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## Use of Bibliotherapy in the Treatment of Grief and Loss: A Guide to Current Counseling Practices

### Keywords

bibliotherapy, grief, loss, current practices

# Use of Bibliotherapy in the Treatment of Grief and Loss: A Guide to Current Counseling Practices

Cynthia A. Briggs and Dale-Elizabeth Pehrsson

*Grief is a complex and dynamic process influencing individuals of all ages. This article provides an overview of historical and contemporary constructs of grief counseling. Bibliotherapy, a creative counseling tool, is presented as an appropriate intervention when counseling grieving clients. Guidelines for using bibliotherapy with grieving clients are considered.*

Grief and loss related to death and non-death-related incidents often cause significant stress, psychological trauma, and emotional distress including depression or anxiety (Servaty-Seib, 2004). Grief over the loss of a loved one creates some of the most frequent and difficult problems individuals face. In fact, “the death of a spouse ranks first out of 43 stressful events” on the Social Readjustment Rating Scale (Muller & Thompson, 2003, p. 183). Because of the complex and pervasive nature of grief, all counselors will face the challenge of treating grieving clients regardless of the counselor’s professional milieu. One valuable intervention that may assist counselors working with grieving clients is *bibliotherapy*. This intervention is an adjunctive technique in which counselors use self-help or fiction literature to increase client awareness and promote client healing. To date, little has been written about bibliotherapy in conjunction with individual counseling (Floyd, 2003), and even less is found in database searches regarding grief therapy for adult clients. The aim of this article is to present guidelines for using bibliotherapy with grieving clients.

## GRIEF COUNSELING

### Historical Foundations

Freud first postulated that grief occurs when the libido remains attached to a lost object (person); thus, the goal of the griever was to detach from this object (Freud, 1957). In his opinion, grief, although a natural process, entailed sever-

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ing the bond to the departed loved one so that the griever could heal and move on with life. Bowlby (1980) suggested that the bereaved might continue with life while maintaining a dynamic connection with the deceased. Although he also advocated detachment from the deceased as one way of effective grieving, Bowlby acknowledged that the griever could maintain some attachment and still proceed with a healthy typical life. Contemporary grief counseling professionals generally support the view that humans are profoundly affected when attachments sever (Rando, 1993). Thus, the findings of Freud and Bowlby remain valuable today, even though contemporary theorists have expanded on their original ideas.

The stages of acceptance model was developed by Kübler-Ross (1969; see also Stroebe, Stroebe, & Hansson, 1993) and emerged from intensive observation and clinical work with dying patients. Individuals diagnosed with terminal illness initially reacted to their diagnoses with anger and denial, eventually moving toward acceptance (Kübler-Ross, 1969). The stages of acceptance model has been widely accepted, and many counselors working with grieving clients continue to use this perspective; nevertheless, the model has been criticized as newer theories have emerged.

### **Current Trends in Grief Counseling for Adults**

Contemporary theorists have criticized the Kübler-Ross (1969) model, in spite of its historic popularity, for representing an oversimplified perspective of a complex process. Some have asserted that this model is unproven as an effective tool for therapy (Neimeyer, 2000). Clients often focus on grieving “correctly” rather than accepting their individual and personal ways of experiencing loss (Servaty-Seib, 2004). Additionally, the Kübler-Ross model has been criticized as being too hierarchical with the resulting risk of disenfranchising or oppressing grieving clients (Massey, 2000; Payne, Jarrett, Wiles, & Field, 2002). According to Massey, the Kübler-Ross model limits healing by denying clients their individual expressions of grief.

The seminal work of Worden (1982) criticized the more traditional grief-related schemas for not meeting client needs of transition through loss and grief. He argued that the stages of grief as presented by Kübler-Ross (1969) and supported by others foster feelings of helplessness in clients and ultimately lead clients to experience loss of control. To support his line of reasoning, he developed his specific tasks of mourning as a way of empowering the mourner to take an active role during grief (Worden, 1982).

In his classic text, Worden (1982) presented this newer model drawn from extensive research within clinical settings. Key components of this model of grief and loss focus on clients accepting the reality of loss, experiencing the pain of grief, and finally adjusting to the new world that exists without the person who has died. Worden encouraged clinicians to assist clients in reinvesting their prior energies in different activities and relationships. Within the field of

grief work, Worden's model, research, and prolific writings have influenced and thus helped transform treatment interventions (Worden, 1982, 2001; Worden, Davies, & McCown, 1999).

To permit individual expressions of grief and to assist clients in completing tasks of grief, counselors must heighten their awareness of various manifestations of grief. These include responses that are emotional, physical, behavioral, and spiritual. Emotional responses include fear, anxiety, depression, confusion, and anger. Physical symptoms can be observed as weight loss or gain, insomnia, and increased risk for illness. Behavioral responses may include withdrawing from usual activities, acting out, and rejecting support systems. Spiritual responses include searching for metaphysical reasons for the loss and recovery (Gary & Remolino, 2000; Massey, 2000).

Another alternative counseling method focuses on a client's process of creating meaning after loss (Davis, Wortman, Lehman, & Silver, 2000). From this perspective, counselors identify how clients interpret their personal losses. For example, a client may view the loss from either a *pragmatic* or a *philosophical* point of view. If a pragmatic client rejects a philosophical meaning of the loss (i.e., assigning value or identifying loss as divine intervention), then a counselor insisting on such an interpretation would be acting inappropriately. However, if a client interprets the loss from a philosophical point of view, that client may benefit from meaning reconstruction (Massey, 2000; Neimeyer, 2000). Such interventions include relearning about the self, developing an existential grounding, rebuilding inter- and intrapersonal processes, and expanding both verbal and nonverbal processing (e.g., via books, journaling, art, poetry, or movement). Within such a therapeutic theory, clients are freed to follow their own processes and encouraged to create their own narratives. Rather than prescribing externally developed stages, counselors are called to assist clients in telling their stories (Payne et al., 2002).

**Benefits and Limitations of Grief Counseling**

An extensive meta-analysis of 20 years of controlled grief counseling research demonstrated that grief counseling was most beneficial under the following conditions: clients with greater time/distance from the loss, younger clients, and clients who experienced traumatic grief (Jordan & Neimeyer, 2003; Neimeyer, 2000). However, for some individuals, grief therapy may yield no benefit or may even prove harmful (Neimeyer, 2000). Within current U. S. cultural norms, pain and suffering are perceived as conditions to avoid rather than as natural occurrences. Thus, those experiencing typical bereavement may be perceived as troubled and pressured into counseling by well-meaning loved ones (Massey, 2000). Coercion into counseling may exacerbate emotional damage given that grief generally resolves itself in time (Gray, 2005).

Jordan and Neimeyer (2003) demonstrated that grief counseling often lacks effectiveness for clients experiencing typical grief, and grief counseling as a whole is less effective than other forms of psychotherapy. Most clients experiencing emotional turmoil following loss seem to improve without professional help.

Indeed, grief counseling may exacerbate symptoms of grief thereby creating additional distress. Whereas these results may cause concern, Jordan and Neimeyer suggested that negative outcomes might be a consequence of ineffective grief counseling interventions provided during the research studies or of methodological flaws, including inadequate sample sizes, lack of theoretical base, poor sampling procedures, and use of unsound measures. Additionally, recent research has called into question Jordan and Neimeyer's findings, citing similar studies that found no evidence to demonstrate that grief counseling was less effective than other forms of counseling or that grief counseling might be harmful to typical griever (Larson & Hoyt, 2007). Regardless, additional research is indicated to determine specific grief counseling interventions that would be most helpful for distressed clients.

## **BIBLIOTHERAPY**

### **Historical Foundations**

One task that may prove beneficial for grieving clients is bibliotherapy in conjunction with individual counseling. Use of literature for healing is deeply rooted within ancient and modern history. "Books have been used as preventive aids as far back as problems and books have existed. In ancient Greek times, the door of the library at Thebes bore the inscription, *Healing place of the Soul*" (Pardek, 1993, p. 3). Crothers (1916) described the use of books to help patients better understand their health problems and symptoms, coining the term *bibliotherapy*.

The field of bibliotherapy expanded further in the 1930s when Menninger used books to assist nonprofessionals in understanding psychology and psychiatry (Pehrsson & McMillen, 2005). In this early form of bibliotherapy, librarians compiled lists of books to assist patrons therapeutically with concerns from child rearing to mental illness (Gladding & Gladding, 1991). At that time, bibliotherapy was primarily a stand-alone treatment, rather than conjunctive to psychotherapy (Pardek, 1993).

### **Current Components of Bibliotherapy**

Bibliotherapy is understood as "the guided reading of written materials in gaining understanding or solving problems relevant to a person's therapeutic needs" (Riordan & Wilson, 1989, p. 506). Two primary methods prevail. One includes self-help books applied as adjuncts to traditional therapies (Riordan & Wilson, 1989). Such books complement cognitive therapies, including therapeutic writing or journaling. These processes accelerate learning and increase treatment impact (Floyd, 2003; McArdle & Byrt, 2001). Another method involves the use of literature such as poems, short stories, and novels. Counselors may prescribe specific works of literature to clients who will likely identify with specific characters or situations. Literature as a therapeutic tool can increase insight and new perspectives

and provide clients with opportunities for emotional catharsis (Abdullah, 2002). This approach relies upon counselors to select appropriate literature (McArdle & Byrt, 2001). Regardless of method, research demonstrates that bibliotherapy is widely applied by mental health professionals (Jackson, 2001). A study of 487 practitioners found that 88% of psychologists, 59% of psychiatrists, and 86% of internists use self-help books in treatment (Riordan & Wilson, 1989). Little research exists about the use of narrative literature with grieving adults, so the extent to which this method is used is difficult to know.

**Benefits and Uses of Bibliotherapy**

Bibliotherapy offers multiple benefits: providing information, augmenting insight, stimulating discussion, communicating values, reducing perceived isolation, and generating solutions. Clients exposed to literature are more likely to recognize personal characteristics, understand complexity, generate new interests, increase their sense of cultural identity, and expand their worldviews (Christenbury & Beale, 1996; Coleman & Ganong, 1990; Gladding & Gladding, 1991; Hynes & Hynes-Berry, 1994).

Bibliotherapy can be applied during any of counseling’s four stages (Jackson, 2001). During the first stage, *establishing the relationship*, literature can be an icebreaker that helps clients begin to tell their stories. In the second stage, *exploring lifestyle*, books may help examine perceptions about self and environment. In the third stage, *promoting insight*, identification of similarities between self and characters are explored; clients come to understand perceptions, subjective assumptions, and negative patterns. In the final stage, *reeducation/reorientation*, clients view themselves anew, generate new actions, and try new behaviors.

Research support has been mixed, although the literature generally has supported the effectiveness of bibliotherapy for a wide range of problems, including anxiety (Jones, 2002), geriatric depression (Floyd, 2003), adolescents coping with mentally ill parents (Tussing & Valentine, 2001), stepfamilies in transition (Coleman & Ganong, 1990), and grieving children (Corr, 2004). The majority of empirical studies seem to have been conducted using nonfiction and self-help material, whereas fictional materials have remained less examined. This is not surprising given the complex nature when combining counseling and the arts (Pehrsson & McMillen, 2005). However, to date, limited studies address the application of bibliotherapy to grieving adults. Additionally, research results for bibliotherapy’s efficacy are mixed (Floyd, 2003), with primary benefit gleaned from self-help materials (Riordan & Wilson, 1989).

**Limitations of Bibliotherapy**

As with any approach, counselors need to be cautious about using bibliotherapy. Literature and self-help books can be inappropriate for some clients. For example, when literature is ill chosen or not guided appropriately, clients may project unhealthy motives and beliefs onto story characters and, thus, reinforce negative patterns (Hynes & Hynes-Berry, 1994). A therapist with limited

knowledge of human development may not match a literature selection with a client appropriately. In addition, a client with a reading disorder may not benefit or may even be harmed by an assigned reading. Furthermore, a client who has a history of academic problems may experience anxiety. By incorrectly implementing bibliotherapy techniques, a therapist may increase frustration for the client. Materials also need to be selected with care to ensure they are not offensive or in some other way inappropriate (Gladding & Gladding, 1991; Pehrsson & McMillen, 2005).

## **COMBINING BIBLIOTHERAPY WITH GRIEF COUNSELING**

Bibliotherapy is frequently coupled with traditional talk therapies as an adjunctive technique. Combining bibliotherapy and grief counseling allows for innovative possibilities. For example, adults often experience depression following the loss of a loved one (Servaty-Seib, 2004). Many diagnostic criteria for depression match the symptoms of grief. Among these are sleep disturbance, appetite changes, and loss of interest in usual activities (Gary & Remolino, 2000). Floyd (2003) described positive results using bibliotherapy adjunctively during individual psychotherapy with older adults with depression. These clients were willing to engage in work outside of the counseling sessions as they cognitively ingested self-help literature.

In spite of the lack of empirical research evaluating applications of bibliotherapy to adult grief (Floyd, 2003), practitioners comparing bibliotherapy with grief therapy can draw links that suggest that bibliotherapy can be effective in meeting the needs of grieving clients. Bibliotherapy, a mechanism that assists with making meaning from life experiences, draws upon characters or information to expand worldviews and to assimilate new knowledge (Jackson, 2001). Similarly, contemporary perspectives of grief therapy assert that a primary task of grief is for clients to relearn the world and themselves as they come to accept loss (Neimeyer, 2000). These goals seem compatible. Current grief counseling paradigms focus on facilitating clients' narratives rather than diagnosing the extent or stage of their grief; thus, books may assist clients in telling their own stories and promoting healing (Payne et al., 2002).

### **Benefits and Limitations of Using Bibliotherapy With Grief Counseling**

Additional advantages exist. Bibliotherapy can depathologize or normalize the grief process for individuals who seek professional counseling following a loss (Kirk & McManus, 2002). Also, because clients work outside of sessions, bibliotherapy makes time-limited therapy efficient. Clients' self-efficacy increases (Floyd, 2003) as they begin to recreate their lives in the wake of a loss (Neimeyer, 2000).

Gregory, Canning, Lee, and Wise (2004) outlined several caveats regarding bibliotherapy use. First, guidelines for applying bibliotherapy to particular populations are limited. Second, ascertaining whether bibliotherapy is effec-



tive if clients present with concurrent mental illnesses or diagnoses is difficult. Third, limited research is available regarding client characteristics and subsequent receptiveness to bibliotherapy. Finally, few well-designed investigations from which to derive applications exist. In spite of some emerging research, significant gaps remain.

### **Multicultural Considerations**

Culturally responsive counselors implement bibliotherapy with grief counseling only after they have considered each client's cultural perspective on death and bereavement. Often, grief counseling is imposed upon clients from an *etic* perspective, or the idea that one universal way exists for all grievers. If counselors instead approach grief from an *emic* perspective, they depathologize the grief process and facilitate individual expression (Massey, 2000). To effectively implement bibliotherapy with grieving clients, counselors can be guided in book selection by six *cultural borders*: self-examination and self-awareness, a flexible and open attitude toward clients' belief systems, awareness of differences in client phenomenology, awareness of the counselor's own ethnocentrism, integration of verbal and nonverbal communication skills, and consciousness of individuality within groups (Tramonte, 2002).

### **CASE STUDY**

The benefits and challenges of supplementing individual grief counseling with bibliotherapy can be examined through use of a case study. This case study represents a compilation of the authors' experiences in clinical practice with grieving clients through the years. The details of the situation and characters are drawn from several actual clients; however, significant identifiers have been changed to protect anonymity.

Lisa is a 19-year-old European American woman who presents at the local mental health center following the suicide of her twin brother by a gunshot to the head 2 months ago. Lisa found her brother's body in the basement of the family home. She is experiencing strong emotions about the loss of her role model, friend, and confidante, as well as the violent and disturbing way in which he died. This clinical example illustrates the enormity and complexity of grief. The nature of the death, the relationship of the deceased to the griever, the time elapsed since the death, and the possible posttraumatic effect of discovering the body are all considered (Muller & Thompson, 2003).

Losing a sibling to suicide complicates grief and increases challenges for survivors; in addition to loss, they can experience guilt, anger, and cultural-social isolation (Pehrsson & Boylan, 2004). Furthermore, the experience of losing a twin often is as traumatic as the loss of a spouse (Withrow & Schwiebert, 2005). With these factors in mind, the counselor assesses the client's symptoms (Gary & Remolino, 2000). Lisa's symptoms are emotional (sadness, anger, confusion, insecurity), physical

(difficulty eating and sleeping, loss of energy), spiritual (pragmatic), and behavioral (avoiding social activities, wanting to be near family, tearfulness).

Bibliotherapy can be a helpful resource for Lisa as she struggles to put her experience into words or access deeper emotions. Lisa feels a sense of loyalty to her brother, insisting that he would want her to be happy. Thus, she feels guilty when expressing sadness or anger. Books that might be beneficial for Lisa include *No Time to Say Goodbye: Surviving the Suicide of a Loved One* (Fine, 1997) and *Healing After the Suicide of a Loved One* (Smolin & Guinan, 1993). These works match the salient qualities of Lisa's loss: the death of a sibling and the witnessing or discovering of the suicidal act.

In selecting a work for Lisa to read, the counselor must become familiar with each work, that is, read the book before making a prescription. The text, pictures, and format should align with the client's current situation and worldview, should be of high quality, and should promote deeper thinking about the issue at hand (Gauntz, Pehrsson, & Wasylyow, 2005). Once a work is selected, the counselor should consider how to present the assignment to the client and how to conduct follow-up with the client.

One possible intervention involves the client retelling the story, either orally or through use of drawings, music, or movement. In this way, Lisa would be able to take the story and apply to it her own worldview, glean messages, meaning, and new perspectives from the text. Another process involves discussing the client's feelings and thoughts about the characters in the story. Lisa could use the changes in the characters' behaviors and attitudes to mirror or contrast with her own. This gives her a safe way to talk about her own painful experiences. As the therapeutic relationship deepens, the client can begin talking about personal loss in comparison to the losses described in the literature (Jackson, 2001). In this final step, the focus of therapy moves from the story to Lisa's own experience, allowing her to talk about her grief with immediacy. Other follow-up activities include acting out the story through drama or puppets, engaging in a creative writing exercise, creating collage, and making a map or timeline (Gauntz et al., 2005).

## CONCLUSION

Grief and loss are among the most prevalent and severe emotional states counselors will encounter in clinical practice (Muller & Thompson, 2003). Professional interest in grief counseling has skyrocketed in recent years: 2,487% between 1989 and 1999 based on Nexis searches for *grief counseling* (Seligman, 2000). The field of grief counseling is evolving. Researchers, theorists, and clinicians venture to explain grief processes influencing therapeutic interventions and client treatments. Bibliotherapy and grief counseling, when used in conjunction, offer multiple benefits; yet, cautions and limitations exist. Wise clinicians prepare and understand both the bibliotherapeutic mechanisms and contemporary grief strategies to assist clients as they deal with integration of loss.

## SUGGESTED BOOKS

Classic and current literature related to grief, loss, death, and dying abound. Books exist for specific populations (e.g., widows, siblings, and parents) and deal with situational losses (e.g., sudden death, traumatic loss, and terminal illness). Counselors, especially those who use literature as a tool for cognitive behavioral interventions, have an excellent array of literature from which to choose. Workbooks are plentiful for most developmental levels. Likewise, counselors who use fictional or biographical stories to facilitate character alignment currently can draw from a rather large selection.

For younger children, counselors might consider *Help Me Say Goodbye: Activities for Helping Kids Cope When a Special Person Dies* (Silverman, 1999) and *When Dinosaurs Die: A Guide to Understanding Death* (Brown, 1998). These two books, appropriate for 4-year-olds through 8-year-olds, are useful for structured discussions and workbook activities. For children in this same age range, literature with a more narrative flow includes the popular book, now considered a classic and available in a 20th anniversary edition, *The Fall of Freddie the Leaf: A Story of Life for All Ages* (Buscaglia, 2002). For those practitioners seeking a more recent publication, *A Terrible Thing Happened: A Story for Children Who Have Witnessed Violence or Trauma* (Holmes, 2000) should be considered. *Tear Soup: A Recipe for Healing After Loss* (Schwiebert & DeKlyen, 2005), originally written for younger clients, has demonstrated wide appeal and can be used across the life span in a variety of creative ways. For adolescents, an African American view is offered in the work *Make Lemonade* (Wolff, 1993), which deals with a gang-related death of a parent. A book that intrigues simply by its title is *One of Those Hideous Books Where the Mother Dies* (Sones, 2004). Sones penned a crisp and honest story about a high school girl overcoming the death of her mother. These books offer realistic stories and compelling narratives to provoke discussion with adolescents. For counselors who want a more step-by-step or journaling format, *Transitions Along the Way: A Guide to the Dying Process for Children and Young Adults* (Jonah, 1999) and *You Can Get There From Here: Journaling Through the Grief: A Guide for Teens and Young Adults* (Hawley, 2005) are appropriate selections.

Many works of fiction with story lines about death are available for adults. In *The Secret Life of Bees*, Kidd (2002) wove profound loss throughout and offered a rich harvest for clients who can benefit from bibliotherapy. In a compelling diary-style selection, Ericsson (1993) offered her own experiences and captured the complexity of loss in *Companion Through the Darkness: Inner Dialogues on Grief*. In an equally valuable work, *Widow to Widow: Thoughtful, Practical Ideas for Rebuilding Your Life*, Ginsburg (1995) gave practical advice for family members and for those who have experienced the death of a spouse or partner.

A final caveat for book selection: Counselors should always read materials first and make selections that match client needs and presenting concerns. Books are ubiquitous. Perhaps too many possible choices exist and some books,

if not many, may be very inappropriate for one client but totally appropriate for another. One book will not fit the needs of all. Read critically and carefully so that a client's needs and a chosen book make a good match.

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