The profound effect of bereavement is highlighted within this editorial comment by the language and the vivid description of the experiences of the individuals who are working in this area. The impact of bereavement and grief is a loss of identity, a sense of being alone, a feeling of hopelessness, and a sense of loss of purpose. The relationship between therapist and client is one of mutual trust and honesty. Our clients trust us to hold them and share their joys and sorrows. As I have briefly discussed, bereavement and grief have a big impact on each one of us and there is no avoiding it. Therefore, when we are working in this area we must consider how our individual response to death might colour our way of working with clients. All of us are aware of the need to step back from practice and process any personal trauma that might have a detrimental effect on the quality of our work and the support we can give to others. Indeed, within the hospice movement it is general practice not to accept anyone as a volunteer in an emotionally challenging area for two years after their loss. Whilst as therapists we would not normally take such a long break, time is needed to ensure we are able to separate our own material from that of the client and to be prepared to seek our own therapeutic support as and when necessary. For all of this though, I wonder if this is ever entirely possible. Can we ever fully disconnect our own experiences of bereavement from our work? Indeed, are our own experiences a highly valuable part of the therapeutic process we are involved in?

The effects of bereavement, especially of the loss of a close loved one, is a profound life-changing experience. Adapting to a new way of life without that person does not happen overnight. It is time consuming, it can take years, and part of life will never be the same again. Simply put, something will always be missing and memories of sadness will ricochet into everyday living. A memory will be triggered and perhaps a warm thought of past times will press into the mind, but this part of life that this happens frequently in the early days of loss and gradually lessens does not mean that each individual is bereaved or simply that he or she is working through their experiences as they need. Such experiences are part of our client’s world; treating them appropriately, watching, listening compassionately, and non-judgmentally, and referring on for medical intervention is part of our role.

Accepting the normality of the grieving process and the vastly different individual experiences (which certainly include depressive traits and reactions) and timescales is essential. Expecting a prescribed change in a specified time scale does seem to be a rather catch-all approach, potentially leading to instant medication being seen as the cure-all. Bereavement and grief create emotional chaos. A balanced approach is vital. One that puts the client at the heart of the process and focuses on improvement to health and wellbeing, using all the resources we have available.

Identifying details have been changed to protect confidentiality.

Following a career of over 25 years as a counsellor and supervisor, John Crew has recently retired and has a small supervision practice in Swindon.

References

The profound effect of bereavement is highlighted within this editorial comment by the language and the vivid description of the experiences of the individuals who are working in this area. The impact of bereavement and grief is a loss of identity, a sense of being alone, a feeling of hopelessness, and a sense of loss of purpose. The relationship between therapist and client is one of mutual trust and honesty. Our clients trust us to hold them and share their joys and sorrows. As I have briefly discussed, bereavement and grief have a big impact on each one of us and there is no avoiding it. Therefore, when we are working in this area we must consider how our individual response to death might colour our way of working with clients. All of us are aware of the need to step back from practice and process any personal trauma that might have a detrimental effect on the quality of our work and the support we can give to others. Indeed, within the hospice movement it is general practice not to accept anyone as a volunteer in an emotionally challenging area for two years after their loss. Whilst as therapists we would not generally take such a long break, time is needed to ensure we are able to separate our own material from that of the client and to be prepared to seek our own therapeutic support as and when necessary. For all of this though, I wonder if this is ever entirely possible. Can we ever fully disconnect our own experiences of bereavement from our work? Indeed, are our own experiences a highly valuable part of the therapeutic process we are involved in?

The effects of bereavement, especially of the loss of a close loved one, is a profound life-changing experience. Adapting to a new way of life without that person does not happen overnight. It is time consuming, it can take years, and part of life will never be the same again. Simply put, something will always be missing and memories of sadness will ricochet into everyday living. A memory will be triggered and perhaps a warm thought of past times will press into the mind, but this part of life that this happens frequently in the early days of loss and gradually lessens does not mean that each individual is bereaved or simply that he or she is working through their experiences as they need. Such experiences are part of our client’s world; treating them appropriately, watching, listening compassionately, and non-judgmentally, and referring on for medical intervention is part of our role.

Accepting the normality of the grieving process and the vastly different individual experiences (which certainly include depressive traits and reactions) and timescales is essential. Expecting a prescribed change in a specified timescale does seem to be a rather catch-all approach, potentially leading to instant medication being seen as the cure-all. Bereavement and grief create emotional chaos. A balanced approach is vital. One that puts the client at the heart of the process and focuses on improvement to health and wellbeing, using all the resources we have available.

Identifying details have been changed to protect confidentiality.

Following a career of over 25 years as a counsellor and supervisor, John Crew has recently retired and has a small supervision practice in Swindon.

References

The profound effect of bereavement is highlighted within this editorial comment by the language and the vivid description of the experiences of the individuals who are working in this area. The impact of bereavement and grief is a loss of identity, a sense of being alone, a feeling of hopelessness, and a sense of loss of purpose. The relationship between therapist and client is one of mutual trust and honesty. Our clients trust us to hold them and share their joys and sorrows. As I have briefly discussed, bereavement and grief have a big impact on each one of us and there is no avoiding it. Therefore, when we are working in this area we must consider how our individual response to death might colour our way of working with clients. All of us are aware of the need to step back from practice and process any personal trauma that might have a detrimental effect on the quality of our work and the support we can give to others. Indeed, within the hospice movement it is general practice not to accept anyone as a volunteer in an emotionally challenging area for two years after their loss. Whilst as therapists we would not generally take such a long break, time is needed to ensure we are able to separate our own material from that of the client and to be prepared to seek our own therapeutic support as and when necessary. For all of this though, I wonder if this is ever entirely possible. Can we ever fully disconnect our own experiences of bereavement from our work? Indeed, are our own experiences a highly valuable part of the therapeutic process we are involved in?

The effects of bereavement, especially of the loss of a close loved one, is a profound life-changing experience. Adapting to a new way of life without that person does not happen overnight. It is time consuming, it can take years, and part of life will never be the same again. Simply put, something will always be missing and memories of sadness will ricochet into everyday living. A memory will be triggered and perhaps a warm thought of past times will press into the mind, but this part of life that this happens frequently in the early days of loss and gradually lessens does not mean that each individual is bereaved or simply that he or she is working through their experiences as they need. Such experiences are part of our client’s world; treating them appropriately, watching, listening compassionately, and non-judgmentally, and referring on for medical intervention is part of our role.

Accepting the normality of the grieving process and the vastly different individual experiences (which certainly include depressive traits and reactions) and timescales is essential. Expecting a prescribed change in a specified timescale does seem to be a rather catch-all approach, potentially leading to instant medication being seen as the cure-all. Bereavement and grief create emotional chaos. A balanced approach is vital. One that puts the client at the heart of the process and focuses on improvement to health and wellbeing, using all the resources we have available.

Identifying details have been changed to protect confidentiality.

Following a career of over 25 years as a counsellor and supervisor, John Crew has recently retired and has a small supervision practice in Swindon.

References
are noted, it is suggested that assessment of the client’s experience.

In the study, Attention during exploration of a client’s experience of psychological presentation. However, these four categories of depression exist. This is central to transcultural perspectives as, following its completion in Uganda, Ainsworth conducted a second similar study of American babies. This is influential in supporting individuals through existential experiences and processes. Clemmott, a prolific writer within the field of cross-cultural counselling, highlights the impact of culture on psychological presentation.

To explain what is meant by transcultural, I draw on Ainsworth’s description of these children as ‘securely attached’. They had wide acceptance and criticism. Some authors have postulated its association with depression in adulthood, and insecure adult attachment has been widely associated with affective distress such as depression. Others, however, have argued that depression is mostly associated with an anxious attachment style, as well as with personality traits such as neuroticism. The experience of depression through language.

In some belief systems it may be explored with the client interventions that are helpful. In all circumstances the therapist and client must be tentative and aware of the client’s belief system, and language to describe their experience, which may be in contrast to the scientific Western perspective. The experience of depression through language.

Exploration of clients’ experience of depression could be related to their attachment style. Such explorations, where the therapeutic relationship and process allows, should be tentatively done. Clients with an insecure ambivalent attachment, for example, may experience depression and distress and the possibility of their attachment relationships breaking down. Their way of being and attaching may also be played out in the counselling or therapy room, and such clients may find it difficult to make a commitment to the therapeutic relationship. However, it is important to note that attachment should only be seen as a lens to look through during exploration of a client’s experience and the endeavour to understand her or his process. Furthermore, life experience, culture, and transcultural influences impact on individuals in ways that challenge a simplistic understanding of attachment theory as a possible factor in depression. The following exploration of transpersonal perspectives and challenges may highlight some components of practice that may be helpful to the practitioner.

Transpersonal perspectives and challenges

To explain what is meant by transcultural, I draw on Ainsworth’s description of these children as ‘securely attached’. They had wide acceptance and criticism. Some authors have postulated its association with depression in adulthood, and insecure adult attachment has been widely associated with affective distress such as depression. Others, however, have argued that depression is mostly associated with an anxious attachment style, as well as with personality traits such as neuroticism. The experience of depression through language.

In some belief systems it may be explored with the client interventions that are helpful. In all circumstances the therapist and client must be tentative and aware of the client’s belief system, and language to describe their experience, which may be in contrast to the scientific Western perspective. The experience of depression through language.

Exploration of clients’ experience of depression could be related to their attachment style. Such explorations, where the therapeutic relationship and process allows, should be tentatively done. Clients with an insecure ambivalent attachment, for example, may experience depression and distress and the possibility of their attachment relationships breaking down. Their way of being and attaching may also be played out in the counselling or therapy room, and such clients may find it difficult to make a commitment to the therapeutic relationship. However, it is important to note that attachment should only be seen as a lens to look through during exploration of a client’s experience and the endeavour to understand her or his process. Furthermore, life experience, culture, and transcultural influences impact on individuals in ways that challenge a simplistic understanding of attachment theory as a possible factor in depression. The following exploration of transpersonal perspectives and challenges may highlight some components of practice that may be helpful to the practitioner.

Transpersonal perspectives and challenges

To explain what is meant by transcultural, I draw on Ainsworth’s description of these children as ‘securely attached’. They had wide acceptance and criticism. Some authors have postulated its association with depression in adulthood, and insecure adult attachment has been widely associated with affective distress such as depression. Others, however, have argued that depression is mostly associated with an anxious attachment style, as well as with personality traits such as neuroticism. The experience of depression through language.

In some belief systems it may be explored with the client interventions that are helpful. In all circumstances the therapist and client must be tentative and aware of the client’s belief system, and language to describe their experience, which may be in contrast to the scientific Western perspective. The experience of depression through language.

Exploration of clients’ experience of depression could be related to their attachment style. Such explorations, where the therapeutic relationship and process allows, should be tentatively done. Clients with an insecure ambivalent attachment, for example, may experience depression and distress and the possibility of their attachment relationships breaking down. Their way of being and attaching may also be played out in the counselling or therapy room, and such clients may find it difficult to make a commitment to the therapeutic relationship. However, it is important to note that attachment should only be seen as a lens to look through during exploration of a client’s experience and the endeavour to understand her or his process. Furthermore, life experience, culture, and transcultural influences impact on individuals in ways that challenge a simplistic understanding of attachment theory as a possible factor in depression. The following exploration of transpersonal perspectives and challenges may highlight some components of practice that may be helpful to the practitioner.

Transpersonal perspectives and challenges

To explain what is meant by transcultural, I draw on Ainsworth’s description of these children as ‘securely attached’. They had wide acceptance and criticism. Some authors have postulated its association with depression in adulthood, and insecure adult attachment has been widely associated with affective distress such as depression. Others, however, have argued that depression is mostly associated with an anxious attachment style, as well as with personality traits such as neuroticism. The experience of depression through language.

In some belief systems it may be explored with the client interventions that are helpful. In all circumstances the therapist and client must be tentative and aware of the client’s belief system, and language to describe their experience, which may be in contrast to the scientific Western perspective. The experience of depression through language.

Exploration of clients’ experience of depression could be related to their attachment style. Such explorations, where the therapeutic relationship and process allows, should be tentatively done. Clients with an insecure ambivalent attachment, for example, may experience depression and distress and the possibility of their attachment relationships breaking down. Their way of being and attaching may also be played out in the counselling or therapy room, and such clients may find it difficult to make a commitment to the therapeutic relationship. However, it is important to note that attachment should only be seen as a lens to look through during exploration of a client’s experience and the endeavour to understand her or his process. Furthermore, life experience, culture, and transcultural influences impact on individuals in ways that challenge a simplistic understanding of attachment theory as a possible factor in depression. The following exploration of transpersonal perspectives and challenges may highlight some components of practice that may be helpful to the practitioner.

Transpersonal perspectives and challenges

To explain what is meant by transcultural, I draw on Ainsworth’s description of these children as ‘securely attached’. They had wide acceptance and criticism. Some authors have postulated its association with depression in adulthood, and insecure adult attachment has been widely associated with affective distress such as depression. Others, however, have argued that depression is mostly associated with an anxious attachment style, as well as with personality traits such as neuroticism. The experience of depression through language.

In some belief systems it may be explored with the client interventions that are helpful. In all circumstances the therapist and client must be tentative and aware of the client’s belief system, and language to describe their experience, which may be in contrast to the scientific Western perspective. The experience of depression through language.

Exploration of clients’ experience of depression could be related to their attachment style. Such explorations, where the therapeutic relationship and process allows, should be tentatively done. Clients with an insecure ambivalent attachment, for example, may experience depression and distress and the possibility of their attachment relationships breaking down. Their way of being and attaching may also be played out in the counselling or therapy room, and such clients may find it difficult to make a commitment to the therapeutic relationship. However, it is important to note that attachment should only be seen as a lens to look through during exploration of a client’s experience and the endeavour to understand her or his process. Furthermore, life experience, culture, and transcultural influences impact on individuals in ways that challenge a simplistic understanding of attachment theory as a possible factor in depression. The following exploration of transpersonal perspectives and challenges may highlight some components of practice that may be helpful to the practitioner.

Transpersonal perspectives and challenges

To explain what is meant by transcultural, I draw on Ainsworth’s description of these children as ‘securely attached’. They had wide acceptance and criticism. Some authors have postulated its association with depression in adulthood, and insecure adult attachment has been widely associated with affective distress such as depression. Others, however, have argued that depression is mostly associated with an anxious attachment style, as well as with personality traits such as neuroticism. The experience of depression through language.

In some belief systems it may be explored with the client interventions that are helpful. In all circumstances the therapist and client must be tentative and aware of the client’s belief system, and language to describe their experience, which may be in contrast to the scientific Western perspective. The experience of depression through language.

Exploration of clients’ experience of depression could be related to their attachment style. Such explorations, where the therapeutic relationship and process allows, should be tentatively done. Clients with an insecure ambivalent attachment, for example, may experience depression and distress and the possibility of their attachment relationships breaking down. Their way of being and attaching may also be played out in the counselling or therapy room, and such clients may find it difficult to make a commitment to the therapeutic relationship. However, it is important to note that attachment should only be seen as a lens to look through during exploration of a client’s experience and the endeavour to understand her or his process. Furthermore, life experience, culture, and transcultural influences impact on individuals in ways that challenge a simplistic understanding of attachment theory as a possible factor in depression. The following exploration of transpersonal perspectives and challenges may highlight some components of practice that may be helpful to the practitioner.

Transpersonal perspectives and challenges

To explain what is meant by transcultural, I draw on Ainsworth’s description of these children as ‘securely attached’. They had wide acceptance and criticism. Some authors have postulated its association with depression in adulthood, and insecure adult attachment has been widely associated with affective distress such as depression. Others, however, have argued that depression is mostly associated with an anxious attachment style, as well as with personality traits such as neuroticism. The experience of depression through language.