

# What Works in Grief Counselling: US Evidence and Australian Experience

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This paper begins by summarising the findings of 40 years of outcome research in counselling and psychotherapy. It then illustrates these findings in the context of grief counselling, using examples from Australian clients. The first part of the paper draws on Morawetz (2002).

## COUNSELLING AND PSYCHOTHERAPY IN GENERAL

The overall effectiveness of psychotherapy or counselling has been well established (Asay and Lambert, 1999). The data indicate that psychological intervention is superior to both placebo and no treatment control groups. Indeed, in most quantitative studies, the average treated person has been found to be better off than 80% of those who do not have the benefit of counselling (Lambert and Bergin, 1994).

Although there have been some significant findings in favor of particular models of counselling or therapy, the mass of the data have revealed few significant differences in efficacy among the many different models – psychodynamic, client-centred, CBT, solution-focussed, solution-oriented, NLP, psychopharmacological, narrative, marital, family therapy, and so forth. Indeed, most research finds that the various approaches work about equally well. Luborsky, Singer and Luborsky (1975) labelled this lack of difference “the dodo bird verdict,” from the dodo bird’s statement in Lewis Carroll’s *Alice in Wonderland*: “Everybody has won and so all must have prizes.”

There have been many attempts to refute this dodo bird verdict, but the most recent reviews and meta-analyses have come to the same conclusion: in general, one cannot say that one model or technique of counselling is superior to the others. This material has been comprehensively summarized in *The Heart and Soul of Change*, edited by Mark Hubble, Barrie Duncan and Scott Miller (1999).

Asay and Lambert (1999) and the editors of *The Heart and Soul of Change* conclude that effective psychotherapy results from the operation of four **common factors**. The most important of these is client factors (sometimes called “extra-therapeutic” factors), which are estimated to account for about 40% of the variance of outcome. Relationship or alliance factors account for about another 30% of outcome variance. Hope and expectation factors account for about 15% percent, and model and technique factors account for the remaining 15% of outcome variance.

### Client factors

Client (or extra-therapeutic) factors include things like the client’s personal strengths and weaknesses, motivation, talents, values, skills, experiences, perseverance, resources,

beliefs, attitude towards the value of counselling, social supports, willingness to take a risk, and potential for change. It also includes spontaneous remission, and fortuitous events in the client's life.

The severity of the client's disturbance is important in affecting outcome. So too is the client's capacity to relate, ego strength, psychological mindedness, and ability to identify a focal problem. Some client variables, such as motivation, can change rapidly in counselling, while others, such as a personality disorder, may be less amenable to change.

Client factors are empowered (a) when counsellors assess the client's strengths and resources that are relevant to the problem, (b) when counsellors ask clients about their beliefs regarding the problem and the potential solution, and (c) when counsellors select interventions that are compatible with the client's beliefs and values.

### **Relationship factors**

More than half a century ago, Carl Rogers (1951) found in path-breaking empirical studies that there are three conditions for effective counselling: unconditional positive regard, accurate empathy, and congruence. The most recent literature strongly supports the importance of these factors, even if slightly different words are used at times these days, such as warmth, caring, acceptance, genuineness and encouragement. Interestingly, it is the client's perception of the relationship that is crucial (not the counsellor's), especially the client's perception of empathy, acceptance and warmth from the counsellor.

The counselling relationship or alliance is enhanced (a) when the counsellor accepts the client's goals at face value instead of challenging them or altering them to fit a particular theoretical model, (b) when the counsellor tailors the counselling to the client instead of requiring the client to conform to the counsellor's chosen model and beliefs, (c) when the counsellor collaborates with clients instead of dictating to them, and (d) when the counselling explores material that is relevant to the client.

### **Hope and expectation**

The third factor in order of importance, hope and expectation, consists primarily of the client's expectations and hope regarding the possibility of change and improvement. Hope and expectation are empowered (a) when counsellors convey an attitude of hope and possibility without minimizing the problem or the pain that accompanies it, and (b) when counsellors encourage clients to focus on present and future possibilities, instead of focussing only on past problems.

### **Model and technique**

The final factor consists of the detailed models or techniques that the counsellor is using in the counselling. Model or technique factors are empowered when the model chosen is tailored to the specific needs, characteristics and beliefs of the client. Counselling is likely to be more successful if a technique is chosen that capitalizes on client strengths, is considered empathic, respectful and genuine by the client, fits with the client's goals for

treatment and ideas about the change process, and increases hope, expectancy and sense of personal control.

Given that there are now more than 250 counselling models and techniques from which to choose, if one model or technique is not working, it makes sense to try something different, some other approach that may be more appropriate to the client's situation. In general, the counsellor needs to try to find the model, technique or approach that is appropriate for this particular client at this particular time.

### **Clarifications**

I believe that the percentages of outcome variance quoted above are averages for all counselling, and that in any particular counselling case, the percentages may be somewhat different from those identified here. As well, the above percentages are only approximations, because the relationship between the four factors is interactive rather than additive. For example, an empathic and caring relationship is likely to empower dormant client factors, and may well engender realistic hope, whereas a cold and aloof relationship is unlikely to do so.

## **GRIEF COUNSELLING**

In my opinion, the above summary for counselling in general applies fully to grief counselling in particular. Let me illustrate by giving a few examples from my 20 years experience in private practice with Australian clients.

### **Client factors**

Client factors generally account for about 40% of the variation in effectiveness of counselling. One woman who came to see me, Rosemary, was referred by a psychiatrist. The presenting problem was that she had had a stiff neck for 21 years. The obvious first question was: what happened 21 years ago? The answer: she had had a baby who died of cot death (SIDS). But she had four other children at the time, and she had no permission or help to do the grieving. Instead, people told her "pull up your socks", "life goes on", "think how lucky you are that you have four other children", and offered other similarly unhelpful clichés.

As a result, it is as if this grieving mother said to herself: "The one thing I know is: "I must never, ever, look over there." (That is, I must never, ever think about the baby who died, because it is too painful to do so). So in making sure she never, ever looked "over there", she got a stiff neck.

Once we did the grief work, which took only five sessions, Rosemary no longer had a stiff neck. Furthermore, in the final session, she said: "My four kids are all in their 20s now, they are still living with me, and they have been borrowing my clothes and not giving them back to me, and generally treating me like a doormat for many years. So I've said to them this week: "You can still live here, but from now on the rules around here are 1,2,3, a,b,c, and if you don't like it, you can leave. And you are not borrowing my clothes any more."

I said to her: “That’s fantastic – but how come you did all that? After all, we didn’t discuss any of that in here – in fact, I didn’t even know about any of that.”

Rosemary replied: “I don’t know how come I did all that. I just know that now that I don’t have a stiff neck any more, it’s as if I can see better what’s going on around me, and now that I can see it, I know what to do.”

This is a most graphic illustration of a general principle of grief counselling, and of counselling in general. To use a metaphor from Gestalt Therapy, it is as if we all have a jar of feelings inside us. When we experience some unpleasant feelings, like after the death of someone close, it is easy to stuff the unpleasant feelings down into the jar, put the lid on the jar, and we no longer have to feel the unpleasant feelings. So far, so good.

But the problem is that the happy feelings and the feelings we need to make good decisions are often trapped underneath the unpleasant feelings, so we don’t have access to these either. What is needed, then, is to take the lid off the jar, experience the unpleasant feelings one more time, and let them go – at which point we can access once again the happy feelings, and the feelings we need to make good decisions. Once Rosemary had taken the lid off her jar of feelings, and experienced once more the pain of the loss of her baby, she then had access to the feelings she needed to make good decisions about her life and her parenting.

How does this illustrate the importance of client (or extra-therapeutic) factors in grief counselling? If Rosemary had had supportive people around her at the time the baby had died, people who had listened to her and encouraged her to let out her feelings, she may have been able to do the grieving at the time, and she may not have had the stiff neck and the “doormat” and parenting problems for the next 21 years. On the other hand, Rosemary’s positive client factors – in particular, her courage once we opened the “jar of feelings”, and her willingness to go through the pain in the grief counselling process – made the work quite fast (five sessions) once it was at last undertaken.

### **The relationship**

The relationship is at least as important in grief counselling as in other forms of counselling – and indeed, it may often account for even more than 30% of the variation in effectiveness.

Let me give you an embarrassing example. A colleague said to me not long ago: “I saw one of your former clients recently.” I said: “Tell me about it.” He said: “You probably won’t want to know.” I said: “Tell me anyway”.

My colleague said: “A woman came to me, and she told me that her husband had been killed in a car crash many years ago. She said that she had had some counselling at an agency at the time, with a counsellor named Morawetz, but he was useless. ‘I said to the counsellor that I felt so despairing that I just wanted to die,’ said the woman. ‘But from that point on, the counsellor was so scared that I was going to commit suicide that that dominated everything else – so I stopped going after two or three sessions. I was never going to commit suicide – I just felt like I wanted to die.’ ”

Why were my attempts to offer counselling to this woman unsuccessful? Because I was not understanding her! I was in my first year as a counsellor, and I had not yet learned the difference (so important in grief counselling) between “I feel so despairing that I want to die” [*“but I would not commit suicide”*] and “I feel so despairing that I want to die” [*“and I intend to kill myself, and I would use a rope, and the rope is in the boot of my car, and I know which tree I’m going to hang myself from.”*]

That is, the client felt that we did not have an empathic relationship in which she was fully understood – and she was absolutely right. If the client is not satisfied with the relationship, it is most unlikely that any useful grief counselling (or any other useful counselling) will happen – and that was so in this case.

### **Hope and Expectation**

It is a very human characteristic to assume that whatever is happening now is what is going to happen forever. That is one reason why, when people are feeling despairing, depressed, defeated and hopeless, the generation of realistic hope can be so important.

People who are grieving often ask: “Will I ever feel any better?” One concept that can be helpful to clients in this situation is the difference between “getting over it” and “learning to live with it.” With some types of grief after major loss, you may never “get over it” – but you may well be able to “learn to live with it.” Being able to talk about clients who have felt the same despair, and have eventually “learned to live with the loss” can be helpful, provided it is not done too soon, or in too cavalier a fashion. (“She’ll be right, mate”, is definitely not helpful).

### **Model or Technique**

The fourth factor in determining the effectiveness of counselling is the model or technique used by the counsellor. The models and techniques of counselling probably account for more than 90% of the content of most postgraduate courses in counselling, yet the theoretical orientation and intervention techniques used by the counsellor accounts for, on average, only about 15% of successful client change in counselling.

This 15% result does not mean that it doesn’t matter what model or technique is used. Rather, it means that the model needs to be used in conjunction with the other common factors; and the model needs to fit the client.

One of the most useful techniques in grief counselling, and yet until now one of the most neglected, is the concept of the “Normal Grief Storm”, which was developed by the Australian Graham Fulton (1989). This metaphorical way of understanding the grief process says that it is as if the person who is grieving is trying to survive in a small boat in the middle of a violent storm in a huge ocean. The grieving person is buffeted by:

(a) The Waves of Emotion: shock, numbness, disbelief, denial, fear, guilt, pain, devastation, sadness, anger, rage, anxiety, yearning, powerlessness, helplessness, loneliness, despair, isolation, feeling ‘I’m going crazy’, ‘it’s not fair’, ‘why? why? why?’

– then at last relief and acceptance – and then it starts again: denial, pain, anger, sadness, yearning, unsureness, ‘should I be feeling this?’, and so forth.

(b) The Winds of Disturbed Behaviour: listlessness, inability to concentrate, appetite disturbance, sleep disturbance, absent mindedness, restless activity, agitation, distraction, sighing, crying, dreaming, withdrawing into the self, listlessness, restlessness, searching...

(c) The Fog of Disturbed Thought Processes: disoriented, preoccupied, hallucinating, confused, disorganised thinking, out of control, forgetful, questioning, unclear, disbelieving, vague, difficulty concentrating, preoccupied, confused, clear at last – and then it starts again, confused, disoriented ...

In my experience, most clients who are grieving find that this concept of the Normal Grief Storm describes accurately what they are going through – and it gives them great relief, because they become aware that they are going through a normal grief process, and they are not going crazy. By contrast, in my experience, most clients who are grieving do not find that theories of stages of grief describe them well at all.

Other “models or techniques” that I believe are very important in grief counselling include:

Active listening – trying to understand down to the last little bit what the grieving person is going through: “tell me about it, tell me about it, tell me about it”.

Being able to sit with the person in their pain, and in their tears, without trying to make it better. Being able to sit with your own helplessness is often the hardest part of grief counselling. Paradoxically, acknowledging your own helplessness is in itself helpful.

Asking the client to do some writing, often in the form of a letter to the person who has died. As one client said: “When I talk, it comes from my mouth. When I write, it comes from my heart.” I find that asking the client to write a letter to the person who has died (even with people who say “I can’t write”) is one of the most important techniques in grief counselling; indeed, I find that it helps significantly in more than 90% of cases. (See the ATTACHMENT for a list of questions that I give to grieving clients to help them write this letter).

Getting your own counselling. The counsellor needs to work through his or her own grief issues, so they don’t get in the way of the work with the grieving client.

Understanding that everyone grieves differently. Don’t assume that your client will want what you think you would want in their situation. For example, in the first few months after my son Michael died of cot death (SIDS) in 1985, I was distraught, and I did what turned out to be self-counselling by writing down what I was feeling and thinking (Morawetz, 1985), as I went through what I now understand was the normal grief storm. But after a while, I felt that I had come to acceptance too early, and that there was still some more anger that I wanted to get out. I went to see a psychiatrist who was known to be good at getting out anger, but he said: “When my mother died, I thought I needed to get more anger out, but in fact I needed to come to acceptance – so you need to work

more on coming to acceptance.” I felt totally not heard and not understood – and I did not return.

Being able to sit with silence – without doing this in a punitive way.

Understanding that men and women experience grief similarly, but frequently express it differently. Women will often talk about the loss, cry etc (very useful), whereas men will often try not to think about the loss, bury themselves in work, drown their sorrows in alcohol (less useful).

Checking for other earlier unresolved losses in the client’s life.

Helping clients deal with other people’s well-meaning but unhelpful reactions: “Time heals all, it’s God’s will, there are plenty of other people worse off,” etc.

Helping the client to understand that what these people are often saying is: “I don’t know what to say, I don’t know what to do, I can’t handle your grief, I feel uncomfortable, I don’t want to be reminded of my own grief.”

Sharing with clients the “jar of feelings” metaphor that was described earlier.

Sharing with clients the difference between “getting over it” and “learning to live with it”.

Incidentally, what role does the currently popular technique of Cognitive Behavioural Therapy (CBT) have in grief counselling? There are some aspects of the grief process in which CBT can be useful. For example, grieving people often have trouble sleeping, and there is much evidence that for insomnia, CBT presented in a humanist way is the most effective approach (Morawetz 1994, 2003). However, in many other parts of grief counselling, client-centred approaches may be more relevant than CBT.

## **CONCLUSIONS**

The four “common factors” that together determine the effectiveness of counselling or therapy are client factors (40%), the relationship between client and counsellor (30%), the generation of realistic hope (15%), and the model or technique that is used (15%).

The percentages of outcome variation accounted for by these four common factors are estimates, and in any particular case they may differ somewhat. While client factors are the single most important determinant of success, nevertheless it is the job of the counsellor to use the relationship to empower the client, to generate realistic hope, and to offer relevant models or techniques, so that the client will be able to use the counselling effectively. Hence, one of the key jobs of the counsellor is to provide warm, empathic support so that the client can access his or her “client factors” as strongly and effectively as possible, thereby making the counselling quicker, more productive, and more self-sustaining.

The fact that counselling is more effective when it is tailored to the client's beliefs and needs means that it is useful for counsellors to have a number of different models, techniques or approaches to draw upon, rather than just one.

What distinguishes more effective counsellors from less effective counsellors is their ability to use the common factors: their ability to empower clients, their ability to develop warm and trusting relationships with clients, their ability to engender realistic hope, and their ability to find what seems to be the appropriate model or technique for this particular person at this particular time.

These are the conclusions for what determines the effectiveness of counselling or psychotherapy in general. They apply equally for grief counselling in particular.

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## **ABSTRACT**

In this paper, Dr David Morawetz summarizes briefly 40 years of American outcome research on what works in counselling or psychotherapy in general. He then applies these findings to grief counselling in particular, illustrating them with case examples drawn from his Australian counselling practice. He argues that the four 'common factors' which most powerfully influence counselling outcomes operate interactively, and that sometimes each factor may account for much more, or much less, of the outcome variance. The effective counsellor is able to assess which of these factors are, and are not, most relevant in any given case, and tries to find the approach or technique that seems to be appropriate for this particular client at this particular time.

## **AUTHOR NOTES (include in Abstract?):**

Dr David Morawetz is a Clinical and Counselling Psychologist in Private Practice in Melbourne, and author of the self-help program *Sleep Better Without Drugs*.

## **BREAKOUT (if needed)**

What distinguishes more effective counsellors from less effective counsellors is their ability to use the common factors to empower clients.

The effective counsellor tries to find what seems to be the best approach or technique for this particular client at this particular time.