

# Grief counselling efficacy

## What have we learned?

### Dale G Larson

PhD  
Professor of counselling  
psychology  
Santa Clara University



**Abstract:** The growing debate within the bereavement field about the efficacy of grief counselling offers two contrasting viewpoints. At one extreme is Neimeyer's claim that 'such interventions are typically ineffective, and perhaps even deleterious, at least for persons experiencing a normal bereavement'. At the other is the more cautiously optimistic position of Larson and Hoyt, who argue that studies of grief counselling as typically practised demonstrate levels of effectiveness similar to those found for traditional psychotherapy, and that there is no empirical evidence to support claims of harmful effects. This article summarises the key findings and claims in this debate, explores factors that might have contributed to an uncritical acceptance of the claim that grief counselling is harmful, and recapitulates the authors' view that the empirical data on outcomes from grief counselling give cause for cautious optimism.

**Keywords:** Grief counselling, efficacy, effectiveness, outcomes, psychotherapy

### William T Hoyt

PhD  
Professor of counselling  
psychology  
University of Wisconsin-  
Madison



Most grief counsellors feel good about their work assisting people to cope with the universal and potentially devastating experience of loss. Anecdotally, we often get positive messages from our clients about the benefits of the services we provide. They tell us that individual counselling, support groups and other bereavement interventions are invaluable to them in coping with their losses. The high level of demand for these services further attests to the perceived value of these interventions for bereaved clients.

As trained mental health professionals, grief counsellors are also aware that these generally positive clinical experiences are only one source of data about the effectiveness of what we do. Our own clinical impressions and our clients' grateful testimonies might provide an exaggeratedly positive picture of outcomes for a variety of reasons (motivated or selective recall, social influence processes, for example). Our field also depends on more systematic research findings to understand what works and how well.

In the last decade, a consensus appears to have emerged in the scientific literature that grief counselling may not work as well as our anecdotal experiences would indicate. Meta-analyses – quantitative summaries of outcome

studies – have been interpreted as yielding rather pessimistic conclusions about the benefits of bereavement interventions. Most disturbingly, many reviewers have raised the possibility that grief counselling may actually harm a significant proportion of the clients we seek to help.

The purpose of this article is to summarise some of the questions we have raised in previous articles (Larson & Hoyt, 2007a; 2007b) about the empirical basis for these pessimistic claims, and to offer what we believe to be more accurate interpretations of what we can learn from the empirical literature available to us. It will also offer some reflections on what the controversy over grief counselling research can teach us about how science informs practice, and propose lessons that both researchers and practitioners can draw from the scientific literature.

### Is grief counselling harmful?

In 2000 Robert Neimeyer authored a commentary in the journal *Death Studies* (in support of an article by CG Davis and colleagues in that same issue) in which he argued for an expanded conception of meaning in grief counselling and provided research evidence suggesting that existing approaches were not working well

(Neimeyer, 2000). He began his article with the following statement:

'A comprehensive quantitative review of published randomized controlled outcome studies of grief counselling and therapy suggests that such interventions are typically ineffective, and perhaps even deleterious, at least for persons experiencing a normal bereavement.' (p541)

He went on to substantiate this claim by reporting in detail the findings of a recent dissertation completed under his direction by Barry V Fortner (1999). The dissertation was a meta-analysis of grief outcome studies designed to summarise, quantitatively, the conclusions of empirical research to date on the efficacy of treatments for grief and loss. Perhaps the most important findings involved an analysis of deterioration effects using what Neimeyer described as a 'novel [statistical] procedure' (the treatment-induced deterioration effects, or TIDE, procedure), which led Fortner to conclude that nearly 40% of treated clients in these studies were worse off by the end of the study than they would have been in the absence of treatment. Further, when the analysis was restricted to clients with 'normal' grief, the deterioration effects were even higher – close to 50%.

Neimeyer's article was influential. When we conducted a review of the literature in 2006 for our response to Neimeyer (Larson & Hoyt, 2007a), we found it had been cited more than 20 times in scientific journals – not only in specialised journals concerned with the study of death and dying but also in journals disseminated to a broader audience such as the *Journal of Personality and Social Psychology* and even the flagship generalist journal for US psychologists, *American Psychologist*. These claims were the basis for a very pessimistic evaluation of bereavement interventions that appeared in the Center for Advancement of Health's (CFAH, 2003) *Report on Bereavement and Grief Research*.

Moreover, Neimeyer's claims entered the more populist media. They featured in a 2007 report in the magazine *Newsweek*, in which author Sharon Begley (2007) claimed that tens of thousands of psychotherapy clients are harmed each year in psychotherapy – a state of affairs that she implied was a well-kept secret in the psychotherapy research community. His claims were also used in an episode of the US television series *Boston Legal* (9 October 2007), when attorneys used his article as a basis for a lawsuit against a bereavement counsellor. They claimed that the therapist had neglected a legal obligation to warn the fictional client, who had committed suicide, about the potential deleterious effects of grief treatment.

### Basis for claims of harm

Obviously, if grief counselling is harmful to a substantial proportion of clients, the ethical and legal implications for professionals in this field are staggering. However, the claim of meta-analytic evidence of harm is unique in the literature. Meta-analysis is an authoritative statistical procedure for obtaining the average benefit of an intervention but, because the technique relies on summary data (not results for individual clients), it is not clear how an investigator could draw meta-analytic conclusions about differential outcomes for different clients. To examine the scientific foundations of this claim of treatment-induced deterioration effects (TIDE), we reviewed Fortner's (1999) dissertation.

Fortner (1999) offered only a brief explanation – which he (2008) has recently acknowledged was inaccurate – of the TIDE procedure. He made only cursory reference to the statistical basis for the procedure, citing an earlier Master's thesis by Anderson (1988) as the authoritative source for this technique. To date, neither Fortner's report of the TIDE findings nor Anderson's more detailed presentation of the technique and its rationale have been vetted through the traditional peer review process to which scientific articles are

usually subjected. Our article (Larson & Hoyt, 2007a) discussed several problems with the TIDE procedure as Fortner described it, and also reported on a post hoc peer review of Fortner's study in which two methodological experts concluded that there was no scientific basis for the TIDE claims.

We asserted that the time had come for the TIDE claims (and the technique on which they were based) to be subjected to peer review and, if found to be legitimate, published. In the absence of this evidence, we urged the scientific community to stop citing these claims as authoritative. If it becomes clear (and we believe it is relatively clear) that the technique and the resulting claims for harmful effects are not legitimate, we believe it is incumbent on the authors of these claims to publish a retraction, so that the scientific literature and also the popular press will not continue to cite these provocative assertions as scientific findings.

Neimeyer's (2000) article contained another important claim based on Fortner's dissertation – one that has had an equally damaging effect on perceptions of grief counselling. This is the claim that, whether or not we believe that clients are harmed by bereavement interventions, there is little evidence to conclude that they are helped. This claim is based on the relatively small effect size (the improvement observed in treated clients, beyond that seen in the control group) Fortner obtained across the 23 outcome studies he reviewed.

There is not space here for a detailed review of the outcome literature on grief counselling; we have described elsewhere (Larson & Hoyt, 2007a) some of the challenges to this interpretation. In brief, the problem is that many of the studies reviewed by Fortner and others were conducted on participants often recruited via invitations to people on hospital or hospice mailing lists, or via adverts published in the print and broadcast media – samples that are not reflective of the clients who seek grief counselling in the real world.

That these recruitment procedures can sometimes result in experimental samples that do not reflect a typical population of clients seeking grief counselling is clear from meta-analyses that have published findings on variables such as mean delay in starting treatment – that is, the average number of months between the death of the loved one and the time that the bereaved begins counselling treatment. In one meta-analysis (Allumbaugh & Hoyt, 1999) the mean delay (averaged across all 35 studies reviewed) was 27 months. In another (Currier, Holland & Neimeyer, 2007) the mean delay (averaged across the 13 studies reviewed) was 17.5 months. If these lengthy delays between the loss and the decision to seek counselling are atypical, or if the recruitment procedures produce research participants who differ from actual clients in other ways (eg. different levels of motivation for treatment), it is difficult to generalize the effect sizes derived from such studies to grief counselling as actually practised.

This is an issue that research methodologists call ecological validity. For research investigations to be informative about the outcome of interventions, it is essential that the interventions and samples are as similar as possible to the real-world treatments and clients whose outcomes we seek to understand. As we have noted (Hoyt & Larson, 2008):

'It is hardly surprising that research participants not distressed enough to seek counselling would experience only modest decreases in their grief reactions to a death more than two years in the past. Thus, the humble [overall] effect size reflects the low ecological validity of the modal research design. [A more detailed] analysis shows that, for studies of typical clients (who seek counselling on their own within about three months of the loss), effect sizes are comparable to those in psychotherapy generally.' (p379)

Thus Allumbaugh and Hoyt (1999) reported encouraging findings for clients starting treatment

soon after their loss, as did Currier and colleagues (2007) for children and adolescents. A recent comprehensive meta-analysis by Currier, Neimeyer, and Berman (2008) similarly reported strong evidence of effectiveness in those studies that included participants for whom intervention was 'indicated' (ie. studies that assessed for and only selected participants who were manifesting bereavement-related difficulties).

In summary, the evidence appears to support the effectiveness of bereavement interventions with research participants who are typical of clients who would normally seek treatment of their own accord.

### Why were we so credulous?

A striking feature of the TIDE findings is their improbability. The claim that one in three bereaved clients (or one in two clients experiencing normal grief) is harmed as a result of counselling surely flies in the face of common sense and clinical experience. The bereavement field's willingness to embrace these claims of harmful effects raises the question of how we evaluate scientific findings and how science can and should inform the practice of grief counselling. We outline below five factors that may have contributed to the lack of scepticism with respect to the TIDE findings, and consider lessons for researchers and practitioners in promoting scientifically informed grief counselling.

### Peer review provenance

Editorial peer review fulfils a critical gatekeeping function in the social sciences (Weller, 2001). Readers should be safe to assume that articles published in peer-reviewed journals have been judged by a panel of experts in the subject area and found to have scientific merit.

To date, the statistical rationale and findings underlying the TIDE claims are reported only in Fortner's (1999) dissertation. Neimeyer (2000) brought the findings to the attention of the

scientific community and appropriately attributed them to this unpublished source. He stated in a footnote that preparation of a report for publication was in process.

However, as we showed in our 2007 article, subsequent authors referencing these findings universally elected to cite Neimeyer's (2000) summary (or even subsequent reviews of this summary), rather than referring readers to Fortner's unpublished and really quite brief (just 28 pages of text excluding references and tables) dissertation. Thus, it is likely that readers of the articles citing Neimeyer's paper (and possibly even the authors of these articles themselves) were under the impression that Neimeyer (2000) had presented the original report of the TIDE findings – and hence that these findings had been upheld by peer review.

### Acceptance by credible sources

Petty and Cacioppo (1986) theorised that attitude change can result from one of two distinct processes. Central route processing involves a critical and rational evaluation of the argument for the controversial claim. Peripheral route processing involves a less effortful evaluation of the merits of a claim, usually relying on peripheral features of the argument. Such peripheral cues include characteristics of the source – the person or institution that advances the claim. Given that citations of the TIDE findings multiplied in some of the most respected psychology journals, casual readers may have felt unjustifiably reassured about the validity of the claims of harm.

### Appearance of replication

Although a relatively short time has passed since Neimeyer's publication of the TIDE claims, recent authors referencing these claims have sometimes chosen to cite later articles referencing Neimeyer's (2000) paper, or to cite multiple sources in defence of the claim of deterioration effects in grief counselling. This pattern of multiple

citations may have created the impression that the findings supporting this contention had been replicated in more than one investigation, substantiating its apparent validity.

### Statistical challenges

The TIDE findings involved an esoteric application of what, for many readers, is already an intimidating statistical technique (meta-analysis). Unfortunately, it is easy for readers and researchers themselves to be seduced by unreasonable findings deriving from sophisticated analyses, whereas they might be alert to potential errors in similar conclusions based on a statistical technique that was more familiar (or intuitive) to them. In the case of the TIDE statistics, readers were presumably unaware that the only references for this new analytical procedure were a Master's thesis and a presentation based on this thesis.

### The allure of the TIDE findings

Paradoxically, the very improbability of the TIDE claims may have increased their appeal. Although it is natural to assume that well-intentioned helping efforts will promote positive change for their recipients, one job of hard-headed science is to put such commonsense assumptions to the test, and researchers may feel justifiably inclined to emphasise findings that contradict clinical 'lore'. In the popular press, the TIDE claims provided the sort of 'man bites dog' headline that reporters are trained to seek out. Thus, authors in scientific journals and science writers seeking to distil findings for the general public may have been intrigued by the attention-grabbing quality of the TIDE claims, and so were less motivated to identify and critically evaluate the original source of these claims.

### Discussion

Scientific progress is not neat or linear; it depends on an ongoing sifting of the evidence by what Donald T Campbell (1986/1999) referred to

as 'disputatious communities of truth-seekers'. Accurate interpretation of scientific findings is aided by a sceptical attitude and a search for plausible alternative explanations for observed findings. We have suggested that the wave of pessimism about grief counselling at the turn of the century was fuelled by a lack of scepticism about the TIDE claims on the parts both of editors and readers, and by idiosyncratic citation practices that obscured the lack of evidence for deterioration effects.

Dispelling the TIDE claims permits a reconstruction of our views of grief counselling – a shift that is now in process. This new viewpoint is reflected in the 2008 *Handbook of Bereavement Research and Practice* where Stroebe and colleagues (2008) write:

'Neimeyer (2000) argued that bereavement interventions could perhaps even be deleterious, at least for persons experiencing no complications in the grieving process, a claim that became much cited but has questionable empirical validation. It was contested in a recent review by Larson and Hoyt (2007). In our own reviews, we have reported no patterns of harmful effects either.' (p598)

The question of the general efficacy of grief counselling remains a complex issue. Meta-analysis is the preferred method for synthesising research findings but, as we have suggested, meta-analytic results for bereavement interventions need to be carefully considered, given the limited ecological validity of many of the available studies.

Researchers (eg. Bonanno & Lilienfeld, 2008) will continue to debate whether grief counselling can be useful to 'normal' grievers or should be targeted at chronic or pathological grief. More research is needed to clarify how well grief counselling works and for whom. However, our reading of the literature to date leads us to the tentative conclusion that grief counselling tends to be effective for those who seek it out. The lesson for service providers, then, is to 'reach but don't

grab' (Larson & Hoyt, 2007b) when offering counselling services to prospective clients. ■

Allumbaugh DL, Hoyt WT (1999). Effectiveness of grief counseling: a meta-analysis. *Journal of Counseling Psychology* 46(3) 370–380.

Anderson AS (1988). *Does psychotherapy make some clients worse? A re-analysis of the evidence for treatment-induced deterioration*. Memphis, TN: University of Memphis.

Begley S (2007). Get shrunk at your own risk. *Newsweek* 149(24) 49.

Bonanno GA, Lilienfeld SO (2008). Let's be realistic: when grief counseling is effective and when it's not. *Professional Psychology: Research and Practice* 39(3) 377–378.

Campbell DT (1986/1999). Sociology of scientific validity. In: DT Campbell, MJ Russo (eds). *Social experimentation*. Thousand Oaks, CA: Sage, 179–202.

Center for Advancement of Health (2003). *Report on bereavement and grief research*. Washington, DC: Center for Advancement of Health.

Currier JM, Holland JM, Neimeyer RA (2007). The effectiveness of bereavement interventions with children: a meta-analytic review of controlled outcome research. *Journal of Clinical Child and Adolescent Psychology* 36(2) 253–259.

Currier JM, Neimeyer RA, Berman JS (2008). The effectiveness of psychotherapeutic interventions for the bereaved: a comprehensive quantitative review. *Psychological Bulletin* 34(5) 648–661.

Fortner BV (1999). *The effectiveness of grief counseling*

*and therapy: a quantitative review*. Memphis, TN: University of Memphis.

Fortner BV (2008). Stemming the TIDE: a correction of Fortner (1999) and a clarification of Larson and Hoyt (2007). *Professional Psychology: Research and Practice* 39(3) 379–380.

Hoyt WT, Larson DG (2008). A realistic approach to drawing conclusions from the scientific literature: response to Bonanno and Lilienfeld (2008). *Professional Psychology: Research and Practice* 39(3) 378–379.

Larson DG, Hoyt WT (2007a). What has become of grief counseling? An evaluation of the empirical foundations of the new pessimism. *Professional Psychology: Research and Practice* 38(4) 347–355.

Larson DG, Hoyt WT (2007b). The bright side of grief counseling: deconstructing the new pessimism. In: KJ Doka (ed). *Living with grief: before and after the death*. Washington, DC: Hospice Foundation of America, 157–174.

Neimeyer RA (2000). Searching for the meaning of meaning: grief therapy and the process of reconstruction. *Death Studies* 24 541–558.

Petty RE, Cacioppo JT (1986). *Communication and persuasion: central and peripheral routes to attitude change*. New York: Springer-Verlag.

Stroebe M., Hansson RO, Schut H, Stroebe W (2008). Bereavement research: 21st-century prospects. In: MS Stroebe, RO Hansson, W Stroebe (eds). *Handbook of bereavement research and practice: advances in theory and intervention*. Washington, DC: American Psychological Association, 577–603.

Weller AC (2001). *Editorial peer review: its strengths and weaknesses*. Medford, NJ: Information Today.