A Personal Reflection on Bridging Research and Practice in Thanatology

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Abstract

This article aims to accomplish several things. First, it offers a brief history of the "bridging movement" between researchers and practitioners within thanatology. Second, it describes some of the ways that the author's own practice as a grief therapist has evolved as a result of the expanding research base that now informs both psychotherapy and, more specifically, grief therapy. It then concludes with some suggestions about where this movement may be headed in the next decade and beyond.

Overview

The practice of medicine around the world is undergoing many changes. One of the most important of these is the growing emphasis on development of evidence-based procedures for contemporary practice. Strange as it may seem, much of what doctors do in their practices has

not been based on rigorous scientific research, but rather on an apprentice-based model of learning from supervisors that has been the foundation of medical education from its beginning. This tradition has also been the predominant model of training in the mental health field, including in grief counselling and other bereavement-related support activities. Moreover, the behavioural health professions have been characterised by a cultural gap between researchers and practitioners (Silverman, 2000). This seems to have been particularly true in the field of counselling, where practitioners have traditionally been trained in a particular therapeutic modality (e.g. psychodynamic, cognitive-behavioural), and then practised that approach, regardless of the empirical evidence (or lack thereof) for their particular method. In the last 10–15 years, the desire to "bridge" this gap between researchers and practitioners has been growing, along with the goal of basing mental health interventions on empirical evidence, rather than received wisdom. This is likewise true within the field of thanatology (Jordan, 2000; Neimeyer, 2000a).

In this article, I hope to accomplish several things. First, I would like to offer a brief history of this "bridging movement" between researchers and practitioners within thanatology. I have been, and continue to be, involved in this movement in a fairly "up-close and personal" way for many years. Second, I would like to describe some of the ways that my own practice as a grief therapist has evolved as a result of the expanding research base that now informs both psychotherapy and more specifically, grief therapy. And lastly, I would like to offer some ideas about where this movement may be headed in the next decade and beyond.

By way of introduction, I am a psychologist who has primarily functioned as a clinician in private practice in the United States. I have been specialising in grief counselling for most of my professional career, and over the last 15 years I have focused on working with people who are bereaved by suicide. I have also been involved in a number of research activities, and have been providing training for mental health and other human service caregivers for many years as well. Over the last decade, I have also published a number of professional articles and books about suicide bereavement that I have attempted to make strongly "research informed" in their content (Feigelman, Jordan, McIntosh, & Feigelman, 2012; Jordan, 2008, 2009; Jordan & McIntosh, 2011).

The Movement to Bridge Research and Practice in Thanatology: A Short History

It is, of course, almost impossible to point to a specific event or time in which a movement begins, since movements are almost always a collaborative effort that involve many people and steps along the way. Likewise, the question of what constitutes the significant events in the history of a movement are subjective and "in the eye of the beholder". Acknowledging this inevitable bias, I will highlight some of the events to which I have been a witness or participant, and which seem to me to have been crucial.

In 2000, I was asked by Robert Neimeyer, Editor of *Death Studies*, to edit a special double issue of the journal on bridging research and practice in thanatology (Jordan, 2000). While the issues received widespread appreciation for their general call for collaboration between researchers and practitioners, one of the articles produced a considerable amount of controversy (Neimeyer,

2000b). Along with a subsequent article, titled with the pointed question "Does Grief Counseling Work?" (Jordan & Neimeyer, 2003), a debate arose about whether the everyday practice of many grief counsellors was effective, or even necessary for most bereaved persons. Spanning both conceptual issues (what constitutes "grief counselling?" – critical incident stress debriefing, support groups, etc.) and methodological concerns ("How do we measure effectiveness or harmfulness of a treatment?"), the controversy elicited a stimulating and sometimes acrimonious series of discussions at professional conferences, in the professional literature (Bonanno & Lilienfeld, 2008; Larson & Hoyt, 2007), and even in the popular press (Konigsberg, 2011; Konigsberg, 2011). Whatever else it did, this debate has stimulated a heightened interest in the question of what the role of research and empirical evidence should be in the practice of caregiving for the dying and the bereaved. That dialogue continues to this day.

A second important development has been the crystallisation of the bridging movement in what has become an annual symposium at the annual ADEC conference, titled "Research That Matters". Conceived as a forum in which they could present studies that have particular relevance for clinical practice on the "front lines", many researchers have been able to engage in productive dialogue with clinicians through this venue. The findings of a number of cumulative and programmatic research studies in thanatology have been presented at this lively and popular annual forum. (See Ayers, Kondo, & Sandler, 2011; Currier, Holland, & Neimeyer, 2006; Currier, Neimeyer, & Berman, 2008; Holland & Neimeyer, 2011; Keesee, Currier, & Neimeyer, 2008; Lichtenthal, Currier, Neimeyer, & Keesee, 2010; Murphy, Johnson, & Lohan, 2003; Murphy, Johnson, Wu, Fan, & Lohan, 2003; Murphy & Rynearson, 2006; Neimeyer, Burke, Mackay, & van Dyke Stringer, 2010; Neimeyer & Currier, 2009; Sandler et al., 2008). A new

extension of this activity has been the creation of an endowed "Bridging Research and Practice" featured speaker slot at the annual ADEC conference (beginning in 2013) that is in addition to the Research That Matters symposium. This new venue will extend the discussion about bridging to a conference-wide setting.

Three other important research-based advances in the field are the development and refinement of the proposed diagnostic category of complicated grief (i.e. Prolonged Grief disorder), the introduction of the Dual Process model of mourning, and the rediscovery of the idea of continuing bonds with the deceased. While its status for inclusion in the forthcoming fifth edition of the *Diagnostic Statistical Manual* is not settled yet, thanatology has largely embraced the notion that a subset of mourners exist whose grief will be exceptionally problematic and prolonged, and for whom professional intervention is likely to be a helpful experience. This recognition of complicated grief is grounded in an extensive body of research on the disorder and accompanying proposed diagnostic criteria (Prigerson et al., 2009; Stroebe, Schut, & Van den Bout, 2013). Laudably, this effort is also producing targeted and evidence-based treatments for people who are experiencing the disorder (Boelen, 2006; Boelen, de Keijser, van den Hout, & van den Bout, 2011; Shear, Frank, Follette, & Ruzek, 2006; Shear, Frank, Houck, & Reynolds Iii, 2005). The Dual Process model (Hansson & Stroebe, 2007; Stroebe & Schut, 1999; Stroebe, Hansson, Schut, & Stroebe, 2008) has proved to be a valuable clinical heuristic for understanding the necessary skill sets that mourners need to master in order to integrate their loss. While lacking as much empirical support as the complicated grief diagnosis, this model is rapidly moving towards acceptance as the de facto "theory" of the grieving process on the contemporary scene. Lastly, there has been recognition by clinicians and researchers alike that

many, if not most, bereaved individuals do not "de-cathect" or end their psychological relationship with a deceased loved one. Rather they rework it into one of internalised memory and connection. The field has produced many studies of the nuanced ways in which bereaved individuals transform their psychological connection to the deceased – ways that may be adaptive, maladaptive, or a complex combination of the two (Field & Filanosky, 2010; Field & Wogrin, 2011; Schut, Stroebe, Boelen, & Zijerveld, 2006; Stroebe, Schut, & Boerner, 2010; Wijngaards-de Meij et al., 2007). Unlike earlier theoretical advances in thanatology, these important conceptual developments are all grounded in a growing body of empirical studies that add to the credibility and utility of the models.

Use of Evidence-Based Findings in Practice

Dosing

As one of the growing number of therapists who try to incorporate evidence-based ideas and procedures into my clinical work, I make an effort to stay abreast of the evolving research in thanatology, as well as related areas, such as traumatology and general psychotherapy research. Let me offer several examples of this. First, the clinical utility of the Dual Process model (which encourages oscillation between turning "towards" the grief and turning "away" from it), has led me to understand that learning to "dose" oneself in terms of grief is an invaluable skill for mourners to develop. Therapists can be helpful in facilitating this acquisition. The learning of dosing can take place at any level, ranging from practising the skill during the therapy hour to broadly adopting it as a general "coping strategy". For example, I sometimes explicitly focus

with a client on loss-related feelings and thoughts in a session and then deliberately and explicitly move the subject away to less emotionally charged topics. As we do this, I point out to the client their growing ability to self-regulate themselves about dealing with their grief. For a second example, I will encourage a client to journal about their grief as they start the day, and then "put the journal away" as they go about tackling their other daily activities. A still more macro example would be the encouragement that I might give to a client to give themselves permission to "put the grief away" and enjoy themselves for an evening or over an upcoming vacation. Learning this skill can help move the grief experience away from being involuntary and intrusive, to a more voluntary and self-regulated process whereby the mourner more effectively chooses when and where they will allow the loss-related feelings and thoughts to be present. All of this has been influenced by the Dual Process model of grieving, along with the more general literature about trauma recovery skills (Foa, Keane, Friedman, & Cohen, 2009; Litz, 2004).

EMDR

A second evidence based technique that I sometimes use with clients is Eye Movement Desensitization and Reprocessing (EMDR) (Shapiro & Forrest, 2004). Emerging from traumatology, this intervention has a strong evidence base for its clinical efficacy in treating people suffering from posttraumatic stress disorder (PTSD) (Shapiro & Maxfield, 2002). When clients suffer from intrusive "reliving" experiences related to their loss (e.g. a visual memory of the death scene), EMDR can prove to be a safe, effective and targeted method for relieving these distressing symptoms. In a case that I have described in more detail elsewhere (Jordan, 2011), a

client of mine who suffered from repetitive panic attacks on the "time anniversary" (i.e. the same day of the week and time of day as his son's suicide), a single session of EMDR proved to be tremendously helpful in providing relief from these disabling anxiety responses.

Continuing bonds

A third example of a research informed technique that I use in my work is grounded in the research on continuing bonds, and the concept of symbolic conversation(s) with the deceased as a form of relational repair for the mourner (Jordan, 2011). While it can take many forms (e.g. "empty chair" work or letter writing – see Neimeyer, 2012 for several examples), I have elsewhere described in detail a specific guided imagery exercise that embodies this principle. This has proved to be very helpful for some of the clients in my practice (Jordan, 2012). Briefly, the technique involves asking the client to visualise a conversation with their loved one in which the deceased is *completely* physically and emotionally healed – the latter a key element in many cases of bereavement after suicide. The visualisation also includes asking the client to imagine that the deceased is completely ready and open to hear and accept whatever the bereaved person needs to say to them. Particularly after a suicide, which is almost always experienced as a rupturing of the relationship with the loved one (Jordan, 2008, 2009), this technique can be powerfully healing way for the mourner to feel understood by the deceased – often in a way that they did not experience when their loved one was alive. I see this technique as one that is firmly grounded in both the concept and empirical research about the crucial role of an ongoing attachment, or continuing bond, with the deceased, as well as the general literature on guided imagery as a therapeutic technique (Brown, 1990; Smith, 1996).

Future Directions for Bridging Research and Practice in Thanatology

Having discussed some of the important developments in the bridging movement in thanatology, I would like to close with a brief commentary on the future directions that this effort may take. One improvement that I hope to see emerge is the better dissemination of information across the bridge, in reciprocal directions. When I edited the original twin issue of Death Studies, I noted that a significant barrier to incorporating more evidence-based approaches for practicing clinicians is the sheer time constraints with which most therapists must live (Jordan, 2000). No-one can hope to keep up with all of the research that has emerged in thanatology, particularly if they are a busy clinician working in a hectic and time-stressed clinic or private practice. Likewise, while the inclusion of practitioners in academic studies of interventions has improved, there still remains a tendency for an "ivory tower" perspective to reign supreme when considering new interventions. But what works under the controlled environment of carefully selected therapists working with carefully selected clients, using detailed protocols for which they have been well trained, simply does not reflect the real-world life of clinicians "in the trenches" (Wolfe & Jordan, 2000). Clinicians in thanatology need brief and "to the point" summaries of empirical studies that are likely to directly affect their clients. The trend towards inclusion of practicing clinicians in research teams can help with the planning of and dissemination of "research that matters" to the field. Likewise, careful consideration by researchers of how the findings can successfully be disseminated to and adapted by clinicians will be important moving beyond the narrow audience of other researchers. The pioneering efforts of Sandler, Ayers, and their colleagues to translate their findings into practical

interventions for diverse clinical settings come to mind as an outstanding model of how this difficult bridge can be successfully crossed (Ayers, Kondo, & Sandler, 2011; Sandler, et al., 2008).

I would also hope to see more studies of end of life and bereavement interventions that are commonly used in the field, but poorly studied. For example, bereavement support groups for people bereaved by suicide are a widely employed form of help that is offered to survivors, and there is considerable anecdotal evidence that they can be very helpful for many people. However, there is a paucity of studies that support this commonly used form of intervention (Cerel, Padgett, Conwell, & Reed, 2009; Jordan, Feigelman, McMenamy, & Mitchell, 2011; Jordan & McMenamy, 2004).

We need to see more studies that compare and contrast the varieties of bereavement experience among people from different ethnic and cultural groups in various societies. This also applies to the study of gender differences in bereavement. While the number of cross-cultural studies of bereavement has increased, the vast majority of research is still being done with middle-class people in the developed world who are help-seeking and comfortable with traditional forms of end-of-life or bereavement support (support groups, formal grief counselling, etc.). We still really have no idea as to whether the same principles of bereavement care that seem to be helpful for people who typically participate in thanatology research will have relevance to people coming from religious and ethnic backgrounds that are rarely studied – or people who are unlikely to make use of the traditional medical/mental health support infrastructure that currently exists.

I also believe that we will see growth in the range of end of life and bereavement related topics that share a natural intersection with other fields of study. These can include new theory and research from traumatology, neurobiology (particularly attachment research), psychosocial aspects of medical care, and the study of human social networks and their impact on stress resilience. Research and practice in thanatology will benefit greatly from the inclusion of new developments from these related areas of scholarship and research.

Last, but not least, I hope that the growth that has emerged in thanatology around incorporating research into practice, and informing the research process with relevant input from clinicians, will continue to move forward. There has been substantial progress in building a necessary bridge across this all too common divide in our fields of endeavour and areas of expertise. Nonetheless, the bridge is far from being complete, and the cultural attitudes of researchers and practitioners towards those on the "other side" still have far to go before a truly collaborative enterprise emerges. Hopefully, in another decade, we will witness the construction of a truly beautiful structure for our field – a "peace bridge" that will enhance exchange between the inhabitants of these different but interdependent endeavours – research into bereavement processes and interventions, and the application of this research for the betterment of all who struggle with the human experience of grief.

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