

Mary Charleton

# Grief and Behaviour Therapy:

A HUMAN APPROACH

Just over a year ago I attended a workshop at City University on the subject of grief and mourning. By the end of the experience I was confirmed in my view that the methods used by some Behavioural Psychologists are much nearer to those used by counsellors involved in the growth movement than is generally believed. The workshop was led by Ron Ramsay, a Behavioural Psychologist from the University of Amsterdam and I certainly believed that he was someone whose emotional experience and moods were more decisive in determining his experiences than other more readily measurable characteristics.

Essentially Ramsay's thesis was that in treating clients for whom the grief process has become impeded or distorted, it is the function of the therapist to confront the person repeatedly with the fact of his loss. The aim is to break down denial and encourage expression of feelings, so that these can be experienced in full and worked through. Ron Ramsay demonstrated his methods in a film, "Rita". This was composed of a series of interviews with a woman whose daughter Beverley had been burned to death. At the start of the therapy she was unable to go out or communicate with others. She was also unable to switch on the television in case she saw flames, listen to a particular pop song that Beverley had liked, or look at photographs of her daughter. In a few very moving encounters, Ron confronted Rita with the reality of her daughter's death. He went back to the things that she was avoiding, confronted her with the sight of flames, a photograph and a recording of the pop song. While Rita 'worked' i.e. became agitated, distressed and cried, he remained silent, leaving her to handle her own emotion and just occasionally asking what was going on. Eventually, Rita was able to 'send Beverley away' i.e. get rid of the extreme negative emotions but retain the sad and happy memories of her child.

Ramsay distinguished between mourning, i.e. what society expects from a bereaved person, and grief i.e. what the person is actually feeling. Normally these processes would occur simultaneously but, occasionally, they may be separated. He saw several different stages or components in the grief process; desolation, anxiety, denial, guilt and aggression, and maintained that if these were not fully worked through, the person would be prevented from re-integrating his life in the light of a full acceptance of his bereavement. We discussed the ways different societies dealt with grief. The rituals in e.g. Greek and Jewish society enabled people to give expression to their unhappiness. Factors such as the existence of a support system and the degree of neuroticism in the bereaved were important in determining the length of time someone continued to mourn. Usually, if the process was not completed by the end of a year, psycho-somatic symptoms, phobias,

deep depressions developed, indicating that all the components or stages of the mourning process had not been worked through.

There was a great deal of dialogue during the workshop and there were important contributions from the participants who drew both from their clients and their own personal experiences. I would have liked a little more time to have been spent looking at the mourning and grief which can occur at the end of a love affair, or after a miscarriage or abortion, particular if these events are kept secret and, therefore, many of the usual support systems are not available. Of course, reference was made to these situations and also to the grief which was felt at the loss of a particular role or job.

It was a heavy, tiring day but infinitely rewarding. I had the feeling that Ramsay understood the processes he was describing both from a theoretical and a personal point of view. Here was no cold clinician, but someone who was aware enough to recognise his own emotions and contain them while helping others to experience and manage theirs. I was impressed by his warmth, sincerity and by his honest admission that he, himself, cried during sessions and needed to deal with his own emotions. I also admired his courage in tackling areas that many of us might be tempted to shy away from.

Ron Ramsay emphasised that his treatment was helpful to someone who had become 'stuck' in dealing with his grief and felt that people should look first to their own community. He claimed to be able to help people become 'unstuck' in a very short period of time, two weeks or, at the outside, two months and felt that his system was particularly helpful to people who used the 'talking-out' process of counselling or psycho-therapy to maintain rather than break down their denial. My experience at the Workshop gave me the confidence that a client who had not been able to complete his mourning and had developed phobic reactions to ordinary social situations, could benefit greatly from this kind of help.

It now seems to me that the Behavioural Psychologist and the counsellor using growth-work techniques both believe that the opportunity to change is possible without the counsellor necessarily fully understanding the psychodynamic processes of the client. It also seems that their ways of expressing this belief are rather similar. Humanistic Psychologists place a great deal of emphasis on personal choice and a criticism levelled at Behaviourism

is that it changes people without giving them choices. Both methods are working at defences and aiming to alter or remove these. I believe that it is possible to use a Behaviourist method with awareness allowing the client space for expression of feelings and personal choices, as the different stages of counselling are reached. For example Sensate Focus, the Masters and Johnson technique used in sexual difficulties is essentially a behaviourist technique. However a skilled therapist will pause at each stage and encourage the client to become fully aware and express what he is feeling. He will be encouraged to confront his sexual partner with his feelings. This looks like Behaviourial therapy used in a humanistic way.

To return to grief and mourning, I have found since attending the workshop that I am frequently working with many clients who are unable to continue through a new critical stage in their life history, because of inadequate mourning at the time of a bereavement. I have found this particularly with "copers" who "coped" rather than allow themselves to mourn. One particular client who nursed her mother through a terminal illness was only able to face her final examinations after she worked through the grief. She had held her emotions back at the time so as to support the rest of her family. Frequently in group work a group member will say that his emotions are shallow and mask-like since the death of a parent some years earlier. Again it has seemed appropriate to use Ramsay's methods of reconstruction and confrontation and I am grateful to the Behaviourists for helping me deal with this particularly difficult area of human functioning. I am also encouraged by the knowledge that it is possible for counsellors from apparently opposing standpoints to come together to use and adapt each others methods.

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Marilyn H. Murphy

## Growth in the Group; An Experiential Gestalt Viewpoint

When I am asked to explain what conjoint family (or group) counselling therapy is all about I say something like this. "You know that as babies/children we each learned (were moulded/conditioned/taught) certain ways of being. We learned (chose) those ways (given who and where we were then) that seemed to us best. . . to take care of our needs. . . needs for safety, support, contact, love, etc. Now as adolescents and adults (in a different time and place, possibly even with different people) we often find that the 'ways of being' we chose for *then* no longer fit. . . the conditions that existed then may no longer be the same. We may have found we need to learn newer different 'ways of being'. Family or group counselling offers us this new opportunity to learn/experience/practise these new ways of being we may want to learn in a safe guided feedback environment."

The advantages of learning/practising these new ways within the family or group counselling setting are many. The drawbacks, issues of privacy and confidentiality, are usually manageable and rarely outweigh the many disadvantages. Just being in a family or group therapy setting is a real learning experience from which one can discover deeply felt understandings of the what/how/why of person/people behaviour. If one member of a family or group enters therapy alone in the traditional way, whatever balance the family had developed previously becomes somewhat unbalanced by the impact of the counsellor's role. Other members of the family/group may feel 'off balance' and respond accordingly, not knowing how to cope with the changes made by the client. The family working as a group are 'in' on the changes and more able to rebalance themselves gradually with less shock to the family