

PRACTICE REFLECTIONS

The Movements of Grief

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The concept of movement and flow reaches into the core of human existence, since nature teaches us its necessity as the seasons move and flow from one to the next. So too, the notion of movement is pivotal to the function of grieving, from the moment loss occurs through to that which is unfolding and becoming. This paper posits three fundamental elements of movement in grief: transience, transition, and transformation. These movements propel nuanced, active, and action-based micro and macro movements to induce healthy bereavement outcomes. Drawing upon the grief literature, clinical observation, and therapeutic reflection, this paper seeks to expand and deepen the therapist's understanding of the grief movements and the interception of each with the client's experience. Viewed from this perspective, it will enable the therapist to listen for, observe, hold, and honour the function of each grief movement in a way that enables the client to navigate the deconstructive landscape of loss through to a more integrated and whole experience of life and living.

The experience of grief following loss is known to everyone in one form or another. Navigating loss for the bereaved can be fraught with challenges and difficult for the therapist to both hold and support. This paper offers a perspective on both the grieving experience and how therapists might support clients who present in response to a significant loss in their life. Drawing upon the contemporary grief literature, clinical observation, and therapeutic

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reflection, this perspective refers to the notion of movement as a means to illuminate some of the mechanics of grief that intercept with and are expressed in the experience of loss.

The concept of movement and flow reaches into the core of one's existence. Nature itself is built upon the notion of change, movement, and adaptation. Nature teaches us the necessity of movement to regenerate—moving from one season to the next, re-energising, growing, and bringing forth both death and new life. Movement and flow are both universal and necessary.

Movement is also pivotal to the function of grieving. It propels active and action-based micro and macro movements to evoke survivability following loss, irrespective of whether the loss was expected, sudden, or even welcomed. The movements of grief begin at the moment of prospective or actual loss and continue through layers of processing (psychological, emotional, spiritual, physical, behavioural, relational, cultural) towards a new sense of living in the wake of loss.

The notion of movement and its function in grief is the focus of this paper, which posits there are three fundamental elements that exist in grief movement: transience, transition, and transformation. Building upon contemporary grief models and theories, this paper aims to expand and deepen the therapist's understanding of the important function of these movements as they may intercept with the grief experience. When identified, articulated, engaged in, and actively processed, the mechanics of these movements can enable a person to carry their experience of loss in a way that leads to healthy bereavement outcomes. Conversely, if a person is inhibited through these grief movements, they may experience a sense of "stuckness", feeling unable to move beyond the loss narrative. This may lead to an inability to process and integrate the loss experience in a way that moves them towards a more transformed healthy state of being.

The Language of Movement in the Grief Literature

Language used in both formative and contemporary grief theories and models strongly echoes the centrality of the concept of *movement and motion* in response to loss. Kübler-Ross (1969) proposed the term stages of grief, which alludes to movement within one's internal and external disposition to process and accommodate loss. Similarly, Worden's (2009) Tasks of Mourning refer to the importance of movement: from processing the reality of the loss, to adaptation and change, through to a new connection with what has been lost. In Worden's model, it is possible to hear the echo of movement (e.g., emotional, psychological, spiritual, relational) from "what was" to "what will be". The Dual Process Model, as proposed by Schut and Stroebe (1999), describes the actions of oscillating between the stress of loss and that of restoration. Parkes (2001) offers a pendulum motion from one state of being to another. Clark (2001) further contributes to understanding of the movements in grief by offering the construct of the Grief Map: a framework for therapist and client to interact collaboratively in

understanding the client's grief movements, further informing adaptations or inhibitors. Of importance to note is that each of these models or theories, as well as the three grief movements introduced in this paper, recognises that grief movement is bi- or even multi-directional rather than linear or unilateral. Grief movements may be revisited and negotiated as many times as required to enable growth and healing in relation to the specific loss(es) being experienced. Further, not all clients will overtly interact and engage with all three movements. For example, some clients with a strong religious faith may independently navigate the movements of transience with steadiness and a sense of solace grounded in their belief system, thereby needing no further attention in therapy.

Scattered throughout the grief literature are commonly used terms that nuance the gravity of movements as essential to the grieving process. These include terms such as *process*, *adaptation*, *moving through*, *adjustment*, *growth*, *grief work*, *moving beyond the loss* and *transformation*. Conversely, the language to describe an absence of movement in grief relates to a sense of being derailed or stuck. This notion of being stuck is recognised in research predominantly in the form of symptoms consistent with prolonged grief disorder (American Psychiatric Association, 2022), more commonly referred to as complicated grief (Prigerson, 2004; Shear, 2010). Findings regarding complicated grief suggest movement is not occurring at a pace or in a way that is considered clinically appropriate to manifest good bereavement outcomes or would be considered the norm socially or culturally (American Psychiatric Association, 2022; Prigerson, 2004; Shear, 2010). Studies offered by Shear (2010) and Prigerson (2004) describe characteristics of stuckness as an absence of movement, inappropriate movement such as preoccupation, rumination on aspects of the loss experience, degrees of living dysfunction, wallowing, and reluctance or resistance to move. Clients may articulate their experience using similar language, such as “I feel empty, lost, stuck, robotic, numb”, or “disconnected from those around me and unsure how I can go on”. It is important for therapists to explore thoroughly the “stuck” experience with the client to understand the factors that might be inhibiting movement. These may include fear of moving beyond the loss, guilt or perhaps a sense of inadequacy to navigate what is required for internal and external change. Insight into the lack or complete absence of movement will further guide actions necessary to lead towards movement once again. In the absence of this exploration, the client is at risk of being misrepresented as experiencing depression, anxiety, and/or trauma when this might not be the case.

Three distinct movements can be applied to grief: transience, transition, and transformation. Integrating these movements into therapeutic grief work aligns with and complements current contemporary grief models and concepts (Jordan, 2009; Neimeyer & Thompson, 2014; Sands, 2009; Worden, 2009) in an effort to enable healthy bereavement outcomes. For the purpose of this paper, reference is made specifically to the movements as

they occur in grief following a death. In addition, real client examples will be shared throughout the paper to illustrate some of the concepts. Names have been changed to preserve confidentiality.

Transience

Arctic beauty resides in its gestures of transience. Up here, planes of light and darkness are swords that cut away illusions of permanence. (Ehrlich, 2001, p. 117)

Loss is a human experience that sharpens the focus of both the meaning of that which has been lost and how one might continue to live in the wake of the loss. Further, what is often at work, but less articulated, is the impact a death has on one's view and felt experience of the transience and brevity of life itself. We acknowledge grief as a normal response to loss; however, what is often overlooked and unarticulated is how deeply the foundational and often unspoken view of mortality is both confronted and experienced when death or loss enters one's life.

Faced with the permanence, certainty, and nearness of death, the existential plight of life's relevance and meaning break through the surface of one's perceptions of control, order, and certainty. This is more often experienced when the mode of death is sudden, unexpected, and/or violent (Janoff-Bulman & Berg, 1998). The transient nature of human existence is thrust upon a person without notice, threatening the illusion of human capacity to control the elements and timings of life itself. Awareness of the transient nature of existence can ignite the emergence of inner movements connected to a person's concept of self, mortality, world, and spirituality.

The notion of transience spans many academic disciplines, and philosophers and poets have explored transience and life's impermanence throughout the centuries. Heidegger (as cited in Fletcher, 2019) challenges his readers to spend more time in graveyards, a reference that points to what he believed was necessary to integrate the reality of transient existence with daily life. In instances that the bereaved turn away from the face of transience, encouraging their capacity to turn towards it, to be curious and questioning, may open the possibility for new movement by providing a sense of purpose, value, and meaning in living. Similarly, Buddhism does not evade the presence of death and impermanence but rather uses it as a mechanism to embrace the richness of life (Gunaratna, 1994). Freud and Rilke (Freud, 1917/1957) muse together over the impact of transience on their lives and wellbeing: working as a psychoanalyst and vocational poet, respectively, each concludes there is a need to face transience as a necessary step in the mourning process, which, if not undertaken, is in their minds "a revolt against mourning" (p. 306). Derrida (2001) takes a more relational stance towards transience or, as he refers to it, finitude of life, situating the poignancy of the loss within what was cherished as well as lost in the relationship itself.

Recognising one's transient existence can bring with it an increased sense of vulnerability and fragility: "By virtue of 'having' (a body, others, experiences) we are all vulnerable to loss. We are vulnerable to losing others with whom we are connected, and we are vulnerable to losing ourselves" (Cunsolo & Landman, 2017, p. 8). An awareness of transience exposes a threshold space between life (in which death resides under the protective illusion of certainty and control) and a new reality in which death reveals itself as palpable in its inescapable and irreversible presence. This awareness can move from intense, fearful, and overwhelming to a softened state over time as the bereaved reintegrates their relationship with mortality.

Clients may talk of life "before the loss" and life "after the loss", dividing life into these two distinct categories. The transience that a client may feel can become a tipping point, at which the "old normal" is released and the "new normal" becomes an unmarked path leading a person from life prior to the loss towards what their life might become. This deep awareness permeates and may threaten that which provides scaffolding to their existence. It can be displayed in the form of an existential fear and panic—a knowing that cannot be unknown and will now inform a new understanding of the client's world and their place in it. For the bereaved, the subtle, nuanced internal movements of reflection and exploration can feel empty, frustrating, pointless, inadequate, and without answer or an end state.

A client, Sarah, aged in her 40s, following the sudden, traumatic death of her 11-year-old son, expressed panic and fear at her awareness that as hard as she might work to protect her children, the presumption of her child's longevity had been no guarantee. Her sense of safety in the world and the safety of her other children was shattered. She sat with unformed and unanswerable questions relating to her child's premature death.

As therapists, our capacity to hold and contain this space with openness, calm, and quiet confidence will build safety, containment, and a growing trust and confidence for the client to voice and explore the emerging questions and personal reflections that may arise from this awareness. This stance requires the therapist to have explored the concepts of transience for themselves so they are attuned to the felt experience as expressed by the client. We must experience for ourselves the sensations of leaning into elements of transience to hold, accommodate, welcome, and explore this with the client confidently, without being tempted to avoid or rush past this moment in their grieving.

To permit this experience openly normalises this element of the grief movement, whereas in other contexts it may be judged morbid or focusing on the negative. Thoughts and feelings that focus solely on the transience of our existence can be perceived as fatalistic or indicative of struggle with a mental health disorder. Disclosing such thoughts could also lead the therapist to close down the conversation, subtly or unconsciously, fearful of what might arise. The depth of existential complexity within this grief movement may create a countertransference between client and therapist, creating in

the therapist feelings of helplessness, inadequacy, and being stuck without knowing how to “be with” and support the client through this movement. As uncomfortable as this space can be to hold, it is important to stay with the client and enable them to be present to the mystery of this space. Sitting with the transience of human existence subtly positions and shapes elements of the client’s “being” as a mechanism for shifting into the transitional space. Yalom (2019) writes that “confronting death allows us, not to open some noisome Pandora’s box, but to re-enter life in a richer, more compassionate manner” (p. 9). What can be witnessed in allowing for the movements of transience is a client’s reorientation of values, priorities, meanings, and purpose.

The movement of transience also relates to Worden’s first task, accepting the reality of the loss (2009). Transience speaks to the human phenomena of death as real, permanent, and irreversible. It is only as a person is able to acknowledge these realities of death itself that adjusting to life can truly begin. While the role of the therapist is neither to mandate nor direct the bereaved to confront aspects of transience, within this movement the client needs to have a deepening sense of what it means to confront the death of another.

Transition

Wanderer, there is no road, the road is made by walking.
(Antonio Machado, n.d.)

Change and adaptation are foundational to people’s growth and capacity to survive. However, transition represents more than simply change. William Bridges (1991) differentiates change from transition:

Change is situational (job, house, new child) whereas transition is the process of letting go of the way things used to be and taking hold of the way they will subsequently become ... it takes longer than change, it can have us in limbo, while a replacement reality and new self is gradually being formed. (p. 2)

The death and subsequent absence of someone important in a person’s life not only demands change in their external world but at times leads them to experience a deeper internal movement, as they move from all that was known prior to the loss towards who they are becoming in light of the loss. This transitional experience can feel monumental. Neimeyer and Thompson (2014) reflect on how “the death of a person can undermine the basic storyline of our lives, launching an anguished attempt to make sense of what we have suffered and who we are in its wake” (p. 4).

The movement within transition can be one of overwhelm, complexity, and unfamiliarity: an unknown landscape to navigate in order to survive the loss and all it brings in its wake. Yet, it is in this transitional space that the work takes place. In reviewing and remembering the life of the deceased, it brings into focus an individual’s own life—the relationships, choices, values, priorities, beliefs, and behaviours they have known themselves to be defined

by. However, whom a person was prior to the loss may no longer serve moving into the future. Some aspects of the bereaved's past may continue through transition, remaining part of their future sense of self. Other aspects can be challenged by the loss, leading the bereaved to review and question the appropriateness of such aspects as they redefine and reorientate themselves. Worden's (2009) Task Model of Mourning and Schut and Stroebe's (1999) Dual Process Model offer a framework to assist the therapist and client to create and build healthy transitioning movements. Phillip, 65, who had been in a relationship with Greg since he was 17, described this experience:

I have only known myself in relation to Greg. I don't know who I am on my own and without him. Yes, I have adapted to living in the house on my own, made changes to accommodate life as a single person, but I feel lost within myself ... who am I now?

An important component of this transitional process, which allows for and facilitates healthy transition, is the neutral zone (Bridges, 1991) or the liminal space. If the transient space transports the bereaved to the threshold of grief, the transitional space moves the bereaved into a liminal space where real opportunity exists for review, reorientation, redefinition, and integration of this life experience.

Liminality

The liminal space is that which sits between an awareness of what has been and what will become—a space of “betwixt and between”, of “nowhere and nothing”. It is new territory, unknown, an uncharted space, without form or shape. For most people, the certainty and routine of their comfort zone, their space of “normal”, is what they seek. Landing in the uncertain landscape of liminality and believing this is what the future will look and feel like can be terrifying, overwhelming, and a threat to one's very survival, leading to existential paralysis, resistance or avoidance.

In contrast, the liminal space can present as an opportunity to review, discover, reshape, and create movements towards a rebuilding of sense of self and new purpose in the wake of loss. While loss may deconstruct much of what a bereaved person has known about themselves and their life, the liminal space invites an opportunity to reconstruct some of the fundamental elements of their world, including what they believe, value, and desire. This is not a space to rush, but rather to remain within, intentional, curious, open, patient, and trusting of the micro movements that will ultimately rebuild a person's life into something purposeful and meaningful in light of the loss. Richard Rohr (2004) describes the liminal space as

that graced time when we are not certain or in control, when something genuinely new can happen. We are empty, receptive, an erased tablet, waiting for new words. Nothing fresh or creative will normally happen when we are inside our self-constructed comfort zones, only more of the same. Nothing

original emerges from business as usual. It seems we need some anti-structure to give direction, depth and purpose to our regular structure. (p. 135)

Meaning Making

Loss can disrupt a person's understanding of the world, how they make sense of it and situate themselves within it. This disruption can emerge most often in the space of transition. Neimeyer and Thompson (2014) use a constructivist view to assist in the review and re-creation of meaning making following a loss. They posit that

in the context of bereavement ... it might involve two overarching narrative processes: the ability to process the event story of the death itself and the ability to access the back story of the relationship to the deceased in a healing fashion. (pp. 4–5)

Benner (2016) expands on this idea in the context of his work on meaning and suffering:

What we ultimately need to make suffering sufferable is not a philosophical or theological meaning of suffering but eyes to see the meaningfulness of living. What we need is not to figure out the meaning of life, but to discover a meaningful way of living life. For this to happen we must allow the meaning to emerge from life itself, not what we can get out of it. (pp. 42–43)

Further, the meaning that is ultimately attributed to any kind of suffering or loss must be robust enough to hold the weight of the suffering endured or, as Kelly is attributed as stating, “the key to man's [sic] destiny is his ability to reinterpret what he cannot deny” (as cited in Bugental, 1976, p. 283).

For some who are grieving, the meaning they attribute to a significant loss may be built on and reinforced by their current understanding and worldview; however, for others their worldview may be shattered and deconstructed to the point at which the grieving experience becomes the place wherein they begin tentatively to reconstruct and renavigate their understanding of the world and their place in it. One of the questions that will often sit at the centre of this reconstruction is how the client makes sense of or understands the loss itself and how it relates to their life.

The micro movements that constitute the reconstruction of a client's sense of self require of the therapist, above all else, patience and trust in the client and the space provided for them to explore and question. Transitioning into a new sense of equilibrium requires a willingness to explore new ways of observing, interpreting, and being in this existence. This process is not one that can be rushed or forced and will be directed by the client and their readiness to navigate this aspect of their grief journey.

Working together, client and therapist can reflect on and identify the impacts of the loss (i.e., what the loss is beyond that of the person who died), what made life meaningful prior to the loss, and what remains of this now. What are the micro movements already occurring that suggest a level of coping within the liminal space? What is transition asking of the bereaved (e.g., practically, relationally, emotionally)? What are the resources available (e.g., strengths, finances, confidence level) and challenges (e.g., guilt, dissolved relationships, distrust)? This space of transition invites a movement of letting go of expectations, beliefs, and some relationships and taking up new ones. It is not uncommon, at the suggestion of trying something new, to hear the client state, “But that’s not me, I have not done that in the past”. What the client may be suggesting is that this is an unfamiliar part of self; this is not who they have always known themselves to be. But this does not mean it is not within them. The therapist can invite the client to review who they knew themselves to be prior to the loss and consider those aspects that feel appropriate to carry through to the transformed self and what new aspects might need to be explored, upskilled, and integrated into their new way of living and being. Is there a willingness to remain open to the new?

The therapist can gently encourage a healthy relationship with the transitional space, reframing it from being a “nothing” or “nowhere” space, one to be feared or moved through as quickly as possible, to one that is forgiving and necessary. The space of transition can allow a pause for review and consideration, an opportunity to recalibrate in order to rebuild and regenerate. The therapist can bring reassurance and steadiness when the client may feel uncertainty, unknowing, and despair. This is not a movement to be skipped; its necessary motions shape and manifest transformation.

Resistance to transition is possible. Strong sensations of fear, guilt for moving on, reduced confidence, and feelings of overwhelm can lead some to resist what is necessary to fully adapt to the loss. The therapist may recognise this resistance following any suggestion to explore movements for change. It is important to respect the function of resistance in grief by using this as an opportunity to explore more deeply what resistance represents for the client at this time. A common resistance to change resides within fear of forgetting the deceased, of disloyalty, and of guilt for moving on with life when the deceased is no longer able to, or feeling completely ill-equipped to know how to. A therapeutic holding of compassion, understanding, patience, and continued gentle exploration of the experience will allow the client to gradually move through these resistant thoughts and feelings when they are in a place of readiness to do so. Applying the principles of the Dual Process Model (Schut & Stroebe, 1999), the therapist can guide the client through oscillating movements of transition: making day-to-day adjustments to life, including daily activities, routines, and relationships, as well as maintaining an enduring connection with the deceased, for instance, by reliving memories, reflecting on the bond that drew them into each other’s lives, illuminating the meaning of the relationship shared.

A therapist may be tempted to hurry along the transition before the client is ready. Transition takes time to ensure each of the occurring movements lead towards a congruent (enough) transformed sense of self that is becoming. Transformation results from a considered process of reflecting, exploring, and trying new aspects of self; a compassionate acceptance of some movements not landing right the first time; and an embracing of the freedoms of movement in this space. All of this takes time, patience, and trust in the potentiality of the micro movements.

Transformation

Mourning has to do with agreeing to undergo a transformation, the full result of which one cannot know in advance. (Butler, 2004, p. 21)

Transformation is the state of having moved or shifted into a new sense of self following the unscripted, ambiguous journey through the transitional space. With respect to Worden's (2009) Model of Mourning, transformation occurs when the tasks of mourning have been attended to, but grief (the experience of loss) remains present. The internal transformational movement is felt as a new sense of equilibrium (albeit different from the pre-loss condition), whereby the chaos of liminality has dissipated and adjustment to living with the narrative of loss feels integrated. Two dimensions of transformation that occur following a death loss are proposed: transformation of self and transformation of the relationship with the deceased.

Transformation of Self

The process of transformation occurs within multiple layers of self. To those witnessing the process of someone transforming, it might be perceived as a natural process that takes place over a certain period of time. However, for the client, the experience may be felt as radical, grounding, life altering, unwelcomed, yet necessary. The bereaved person is accommodating a new "suit" of life. Different personal views and beliefs about self, others, the world, cosmos, and mortality (among other things) may have shifted and realigned to the experience of what life now offers. Life's values, relationships, routines, and future plans that were up for review during transition are now starting to settle in ways that feel appropriate and sufficient for a new sense of living in the wake of death. van Gennep (1960) observes this concept through the lens of the post liminal re-integration of self. Change as a consequence of loss throws to the wind many elements of self, requiring a (liminal) space for it to be questioned and explored. This process ultimately allows for a new normal, resulting in a reintegration into life, in a somewhat altered and transformed state.

Transformation, while sounding like an abrupt, life altering experience, is often nuanced and subtle. For some, the transformed existence finds them living in a way so far removed from whom they knew themselves to be in the

past that it may cause concern and unease for those who bear witness. The new suit is a completely different colour, style, and fit. The transformation of some clients may be judged by others (family, friends, therapist) as less than optimal or even disordered. Optimal transformation is a subjective measure that ultimately only the client can define. The transformed self may be vastly different to the pre-loss self, yet still functional and appropriate from the client's perspective. Nor should it be judged or labelled as pathological until such time as the client states or alludes that the new suit is worn but not the right fit, that the place in which they have landed is not where they want to be, suggesting perhaps a complication in the process of transitioning. An 86-year-old woman speaks of her transformed self following the death of her husband of 62 years:

My family keep pushing me to do more and resume those activities I did before he died. I am not that person anymore. I know I could do more, but I feel that what I am doing now is enough and all I have energy for.

Further, the transformed self can be shadowed by secondary loss experiences. For example, through the process of transition and transformation, the client might grieve the loss of years they could have lived differently, perceiving the past to have been lived inauthentically, less aligned with values and priorities. A 57-year-old husband following the death of his wife to cancer shares the following:

Through our married life, my fear of financial insecurity had me prioritise long work hours and delay fully exploring life, always assuming we had time. With her death, my priorities for work and financial security were no longer important. I now find myself far more flexible in mind, adaptive, explorative and doing things she had always wanted to do; things we could have enjoyed doing together but didn't ... for what purpose and why?

Transformation of Relationship with the Deceased

The movement of transformation in a person's life extends beyond that of self to the relationship with the deceased. Worden's (2009) fourth task of mourning, finding an enduring connection with the deceased, is essentially that of transforming the relationship from the living, physical connection to one that draws on the lived experience of having had connection and attachment with the deceased. It draws upon memories, shared story and relationship, and tangible items of significance in relation to the lost loved one. It incorporates visualisation of the deceased engaging in life and in relation to the client, the voice of the deceased through recall of personal phrases, and even imagined words of guidance from the deceased. Jordan (2009) reaffirms that a longstanding grief task for most mourners "is one of transforming the attachment to the deceased, rather than relinquishing

it” (p. 6). Sands (2009) further notes that transformation involves both “disengagement from the living person and connection or reconnection with a mental representation as the ties with the deceased are transformed” (p. 11). This language of transformation speaks to changes both in the nature and form of the relationship, enabling the client to re-embark on life in a way that acknowledges the loss as well as incorporates the changed nature and relationship with the deceased.

The therapist can be listening for a client’s readiness to engage in relationship transformation. Initially following a death, a non-physical or spiritual connection with the deceased may feel unsatisfactory and insufficient. The client may become dismissive and irritated if they feel coerced or pushed to accept a transformed relationship before they are ready. A mother, shortly after the unexpected death of her adult son and only child, spoke about the push by others to move her towards accepting a new form of relationship with her son: “I don’t want a spiritual relationship with him. I don’t want to be around his belongings and to look at photos ... I want him here with me. I don’t get comfort from memories ... it’s not enough.”

It is important for the therapist to honour the time necessary for the client to accept the reality of the physical relationship having ended, before the client can then turn towards what might still be available and possible with respect to a continued connection, albeit different from what it had been pre-death. It is common to witness the bereaved organically and intuitively connect with the deceased through ritual or holding close personal items of the deceased, music, places, conversations, and memories. Yet, some clients strongly resist the notion of a continued, transformed relationship with the deceased; either they are not ready, it does not align with their values and beliefs, or they fear judgement from others. At a minimum, therapists can gently provide an invitation to consider, one that permits and normalises these concepts of continued but transformed connection.

Conclusion

Viewing the experience of grief through the lens of movement provides a unique perspective from which both to deepen therapists’ understanding of loss and change and effectively support those who present for therapy in response to a significant loss. The intricate layers of connection and attachment within relationships, when lost, can trigger layers of loss in nuanced and particular ways that concern the movements of transience, transition, and transformation. The anti-structure of loss purposefully takes the bereaved on a journey through the unfamiliar terrain of grief that touches on the meaning they ascribe to both the relationship(s) lost as well as how they move into life beyond the loss.

It is not a time to be rushed. Rather, it is an invitation to examine, explore, question, and reflect upon the meaning experienced within these movements, which can then serve as a platform to reconstruct and reorient towards what is possible beyond the loss.

A respect for the function of each grief movement creates space for the client to weave through vulnerabilities, confusions, unknowns, layered pains, and existential mysteries actively and purposefully in order to move towards an examined transformative self.

The capacity of the therapist to provide a sturdy platform on which to support clients well through the movements of grief derives from the therapist's own deep reflection and exploration of each of these movements. As the bereaved navigates the unknown and, at times, uncertain implications of the loss experience, the therapist can hold space in humility and with quiet confidence that allows for good grief work and a healthy reconstruction to emerge within the bereaved.

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