have reduced detection of social cues and lessened the possibility to create a good interview ambience. This research only explored parental losses thereby disenfranchising non-kin losses.

Bozenski (2006)	The impact of bereavement on empathy in psychotherapy	Psychologists felt increased empathy (informed therapeutic practice), closer connection and deeper understanding and increased sensitivity to clients experiences of grief after having experienced the death of a loved one themselves. Also experienced irritability and emotional instability with clients. Psychologists felt that their loss meant that clients were also more empathic towards them.	S – This study provided an important contribution to this under-researched area drawing attention to the implications of therapist’s bereavement to practice. L- Use of CQR did not yield as much rich information as what might have been possible if using IPA, for example. Use of telephone interview will have reduced detection of social cues and lessened the possibility to create a good interview ambience. This research only explored parental losses thereby disenfranchising non-kin losses.
Colao-Vitolo (2006)	Coping and bereaved psychologists: Impact on the psychotherapy process.	Useful coping methods include talking, socialising, connecting with family. Highlighted usefulness of supervision and personal therapy. Barriers to coping occurred when others did not understand their grief. Disenfranchised grief can be experienced by those who have a lost close relative.	S – This study provided an important contribution to under researched area, drew attention to implications of therapists bereavement to practice. L – Use of Consensual Qualitative Research (CQR) did not yield as much rich interpretative information as what might have been possible if using IPA, for example. Use of telephone interview will have reduced detection of social cues and lessened the possibility to create a good interview ambience. This research only explored parental losses thereby disenfranchising non-kin losses.
Hayes et al (2007)	Good grief and not so good grief: Countertransference in bereavement therapy	Therapist’s unresolved losses may negatively impact therapeutic encounter. Highlighted importance of therapist self-awareness particularly when clients are facing losses themselves.	S – Notable contribution to under researched area highlighting implications of therapists’ bereavement on clinical work. L – Telephone interviews reduced ability to detect social cues and lessens ability to create a good interview ambience.

Dunphy & Schnierring (2009)	The experience of counselling the bereaved (2 case studies analysed using Grounded Theory).	Therapists own loss served as a major resource in therapy. Highlighted relevance of therapist's life experiences. Emphasised importance of supervision to reflect on therapists life experience.	S – Repositioning of the therapists loss experience as a valuable source of empathy and healing rather than simply as interference. Rich account of participants experience L- Generalizability of common themes is limited due to small and systematically biased sample.
Martin (2011)	Celebrating the wounded healer. (Heuristic phenomenological study)	Acknowledging one's own vulnerability as therapists can be conducive to therapeutic work.	S – Focus on wholeness of experience. Description of experience gained through first-person accounts increasing reliability of data. Method regards data of experience to be fundamental in understanding human behaviour. L- Large sample size potentially limits depth of date but improves generalizability.
Broadbent (2013)	'The bereaved therapist speaks'. An interpretative phenomenological analysis of humanistic therapists' experience of a significant personal loss and its impact on their therapeutic practice.	Bereavement is a unique experience encompassing personal growth and the reconstruction of the self, importance of supervision during post-loss period, therapists own loss enhanced empathic understanding in therapeutic work.	S –Rich and detailed account of participants experience. Contributed to the research base in this fertile but under-researched area. L- Sample size was not balanced in terms of gender, ethnicity or social class limiting generalizability.
Kouriatis and Brown (2013-2014)	Therapists' experience of loss: An interpretative phenomenological study.	Grief is a multi-dimensional experience impacting participants cognitively, psychologically, relationally and physically. Grief, as experienced by the therapist, can have both negative and positive impacts on	S – Rich, detailed account of participant experiences. Contribution to under-researched area. L- Participants were all known to researchers prior to interviews which may have inhibited bolder self-disclosures.

		therapeutic work, for example, increased empathy and over-identification with clients. Continuing in practice whilst grieving also facilitated therapists ability to cope and escape from their own turmoil.	
Devilley (2014)	An exploration of psychotherapists' experiences of bereavement and illness	Highlighted grief's unique and multi-dimensional nature and it's facilitative effects including a deeper empathy for clients and useful to psychotherapists who are given a sense of control and belief that life can continue. Examination of both usefulness and drawbacks of self-disclosure. Revealed benefits of self-care.	S – Offers a further contribution to the area of therapist vulnerability and how this might impact on practice. L – Lacks an epistemological stance and explanation. Use of thematic analysis limits interpretative power. Difficulty to retain a sense of continuity or contradiction using this method. Sample lacking homogeneity due to exploring two different phenomena in one study – therefore transferability is questionable.

Appendix 2 Ethical Clearance

Psychology Department

REQUEST FOR ETHICAL APPROVAL

Applicant (specify): UG PG (Module:.....) PhD STAFF Date
submitted:.....

No study may proceed until this form has been signed by an authorised person, indicating that ethical approval has been granted. For collaborative research with another institution, ethical approval must be obtained from all institutions involved.

This form should be accompanied by any other relevant materials, (e.g. questionnaire to be employed, letters to participants/institutions, advertisements or recruiting materials, information sheet for participants, consent form, or other, including approval by collaborating institutions). A fuller description of the study may be requested.

- Is this the first submission of the proposed study?

Yes/No

- Is this an amended proposal (resubmission)?

Yes/No

Psychology Office: if YES, please send this back to the original referee

- Is this an urgent application? (To be answered by Staff/Supervisor only)

Yes/No

Supervisor to initial here

Name(s) of investigator(s) Matilda De Santis

Name of supervisor(s) Jill Mytton

The lived experience of therapeutic work in the midst of grief: An Existential Phenomenological study.

1. Please attach a brief description of the nature and purpose of the study, including details of the procedure to be employed. Identify the ethical issues involved, particularly in relation to the treatment/experiences of participants, session length, procedures, stimuli, responses, data collection, and the storage and reporting of data.

SEE ATTACHED PROJECT PROPOSAL

2. Could any of these procedures result in any adverse reactions?

Yes/No

If “yes”, what precautionary steps are to be taken?

If a participants should become distressed during the interviews I will allow them time to talk through this feelings and choose whether to continue or not. They will be under no obligation to continue. They will be advised to contact a therapist, support service or supportive other; if they feel they need support as a result of the issues raised in the interview. In addition, they will be debriefed at the end of the interview where there will be an opportunity to discuss their experience of taking part in order to monitor any unforeseen negative effects.

3. Will any form of deception be involved that raises ethical issues?

Yes/No

(Most studies in psychology involve mild deception insofar as participants are unaware of the experimental hypotheses being tested. Deception becomes unethical if participants are likely to feel angry or humiliated when the deception is revealed to them).

Note: if this work uses existing records/archives and does not require participants per se, tick here.....and go to question 10. (Ensure that your data handling complies with the Data Protection Act).

4. If participants other Middlesex University students are to be involved, where do you intend to recruit them? (A full risk assessment must be conducted for any work undertaken off university premises)⁶.

BPS list of Psychologists, BACP magazine recruitment section, New School of Psychotherapy and Counselling (NSPC) therapist list and NSPC notice board.

5. Does the study involve

Clinical populations

Yes/No

Children (under 16 years)

Yes/No

Vulnerable adults such as individuals with mental health problems, Learning disabilities, prisoners, elderly, young offenders?

Yes/No

6. How, and from whom, (e.g. from parents, from participants via signature) will informed consent be obtained? (*See consent guidelines²; note special considerations for some questionnaire research*)

Informed consent will be obtained from participants themselves via signature.

- 7.

1. Will you inform participants of their right to withdraw from the research at any time ,
without penalty? (*see consent guidelines*²)

Yes/No

2. Will you provide a full debriefing at the end of the data collection phase?
(*see debriefing guidelines*³)

Yes/No

3. Will you be available to discuss the study with participants, if necessary, to monitor
any negative effects or misconceptions?

Yes/No

If “no”, how do you propose to deal with any potential problems?

4. Under the Data Protection Act, participant information is confidential unless otherwise
agreed in advance. Will confidentiality be guaranteed? (*see confidentiality guidelines*⁵) Yes/No

All tape recordings of interviews will be kept in a secure draw during data analysis, then tapes will be cleared upon completion of research. I will change participants name during transcription to ensure anonymity of participants.

If “no”, how will participants be warned? (*see*⁵)

(NB: You are not at liberty to publish material taken from your work with individuals without the prior agreement of those individuals).

11. Are there any ethical issues which concern you about this particular piece of research, not covered elsewhere on this form?

Yes/No

(NB: If “yes” has been responded to any questions 2,3,5,11 or “no” to any questions 7-10, a full explanation of the reason should be provided – if necessary, on a separate sheet submitted with this form).

	Yes	No
12. Some or all of this research is to be conducted away from Middlesex University	x	
If “yes”, tick here to confirm that a Risk Assessment form is to be submitted	x	
13. I am aware that any modifications to the design or method of this proposal will require me to submit a new application for ethical approval	x	
14. I am aware that I need to keep all materials/documents relating to this study (e.g. Participants consent forms, filled questionnaires, etc.) until completion of my degree.	x	
15. I have read the <i>British Psychological Society’s Ethical Principles for Conducting Research With Human Participants</i> ⁴ and believe this proposal to conform with them.	x	

Researcher Matilda De Santis date 17.11.2009

Signatures of approval: Supervisor date 14.04.2010

Ethics panel..... date.....
(signed, pending completion of a Risk Assessment form if applicable)

1,2,3,4,5,6,7 **Guidelines are available from the Ethics page of Oas!sPlus**

Appendix 3 Risk Assessment

INDEPENDENT FIELD/LOCATION WORK RISK ASSESSMENT

FRA1

This proforma is applicable to, and must be completed in advance for the following fieldwork situations:

- 1. All fieldwork undertaken independently by individual students, either in the UK or overseas, including in connection with proposition module or dissertations. Supervisor to complete with student(s).*
- 2. All fieldwork undertaken by postgraduate students. Supervisors to complete with student(s).*
- 3. Fieldwork undertaken by research students. Student to complete with supervisor.*
- 4. Fieldwork/visits by research staff. Researcher to complete with Research Centre Head.*

FIELDWORD DETAILS

Name Matilda De Santis **Student No**.....
Research Centre (staff only).....

Supervisor Jill Mytton
Degree course DPpsych in Existential Counselling Psychology

Telephone numbers and name of next of kin who may be contacted in the event of an accident.

NEXT OF KIN

Name Mrs Rocchina De Santis

Phone 0209 959 6380

Physical or psychological limitations to carrying out the proposed fieldwork

None

Any health problems (full details)
Which may be relevant to proposed fieldwork activity in case of emergency

None

Locality (Country and Region)

London, England

Travel Arrangements

Public transport and travel by car

NB. Comprehensive travel and health insurance must always be obtained for independent overseas fieldwork

Dates of Travel and Fieldwork

To be confirmed

PLEASE READ THE INFORMATION OVERLEAF VERY CAREFULLY**Hazard Identification and Risk Assessment****PLEASE READ VERY CAREFULLY**

List the localities to be visited or specify routes to be followed (Col.1). Give the approximate date (month/year) of your last visit, or enter 'NOT VISITED' (Col. 2). For each locality, enter the potential hazards that may be identified beyond those accepted in everyday life. Add details giving cause for concern (Col.3).

Examples of Potential Hazards:

Adverse weather: exposure (heat, sunburn, lightning, wind, hypothermia)

Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.

Demolition/building sites, assault, getting lost, animals, disease.

Working on/near water: drowning, swept away, disease (weils disease, hepatitis, malaria etc.), parasites, flooding, tides and range.

Lone working: difficult to summon help, alone or in isolation, lone interviews.

Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural, socio-economic differences/problems. Known or suspected criminal offenders.

Safety Standards (other work organisations, transport, hotels etc.)

Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies, fitting), general fitness, disabilities, persons suited to task.

Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.

Substances (chemicals, plants, bio-hazards, waste): ill health – poisoning, infection, irritation, burns, cuts, eye-damage.

Manual handling: lifting, carrying, moving large or heavy items, physical unsuitability for task.

If no hazard can be identified beyond those of everyday life, enter 'NONE'.

Give brief details of fieldwork activity: To conduct one to one interviews with 7 therapists at the New School of Psychotherapy and Counselling, Waterloo.

1.LOCALITY/ROUTE	2.LAST VISIT	3. POTENTIAL HAZARDS
Room at New School of Psychotherapy and Counselling, Waterloo.	October 2009	None.
Participant’s homes or work places.	TBC	Lone working/interviews

The University Fieldwork code of Practice booklet provides practical advice that should be followed in planning and conducting fieldwork.

Risk Minimisation/Control Measure

PLEASE READ VERY CAREFULLY

For each hazard identified (Col.3), list the precautions/control measures in place or that will be taken (Col.4) to “**reduce the risk to acceptable levels**”, and the safety equipment (Col.6) that will be employed.

Assuming the safety precautions/control methods that will be adopted (Col.4), categorise the fieldwork risk for each location/route as negligible, low moderate or high (Col. 5).

Risk increase with both the increasing likelihood of an accident and the increasing severity of the consequences of an accident.

An acceptable level of risk is: a risk which can be safely controlled by person taking part in the activity using the precautions and control measures noted including the necessary instructions, information and training relevant to that risk. The resultant risk should not be significantly higher than that encountered in everyday life.

Examples of control measures/precautions:

Providing adequate training, information & instructions on fieldwork tasks and the safe and correct use of any equipment, substances and personal protective equipment. Inspection and safety check of any equipment prior to use. Assessing individual’s fitness and suitability to environment and tasks involved. Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.). Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling

hazardous substances. First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements). Working with colleagues (pairs). **Lone working is not permitted where there the risk of physical or verbal violence is a realistic possibility.** Training in interview technique and avoiding/defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations.

Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations. Seek information on social/cultural/political status of fieldwork area.

Examples of Safety Equipment: Hardhats, goggles, gloves, harness, waders, whistles, boots, mobile phone, ear protectors, bright fluorescent clothing (for roadside work), dust mask, etc.

If a proposed locality has not been visited previously, give your authority for the risk assessment stated or indicate that your visit will be preceded by a thorough risk assessment..

4.PRECAUTIONS/CONTROL MEASURES	5.RISK ASSESSMENT	6.EQUIPMENT
Logging of location, i.e. ensuring someone is aware of my whereabouts, route and expected return time. I will be interviewing therapists and recruiting via the BACP/BPS and New School of Psychotherapy and Counselling university lists to ensure credibility and minimise risk.	Low	Mobile phone.

PLEASE READ INFORMATION OVERLEAF AND SIGN AS APPROPRIATE

DECLARATION: The undersigned have assessed the activity and the associated risks and declare that there is no significant risk or that the risk will be controlled by

the method(s) listed above/over. Those participating in the work have read the assessment and will put in place precautions/control measures identified.

NB: Risk should be constantly reassessed during the fieldwork period and additional precautions taken or fieldwork discontinued if the risk is seen to be unacceptable.

Signature of Fieldworker M.De Santis Date 09.03.2010
(Student/Staff)

Signature of Student Supervisor Jill Mytton Date 14.04.2013

APPROVAL: (ONE ONLY)

Signature of Curriculum leader
(undergraduate students only)

.....Date

Signature of Research Degree Co-ordinator or Masters Course Leader or

.....Date

Taught Masters Curriculum Leader

Signature of Research Centre

Head (for staff fieldworkers) Date

FIELDWORD CHECK LIST

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:

- X Safety knowledge and training?
- X Awareness of cultural, social and political differences?
- X Physical and psychological fitness and disease immunity, protection and awareness?
- X Personal clothing and safety equipment?

- X Suitability of fieldworkers to proposed tasks?
2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed with regard to:
- N/A Visa, permits?
 - N/A Legal access to sites and/or persons?
 - N/A Political or military sensitivity of the proposed topic, its method or location?
 - N/A Weather conditions, tide times and ranges?
 - N/A Vaccinations and other health precautions?
 - N/A Civil unrest and terrorism?
 - X Arrival times after journeys?
 - X Safety equipment and protective clothing?
 - X Financial and insurance arrangements?
 - N/A Crime risk?
 - N/A Health insurance arrangements?
 - X Emergency procedures?
 - X Transport use?
 - X Travel and accommodation arrangements?

Important information for retaining evidence of completed risk assessments:

Once the risk assessment is completed and approval gained the supervisor should retain this form and issue a copy of it to the fieldworker participating on the field course/work. In addition the **approver** must keep a copy of this risk assessment in an appropriate Health and Safety file.

Appendix 4 Participant Information sheet

The lived experience of therapeutic work in the midst of grief: An Existential Phenomenological study.

Thank you for showing an interest in this research study. Before you decide to participate it is extremely important that you understand what the purpose of the research is and what it will involve, so please read the information below carefully.

Summary of Research Study

This research aims to explore the humanistic therapists' lived experience of loss following the bereavement of a significant other and the impact of this on their therapeutic work. Thus the purpose of this research is to understand how a bereavement experience impacts a therapist's personal and professional identity and experience of client work.

What will taking part involve?

This is a qualitative study which involves taking part in a one to one semi-structured interview which will last approximately an hour. The interview will be recorded onto a tape, securely stored and then destroyed once a verbatim transcript has been made. The interview will take place at a time and place that is convenient to you. This can be at your home, at a local private consulting room or in a consulting room at the New School of Psychotherapy and Counselling in London.

The benefits of taking part

There exist few studies of this nature. Your involvement will help us understand better the phenomenon of bereavement in the life of the therapist and hence contribute to much needed research in this area. Taking part in this study may also provide an opportunity for you to reflect on your experience and perhaps gain new perspectives and insights which might also facilitate reflection on your own current practice.

What difficulties may arise from taking part?

The area of bereavement is a sensitive issue. You may experience a re-emergence of emotions relating to your experience or you may be reminded of difficult events or experiences that you haven't thought about for some time. The interview might also lead you to consider and question your fitness to practice during the period spoken about in the interview. In order to prepare for any difficulties I would advise you to talk about your concerns with trusted friends, colleagues, friends and family to ensure you have the necessary support before you agree to participate.

Confidentiality

Every effort will be made to ensure that the information that you share will remain confidential and anonymous; no individual's contribution will be identifiable. All data

produced from the interviews will have identifying data removed and any documents with participant information will be stored securely and separately. The information that you do provide will be used to explore the phenomenon of bereavement in the therapeutic encounter and may be used for publication in academic journals.

Ethical approval

All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The Middlesex Psychology Department's Ethics Committee have reviewed and provided ethical consent for this study.

Your rights

Your participation in this research is entirely voluntary. If you decide to take part you may terminate the interview or audio-recording at any time, decline to answer any questions and withdraw at any time without justifying your decision. Please be informed that you may also read a copy of your interview transcript if requested. I will ask that you complete a consent form on the day of the interview and this will be accepted as your informed decision to participate.

If you would like to participate in the study please contact me. The details are shown below. If you have any questions about participation or any other queries please do not hesitate to also raise this with me. However, if you would like to contact an independent party please contact my supervisor.

Researcher contact details

Matilda De Santis

E: matildadesantis@gmail.com

T: 07870378755

Supervisor of study contact details

Dr Linda Finlay

Psychotherapist

New School of Psychotherapy and Counselling

254-6 Belsize Road

London

E:admin@nspc.org.uk

Thank you

Appendix 5 Inclusion criteria

The lived experience of therapeutic work in the midst of grief: An Existential Phenomenological study.

Thank you for showing an interest in this study.

In order to ensure that the inclusion criteria are met please confirm in writing that the following apply to you:

- Have you experienced the bereavement of a significant other (which you are left to define)?

- Did your bereavement occur between 6 months and 5 years ago? Please state how long ago your bereavement occurred:

- Are you a Psychotherapist accredited by the BACP or UKCP or a Psychologist registered with the Health Professions Council?

Please return your response to matildadesantis@gmail.com.

Many thanks

Appendix 6 Consent form

NEW SCHOOL OF PSYCHOTHERAPY AND PSYCHOLOGY DEPARTMENT,
MIDDLESEX UNIVERSITY SCHOOL OF HEALTH AND SOCIAL SCIENCES

The lived experience of therapeutic work in the midst of grief: An Existential Phenomenological study.

I have understood the details of the research as explained to me by the researcher, and confirm that I have consented to act as a participant.

I understand that my participation is entirely voluntary, the data collected during the research will not be identifiable, and I have the right to withdraw from the project at any time without any obligation to explain my reasons for doing so.

I further understand that the data I provide may be used for analysis and subsequent publication in an anonymous form, and provide my consent that this might occur.

I understand that a recording is being made of this interview and will be securely stored until the research is completed, after which, the recording will be cleared.

Print name of participant

Participant's signature

Print name of researcher

Researcher's signature

Date.....

Appendix 7 Interview Schedule

The lived experience of therapeutic work in the midst of grief: An Existential

Phenomenological study

1. Can you describe the nature of your bereavement?

Prompts

Who did you suffer the bereavement of and nature of your relationship?

Time since loss?

How did they die? Expected/unexpected?

2. How did the bereavement affect you emotionally?

Prompts

Can you describe your feelings following the bereavement?

How did you cope following the bereavement?

What was particularly difficult/helpful?

3. How did your bereavement affect your relations with others?

4. Can you describe how you made sense of your loss?

Prompts

How did you think about your loss and why it occurred?

How did you experience life following your bereavement?

How did this impact your self-image and your perception of life?

5. Drawing on one or two examples, can you describe the impact of your bereavement on your therapeutic work.

Prompts

How did you experience the therapeutic encounter with your client in light of your own bereavement?

How was your way of working or your therapeutic style affected, if at all?

Did anything help or hinder your work with your client(s) in light of your own bereavement?

6. As a result of this experience, what have you learnt (if anything) about yourself, your therapeutic work and the field of Psychology/Counselling?

Appendix 8 Debriefing procedure

The lived experience of therapeutic work in the midst of grief: An Existential Phenomenological study.

Thank you for taking part in this study.

The purpose of this research is to explore and understand therapists' lived experience of the bereavement of a significant other and how this impacts the therapeutic encounter. Therefore the aim of this study is to understand how dealing with one's own bereavement issues impacts the therapeutic process and how a therapists' personal and professional identity is shaped by their bereavement experience.

The information you have shared will be anonymised. I can assure you that your contribution will not be identifiable.

In the event that you feel psychologically distressed following participation in this study I advise you to seek personal or therapeutic support. There are a number of organisations that may be able to offer support if you feel this is necessary:

- Samaritans offer emotional support 24/7. Visit www.samaritans.org or call 08457 909090
- Support line offer emotional support by email, telephone and post. Visit www.supportline.org.uk or call 01708 765 200
- Cruse Bereavement care. Visit www.cruse.org.uk or call 0844 477 9400
- The Compassionate Friends offer support for bereaved parents and their family. Visit www.tcf.org.uk or call 0845 123 2304
- Bereavement UK offers online information about death, dying and bereavement and self-help counselling. Visit www.bereavement.co.uk

If you have any questions about this study please feel free to contact me at:

matildadesantis@gmail.com

Thank you again for participating in this study, without you this research would be impossible. Your involvement helps us better understand the phenomenon of bereavement in the therapeutic encounter and how a therapist manages to work through such challenges.

Appendix 9 Table excerpt from anonymised transcript (Mary) demonstrating development of transcript notes and emergent themes.

Emergent themes	Transcript	Descriptive, linguistic, interpretative notes
<p>Awareness of limitations/humanity.</p> <p>Therapist self as fallible, human, limited</p>	<p>So I was much more in tune with being able to say to people, this may not respond to short term work but let’s agree what we can focus on. So I was much more inclined to do that- I noticed about myself – just work up that whole compassionate side. To them and to myself I think. Taking the pressure off myself, to do something or be able to, or enable the client to do something in such a short space of time. I did take my foot off the throttle.</p> <p>I: And how did you experience doing that?</p> <p>P: It was very freeing. Less pressure. More time to just stay with the here and now.</p> <p>I: Did anything help or hinder, in particular, your work with your clients in light of your own bereavement?</p> <p>P:I think what helped is what I’ve just said, about being aware that I needed to</p>	<p>Compassionate approach to clients and self</p> <p>Taking pressure off self.</p> <p>Slowing down.</p> <p>Freeing –here and now. Acknowledgement of self as fallible, human, limited, life as limited.</p>

	<p>be a bit more compassionate towards myself and less pressured in my work.</p> <p>To expect, it almost feels like, the analogy I can come up with to explain it is like accident and emergency work, really I want to be doing is working on a ward and giving people lots of tlc and time. I don't think anything hindered it really. I can't remember it.</p> <p>I: As a result of the experience what have you learnt about yourself, the therapeutic work, the field of counselling – is there anything that's been left over for you?</p> <p>P: I think the main learning has been being kinder to yourself which inevitably spills into your relationships with others so being more understanding more caring, more compassionate, obviously I had a husband and it was about understanding his grief more but I think in terms of client work I think the main thing is just to , inevitably it's given me a deeper understanding of grief although I'm Cruse/bereavement trained as well, so I have a fair understanding of the process of grief, but I think there's something</p>	<p>More compassionate to self – less pressured at work.</p> <p>Self-kindness and impact on others</p> <p>Own loss has provided a deeper understanding of grief.</p>
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<p>Therapist self changed.</p> <p>Loss/grief as transformational.</p> <p>Grief as a unique process.</p>	<p>different about a felt experience and how that changes you and gives you a bit more insight maybe into people's unique experience of grief but somehow it can help you identify a little bit more with maybe some of the things they aren't aware of. So I'd check that out now, more carefully. But I think that's been the main learning really. How deeply loss affects everything. Not just your feelings.</p> <p>I: Going back to your comment about being kinder to yourself as something that you've taken away from this experience – what does that mean to you?</p> <p>P: I think it means that when I get pressure at work in the NHS to just accept that I'm doing the best I can, rather than go to that place of 'oh I should've done more'. Its' okay.</p>	<p>Felt experience</p> <p>Experiencing grief first-hand – transformational on many levels – changes self, towards others' grieving, grieving as learning process, grief as being all permeating</p> <p>Loss affects everything – not just feelings</p>
<p>Therapist relationship with self post loss</p>	<p>It's more of an acceptance, rather than, I mean it's also compassion but it's also aligned to an acceptance that this is just the way it is and actually I am doing the best I can. It's more that acceptance of being flawed and not always</p>	<p>Acceptance work. 'Best I can' as opposed to being 'super-therapist'. Rules.</p> <p>Playing with idea of acceptance vs. compassion</p>

<p>Grief as a catalyst for self-reflection.</p> <p>Therapist as flawed – identity/self-perception.</p> <p>Acceptance of harsh realities of life/death.</p>	<p>100 per cent on top of things and not always having to be, being more aware of how easy it is to slip back into that need to be, get everything right. I think when you're feeling raw and depleted, for me I go to that place of 'oh I've missed something, I've done something wrong, and that anxiety resurfaces but I've actually let go of a lot of that. It's that real existential stuff actually about death anxiety and actually death is what it is and life does go on afterwards and that's the other learning. We have all survived this, we are all still here.</p>	<p>Grief as a catalyst- acknowledgement of self, strengths, acceptance of (often harsh) reality.</p> <p>Therapist as flawed –linked to 'super-therapist'.</p> <p>'Super-therapist'</p> <p>Resonance with existential ideas</p> <p>Survival, triumph over loss – not beaten by death.</p> <p>Control and sense of self? Restored?</p>
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Appendix 10 List of emergent themes from a single participant's (Mary) transcript

Death as unexpected
Grieving as a process (learning)
Impact of diagnosis
Experience of time
Death as unexpected
Grief as transformational
Death as profound
Loss of roles and focus
Impact to self-perception/identity
Grief as catalyst for birth/emergence of other novel parts of the self
Finality of death, loss
No control over death and impact
Death as all consuming
Adjustment to loss/to new life world
Aftermath of loss
Emergence of new feelings/new experience
Loss as linked to self-perception/identity
Loss of part of the self
Loss of part(s) of the self
Sense of purpose
Impact of awareness of finality of death
Existential anxiety
Transformation of life world
Grief as unpredictable
Hyper vigilance to emergence of feelings
Time off before returning to work
Managing therapy
Bracketing
Un-impacted by client work
Grief experienced differently in personal vs. professional sphere
Identity – changed
Managing grief at work
Client as priority
(Counsellor) Rules
Coping tools
Similar bereavements vs. different bereavements
Identifying with client bereavement
Other losses and bereavements
Intrusion of other life events
Death of significant other as Imposed change
Therapist limitations
Counsellor as inhabiting multiple roles
Impact of other roles and pressures
Therapist role/expectations
Therapist identity linked to being able to manage/cope
Split between personal and professional
Tools learned

Therapist's expectations of self
Managing/turning off emotions/grief
Work/home split
Emotions in supervision
Self-perception and other perception
Supervision as supportive
(Therapist) Rules
Fear of being out of control/grief taking over
Owning loss
Disclosing loss to others
Self-perception/identity
Others' perception of therapist
Therapist as superhuman/limited
Therapist as multi-faceted
Therapist self
Changes in self-perception/behaviour
Lowering expectations on self
Down to earth/more realistic approach
Awareness of limitations/humanity
Therapist self as fallible, human, limited
Therapist self changed
Loss/grief as transformational
Grief as a unique process
Therapist relationship with self post loss
Grief as a catalyst for self-reflection
Therapist as flawed –identity/self-perception
Acceptance of harsh realities of life/death

Appendix 11 Table of themes

Theme 1: Overwhelmed and disoriented by grief

Faced with a new reality

- Carol: *It's a bit like when you come back to your real world but you're not quite in it – you're sort of on the edge of it.* 220-222
- Hannah: *None of us were prepared for that – not even the medical team. It was a shock to everybody.* 27-29
- Mary: *It was very much a shock actually and I suppose that's the learning from it, for me, no matter how prepared you are for a death, when it happens something else happens to you that you don't anticipate or you can't imagine until the actual death.* 33-36
- Gill: *I know I went into shock and initially I probably wasn't the best mother in the world because I was in my own shock.* 54-56
- Terry: *So it was a huge shock to be honest and it really sort of stunned us and it's certainly something I'm still processing and I'm certainly aware of that.* 75-77
- Mary: *It really was as if something had been plucked from your life unexpectedly, just gone – one minute there, next minute –gone. And it's that huge hole that is left, and it's the mundane things that you miss the most* 61-65
- Mary: *I don't feel this now, but at the time it was a sense of where do you go from here- you're stuck with all this grief and sadness with no sense of it ending because you don't know when you're going to feel better or different* 138-141
- Mary: *“It was kind of a sense of well where do we go from here? How do we fill this space – do we fill this space? What with?”* 132-133

A sense of disconnection: a struggle to accept the new reality

- Carol: *It's a bit like after you have a baby -- you come out and you think 'how can everything still be the same when this momentous thing has happened to me?' and there are still cars going on the road – life had been carrying on in exactly the same way so it's a bit unreal.* 216-220
- Hannah: *Death actually seems like a non-reality.* 47
- Mary: *a change without gain really. Change with gain, great, change with loss, huge. Change is, for me I love change, but on my terms as most of us would probably* 227-230

realise. But imposed change with loss is very different.

Gill: *I obviously had to describe it quite a number of times but it just doesn't feel real.* 53-54

The instinctual experience of grief

Mary: *It is an indescribable feeling because it's so visceral...and it was a physical pain sometimes, very deeply, deeply lodged somewhere within the core of you.* 86-89

Gill: *It was that powerful, animal, instinct scream of disbelief, of horror.* 358-359

Hannah: *You're absolutely fine, you're absolutely focused with everything and BANG! It's there ... The emotion was quite uncontrollable and it surprised me at its power.* 76-78

Gill: *I went into sort of work mode – completely (and interestingly so did she) we both went into 'just get on with it' forget feelings, just do.* 57-59

Kate: *I just didn't know how to cope with her not being here.* 14-15

Terry: *The most amazing, significant, impactful, traumatic thing that has ever happened to me.* 304-306

Theme 2: Working hard to bracket

Undermined by grief: keeping the vulnerable counsellor out of the room.

Gill: *we've all had different experiences and you know, loss for all sorts of reasons, you know divorce whatever, and they'll all being brought into the counselling room all the time so you know if there are triggers and they're not good or they're negative or you don't find that they're useful in the room, you need to be working on it.* 429-434

Noah: *I'd remember having a real bodily response to it...yeah it was sadness I think, and being very aware that I had to bracket you know, and try to shelve that; being aware of it but at the same time really very intently monitoring myself, you know, about being there with the client and exploring it as I should.* 57-62

Mary: *All I remember is having to be very compartmentalised and bracketing anything that I felt. What I found was I cried in the morning going to work in the car and then I cried in the evening coming home in the car, but during the day I was able to just completely try and set it aside.* 159-163

Mary: *I project a certain sort of professionalism and am very boundaried and am very clear about boundaries when I'm talking about clients and so on so maybe that's why they (colleagues) experienced it so differently –this was very personal and very raw.* 340-343

Kate: *It's almost to do with the space...this environment that I'm able to, I suppose set aside my own stuff, on some level.* 161-163

Mary: *I was very, very boundaried and clear about this is the divide and I think that's part of the skills really that I've been able to use in this particular context, that when I was at work I was at work and I have to do that and be there for my clients and this was my stuff and it didn't come into the relationship with my clients and once I got into the car that was fine – I could be sad, upset.* 287-293

Noah: *I just felt that I would have to be stoic and get on with this.* 111-112

Gill: *when we're given some information of our own, it's part of us, you can't absolutely leave it out there, we can work then as the counsellor saying 'right that's –we'll deal with that later, that's your stuff, not the clients'.* 398-401

Carol: *"I think it was a sign that my bracketing wasn't as secure as I thought it was. And there were leakages but it was coming from what the client had said and then I was processing that with a bit of an unprofessional actually 'oh I'm counselling' edge to it.* 240-244

Noah: *It was just a very daunting process, an anxious process to do it, but nonetheless I got through it and hopefully it was still useful to the client.* 117-119

Leaning on professional identity to guide therapeutic work

Noah: *being mindful that I had a job to do and that my job was to work with this person who was in a vulnerable place, whose bereavement was not the only issue they had, so you know, knowing that I was there doing a job in itself, helped.* 130-134

Kate: *So I think actually I think the ethics have kept me, not kept me safe but kept me boundaried, enabled me to be boundaried.* 180-182

Mary: *I've been taught how to, trained how to and can do it and I think that's what I drew on. I was able to, yes when I was home I can completely give in to this and I don't have to contain myself, at work I have to be there for my clients and it's almost as cut and dry as that.* 187-191

Theme 3: An altered sense of presence in the room with clients, post-loss

Disconnection in the therapeutic encounter

Terry: *I have very little patience with those patients and I have sort of pointed that out quite strongly to people.* 454-455

Carol: *I do think our time on earth is limited...and I do want to do thing that are a bit more valuable now.* 576-578

Carol: *Why are you here with me? – that's what I felt like saying.* 443-444

Carol: *You can't, you can't, you can't? And actually look at what's just happened* 270-271

<i>to me.</i>	
Carol: <i>I felt we needed to get down with the nitty-gritty and we can all move forward.</i>	420-421
Hannah: <i>Not a good memory at all and the overriding feeling as again I'm recounting it to you, is not for me, it was the position I put her in.</i>	212-214
Hannah: <i>The sympathy and the concern from clients, it is, it's a whole turn around but it's not what the relationship... (Tails off)... I know I'm speaking volumes about how I am as a counsellor or how I am as a person but it's quite strange.</i>	242-244
Terry: <i>Able to simple just focus-- because when people spoke about their response to the bereavement – whether their parent or partner – I invariably thought about my own sense of loss with Sam ... I found myself going back to what I had experienced after Sam died instead of being able to focus completely on what the client was saying to me.</i>	479-485
Noah: <i>I think I was quite cautious with where I would go with the client, how far I would explore certain aspects.</i>	193-195
Noah: <i>I do wonder if I entered into a sort of autopilot mode, to be honest, during that time and just became, a good enough therapist, and you know, just went through the motions as a way of protecting myself. I think I did. But it, you know, it still felt like useful work. I would be lying if said I think it didn't affect the work you know, I'm sure I coloured it to an extent but you know.</i>	62-68
Hannah: <i>It is around when you've got so much unanswered or uncertainty going on – I never got anything, I never got feedback from the clients.</i>	502-504
Noah: <i>It was just a very daunting process, an anxious process to do it, but nonetheless I got through it and hopefully it was still useful to the client.</i>	117-119
Mary: <i>I have to work; I have to get on with it.</i>	262
Mary: <i>I felt – 'oh so you're surprised by me showing my feelings?' I must be doing a good job of pretending I haven't got any [laughing].</i>	346-348
Noah: <i>Being mindful that I had a job to do.</i>	130-131
Kate: <i>I think always being mindful of the interests of the client and um mindful that that person has taken a big step often to come and see somebody to come and talk about their difficulties, so it is their space, it's their time, it's my duty, my responsibility to be able to offer them that and it would be a disservice to them and myself if I wasn't able to offer that but obviously I would be honest about it.</i>	185-190
Kate: <i>I think it's because I was held by the ethics.</i>	208-209

Attuning with clients

- Gill: *It was just like this light bulb moment, I felt the tears coming thinking, whoa, I'm really feeling that, because of my loss I could feel his loss maybe even more.* 194-196
- Noah: *I really did feel that I could understand almost bodily what was going on for this person, or I could assume that I think I knew...there was this feeling of a shared experience to an extent.* 70-72
- Gill: *If that pain came into the room and whether that is a good or bad thing, I just used it for me. I tried to use that in a really positive way for the client, I didn't, I worked with the feeling, I didn't send it back.* 212-215
- Noah: *It's a shared experience but quite a different experience. Maybe there was a bit of jealousy but none the less I feel that we both talked about pain.* 72-75

Theme 4: Expansion of the self, post-loss

Grief as transformational

- Carol: *I think it allows you to be a grown-up, in a way that perhaps I couldn't or wasn't or didn't allow myself to be perhaps.* 189-191
- Mary: *I didn't expect to feel the way I felt- that was the biggest shock for me although there was a part of me that kind of knew I might but you know, until it happens you don't really know.* 50-53
- Terry: *So it gives you a greater sense of perspective about life and how fragile it can be.* 415-417
- Kate: *I seem to sort of somehow manage to balance my work with what was going on in my mind, in my life, fortunately and I didn't know if I could but again somehow I found the resilience or the strength to do it.* 410-413
- Kate: *You know, at the end of the day I can't stop being a counsellor, now I'm trained in it, that's just part of who I am and my way of being.* 159-161
- Mary: *freeing. Less pressure. More time to just stay with the here and now.* 381-382
- Mary: *it's also aligned to an acceptance that this is just the way it is and actually I'm doing the best I can. It's more that acceptance of being flawed and not always 100 per cent on top of things and not always having to be.* 417-420
- Gill: *I think because I was more in touch with that emotion, with that loss, I connected somehow more with his and he was able to grieve more openly.* 248-250
- Gill: *I just get a sense that I connect with them better rather than Rory's in the room,* 279-282

that's what fills the space. I just kind of get them, that pain; I can immediately go to that empathic stage where before I don't think I did.

Mary: *There's something different about a felt experience and how that changes you and gives you a bit more insight maybe into people's unique experience of grief.* 403-405

Noah: *I really did feel that I could understand almost bodily what was going on for this person.* 70-71

Kate: *It's modelling as well, it's walking the walk and talking the talk because you know, there's no point me helping people to be able to become more self-aware with their thinking and their thoughts if I'm not doing it for myself.* 259-262

Noah: *I also think I was able to care, cautiously draw on my own experience when working with my clients bereavement – I could tap into thoughts around what, contradictions they might've been thinking of, or guilt; I think I could really get to that, if we were talking about that feeling I guess it reminded me or I learnt that these kinds of life experiences gives you a certain bank of resources that you can tap into with clients.* 224- 231

Accepting the merging of the personal and the professional

Kate: *I was able to get through it, I didn't collapse, I didn't lose my marbles or have a nervous breakdown, not cope, I was actually far stronger than I thought I could be which was actually really (reflective pause) a relief and also indicated to me that that's something that I believe my clients can also find in themselves, they have the internal resources to help them.* 390-395

Gill: *Having gone through this bereavement...um has shown that I can handle what's given to me.* 402-403

Gill: *It's not even about being frightened of the work; it's not at all I'm just very accepting of it. If it's a bereavement that's coming through the door I'm not feeling 'oh my God, I'm not going to be able to do this at all' it's not, I just absolutely go with it and work with it.* 405-409

Mary: *Death is what it is and life does go on afterwards and that's the other learning. We have all survived this, we are all still here.* 426-427

Noah: *It reassured me that I felt quite resilient.* 231-233

Appendix 12 Participant pen portraits

Pseudonyms were used to ensure participant anonymity.

Mary is a woman in her 50s, working both in private practice and part-time as a Psychotherapist in the NHS. She is married and has two grown up children. Mary shared her experience of the loss of her beloved dog whom she described as being like a third child. Her dog died following a long illness; despite knowing she was dying Mary experienced her death as sudden and abrupt. Her relationship to her dog was akin to a human relationship and her loss was felt immensely.

Noah is a man in his 30s working in private practice. He has a partner with whom he lives in London. Noah shared his experience of the loss of his father with whom he had a strained relationship; he was nevertheless impacted greatly by his loss. He also spoke about the loss of his step-father who also died shortly after his own father has passed away.

Gill is a woman in her 40s, working in private practice, and engaged to be married. She has a daughter who lives with her and her partner. Gill spoke of the loss of a best friend who died suddenly. She considered him to be akin to a father to her daughter; he had helped raise her over the years following Gills separation from her daughter's father. He was a consistent presence in her life; a significant part of her family.

Carol is a woman in her 50s, married with grown up children and grandchildren .She works in private practice. Catherine spoke of the loss of her father who was a pivotal figure in the family. He died after being unwell for some time though his death was nevertheless experienced as abrupt. This brought up some challenges as Catherine felt the need to stop working for a time and was particularly conscious of others' reactions to this need to focus on herself and her grief.

Hannah is a woman in her 40s who works in private practice and for a local counselling organisation. She is married with grown up children. Hannah spoke of the loss of her father who had been diagnosed with a terminal illness. Upon his death however, Hannah felt extremely shocked and experienced his loss as sudden. She was particularly conscious of whether this would emerge in the room with clients.

Terry is a married man in his 50s who works in private practice. He has one remaining son. He shared the loss of his eldest son who died at the age of 18. His son was severely disabled and died in a respite home. This was an immense shock for the family especially given Terry rarely liked to leave his son in a respite home. He and his wife were incredibly dedicated to the care of their son and felt a huge hole and sense of 'what now?' following his death.

Kate is a woman in her 40s, married with teenage children and working from home in private practice. She spoke about the loss of her mother, with whom she had what she described as a 'spiritual' bond – they were incredibly close. Though she was elderly and ill, Katie experienced her mother's death as sudden. In the lead up to her death however, Katie felt the need to prepare herself by accessing professional therapy; for she felt perhaps that she would not be able to cope with her mother's absence.

