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Grief Counseling: Can It Be Harmful?
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Deterioration Effects in Grief Counseling: In Search of
the Evidence

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Center For Advancement of Health

“Neimeyer (2000) conducted a meta-analysis of 23 scientifically adequate outcome studies of grief therapy published between 1975 and 1998. To be included in the meta-analysis, studies had to offer a psychosocial intervention (psychotherapy, counseling or facilitated group support) and randomly assign participants (who had to have experienced the death of a loved one) to control and intervention groups (Neimeyer, 2000, p. 543). Two measures were used to characterize the effectiveness of the studies. The first was provided an estimate of the degree of benefit associated with participation in the intervention. The second was an estimate of “treatment-induced deterioration, which represents the proportion of participants who are worse off after treatment than they would have been if they had been assigned to the control group” (p. 544). For participants experiencing uncomplicated bereavement, there was “essentially no measurable positive effect on any [outcome] variable” and “nearly one in two clients suffered as a result of treatment” (Neimeyer, 2000, p. 546).” (p. 66)

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

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Selected publications citing the iatrogenic effects findings from Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24, 541-558.

- Center for Advancement of Health, *Report on Bereavement and Grief Research* (2003)
- *Handbook of Bereavement Research* (2001)
- *American Psychologist* (2004)
- *Journal of Personality and Social Psychology* (2002)
- *Psychiatric Annals* (2004)
- *Journal of Clinical Psychiatry* (2002)
- *Suicide and Life-Threatening Behavior* (2004)
- *Death Studies* (2000, 2003, 2004, 2005, 2006)
- *Applied and Preventative Psychology* (2002)
- *Review of Specific Grief and Bereavement Services*, Department of Human Services, Victoria, Canada

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Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24, 541-558.

- Using the traditional Cohen's d statistic, the standard statistic for meta-analyses, the findings for their meta-analysis of a "total of 23 separate studies" (p. 543) were:
 - "To begin with , we found that the mean effect size of .13 was positive, and reliably different than zero, reflecting the superiority of outcomes for treated relative to untreated persons." (p. 544)
 - "The second, more novel procedure allowed us to estimate *treatment-induced deterioration*, which represents the proportion of participants who are worse off after treatment than they would have been if they had been assigned to the control group."(p. 544)
- Summarizing the findings for the treatment-induced deterioration effect (TIDE):
 - "we discovered that nearly 38% of recipients of grief counseling theoretically would have fared better if assigned to the no-treatment condition."
 - "...deterioration effects were substantially lower for traumatized clients (17%) than for normal or unselected samples, for whom nearly one in two clients suffered as a result of treatment." (p. 546)

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A Conceptual, not an Empirical Paper

- Cites a review--
 - Fortner, B., & Neimeyer, R. A. (1999). The effectiveness of grief counseling and therapy: A quantitative review. San Antonio, TX: Annual Meeting of the Association for Death Education and Counseling.
- and a dissertation:
 - “A full report of the study appears in Fortner’s dissertation of the same title, July 1999, University of Memphis, which is now being readied for publication.” (p. 543)
- 1200 words (almost one-fourth of the 2000 article) summarize the research findings and the abstract begins with a summary of that research

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Finding the Data

- There have been no subsequent peer-reviewed publications of the actual empirical study
- The Fortner dissertation remains the only published (but not peer reviewed) record of this study.

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Fortner, B. V. (1999). *The effectiveness of grief counseling and therapy: A quantitative review*. Doctoral dissertation, University of Memphis

- 49-page dissertation with 28 pages of text, excluding references and tables
- "Ten of these studies reported means and standard deviations making possible the calculation of the variance ratio and the treatment-induced deterioration effect" (p. 17)
- "the typical subject was female, who had been bereaved for seven months...the average intervention consisted of approximately seven sessions" (pp. 11-12)
- "the mean treatment-induced deterioration effect is 37%.....In other words, on average 37% of participants receiving treatment would have been better off if they had not received treatment. Although possible, the treatment-induced deterioration effect does not necessarily indicate that these participants deteriorated in an absolute sense by being worse off at post-test than they were at pretest, but instead may indicate that they would have made greater gains had they received no treatment. (p.17)

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The TIDE Statistical Procedure

$$Z = \frac{M_T - M_C}{sd_T - sd_C}$$

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TIDE Technique: Origins Obscure

- Fortner cites Anderson (1998) and Anderson, Berman and Fortner (1998):
 - [As listed in Fortner's Reference section]
 - Anderson, A. S. (1998). *Does psychotherapy make some clients worse? A reanalysis of the evidence for treatment-induced deterioration*. Unpublished master's thesis, The University of Memphis, Memphis, Tennessee, United States
 - Anderson, A. S., Berman, J. S., & Fortner, B. V. (1998). *The evidence for deterioration induced by treatment*. Paper presented at the Annual Meeting of the Society for Psychotherapy Research, Snowbird, UT.
- Both these are unreviewed and unpublished; and neither is currently available in print form.
- Both seem most likely to describe applications of this technique, not the statistical justification.
- In short, neither the statistical approach itself, nor these applications of it, have ever been submitted for any independent review. This technique for estimating TIDE is not accepted within the meta-analytic community, and indeed is completely unknown outside of the Anderson/Berman/Fortner/Neimeyer efforts.

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A Post-Hoc Peer Review

I contacted Dr. Gary R. VandenBos, the APA Publisher and the Managing Editor of the *American Psychologist*, about how to cite peer-reviewed and non-peer reviewed work. He described the appropriate manner in which to do this, and he referred me to the relevant sections of the *APA Publication Manual*. This then led to the question of peer-reviewed articles citing unpublished and non-peer reviewed material, with the peer-reviewed articles then being cited by future authors as "the" citation, without going back to the original unpublished and non-peer reviewed manuscript. I later sent Dr. VandenBos copies of the relevant sections of the unpublished works. He agreed to conduct a post-hoc blind peer review of both the TIDE statistic and the findings reported in the 49-page dissertation, following the procedures that any APA journal would utilize. The reviewers, both national methodological and statistical experts, were asked to consider whether or not the formula for TIDE generates a stable, reliable, valid, and meaningful number that can be interpreted to mean what it is claimed to mean (e.g., a deterioration effect). Both the statistic and findings did not pass this peer review. The two experts conclusively agreed that the statistic is seriously flawed and that there is no valid basis for the 38% deterioration effect statement (or "one in two clients suffered" figure).

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What's Next?

A redux paper by Larson and Hoyt is in preparation that will:

- Report this good news
- Critically evaluate the empirical foundations of the new pessimism
- Make recommendations for preventing any future impact from the TIDE findings
- Urge more responsible actions by the research community
- Go beyond the critique of the TIDE to also examine how standard (and valid) meta-analytic evidence has been interpreted in this area. Although citers of this meta-analytic work have often been quite pessimistic about evidence for effectiveness of grief counseling, we find that this pessimism is not warranted, given the evidence of the most thorough and methodologically sophisticated meta-analytic review.

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Good News, Bad News

Good news:

- The negative findings introduced into the scientific literature by Neimeyer (2000) are not valid and can no longer shape our views of the efficacy of grief counseling. We have the opportunity to restore these views to what they might have been if the TIDE findings had never entered the literature.

Bad news:

- The scientific community has not acted responsibly.
- Damage to the reputation of our profession.

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Impact of the TIDE Findings

The TIDE findings have significantly contributed to an increasingly negative and biased view of grief counseling

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Journal of Personality and Social Psychology

"Fortner, Neimeyer, Anderson, and Berman (reported in Neimeyer, 2000) found that grief treatments produced only a small positive effect, and that an alarming 38% of those receiving grief treatment actually got worse relative to no-treatment controls." (p. 1161)

Bonanno, G. A., Wortman, C. B., Lehman, D. R., Tweed, R. G., Haring, M., Sonnega, J., et al. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology*, 83(5), 1150-1164.

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American Psychologist

Two recent meta-analyses independently reached the conclusion that grief-specific therapies tend to be relatively inefficacious (Kato & Mann, 1999; Neimeyer, 2000). A third meta-analytic study reported that grief therapies can be effective but generally to a lesser degree than usually observed for other forms of psychotherapy (Allumbaugh & Hoyt, 1999). In one of these analyses, an alarming 38% of the individuals receiving grief treatments actually got worse relative to no-treatment controls, whereas the most clear benefits were evidenced primarily with bereaved individuals experiencing chronic grief (Neimeyer, 2000). In summarizing these findings, Neimeyer (2000) concluded that "such interventions are typically ineffective, and perhaps even deleterious, at least for persons experiencing a normal bereavement" (p. 541)."

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20-28.

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- Bonanno's (2004) summary of Allumbaugh and Hoyt (1999):
 - "A third meta-analytic study reported that grief therapies can be effective but generally to a lesser degree than usually observed for other forms of therapy" (p. 22)

Allumbaugh and Hoyt's (1999) actual summary of their research:

- "The moderate omnibus effect size for the studies reviewed may say more about the nature of the studies than about the effectiveness of grief treatment per se. Indeed, our analyses suggest that grief interventions with self-selected clients that begin within a few months of the loss are likely to be as effective or possibly even more effective than psychotherapy in general." (p. 378)

Allumbaugh, D. L., & Hoyt, W. T. (1999). Effectiveness of grief counseling: A meta-analysis. *Journal of Counseling Psychology, 46*(3), 370-380.

Bonanno, G. A. (2004). Loss, trauma, and human resilience: How we underestimate the human capacity to thrive after extremely aversive events. *American Psychologist, 59*(1), 20-28.

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Death Studies

“Neimeyer (2000) summarized an unpublished meta-analytic study of bereavement interventions performed by Fortner and Neimeyer (sic).....They found an overall effect size of .13 across the sample of 23 studies, which closely corresponded to Kato and Mann’s (1999) findings for a smaller sample of studies. They also found that approximately 38%of participants would have had a better outcome had they been assigned to the control, rather than the treatment condition.” (p. 769)

Jordan, J. R., & Neimeyer, R. A. (2003). Does grief counseling work? *Death Studies*, 27, 763-786.

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Clinical Neuroscience Research

“... in summarizing ‘grief counseling’ for bereavement, Jordan and Neimeyer reported that many of the participants (up to 38% in one study) would have had a better outcome by having been assigned to the no-treatment control group as compared to the grief counseling group. Thus, it is possible for therapy to have no positive or even a negative impact on individuals.” (p. 409)

This is a 4th generation citation:

- (4) Current paper
- (3) cites Jordan & Neimeyer (2003)
- (2) which in turn cites Neimeyer (2000)
- (1) which in turn cites Fortner & Neimeyer (1999—Unpublished paper) and Fortner (1999) 49-page dissertation

Craighead, W. E., & Nemeroff, C. B. (2005). The impact of early trauma on response to psychotherapy. *Clinical Neuroscience Research*, 4, 405-411.

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Journal of Personality and Social Psychology

“Indeed, there is growing evidence that indiscriminately encouraging bereaved or traumatized individuals to participate in grief counseling or other forms of crisis intervention is not only ineffective but can actually be harmful (Bonanno, 2004; Jordan & Neimeyer, 2003; McNally, Bryant, & Ehlers, 2003).” (p. 841)

This is a 4th generation citation:

- (4) Current paper
- (3) cites Jordan & Neimeyer (2003)
- (2) which in turn cites Neimeyer (2000)
- (1) which in turn cites Fortner & Neimeyer (1999—Unpublished paper) and Fortner (1999) 49-page dissertation

Bonanno, G. A., Moskowitz, J. T., Papa, A., & Folkman, S. (2005). Resilience to loss in bereaved spouses, bereaved parents, and bereaved gay men. *Journal of Personality and Social Psychology*, 88(5), 827-843.

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Psychiatric Annals

“Similarly, in situations of loss and bereavement, clinical interventions may be appropriate for some,¹² but intensive grief work may be ineffective, and perhaps even deleterious, for others.⁴⁷” (p. 631).

12. Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59(1), 20-28.

47. Neimeyer, R. A. (2000). Searching for the meaning of meaning: Grief therapy and the process of reconstruction. *Death Studies*, 24, 541-558.

This is also a 4th generation citation:

- (4) Current paper
- (3) cites Bonanno (2004)
- (2) which in turn cites Neimeyer (2000)
- (1) which in turn cites Fortner & Neimeyer (1999—Unpublished paper) and Fortner (1999) 49-page dissertation

Reissman, D. B., Klomp, R. W., Kent, A. T., & Pfefferbaum, B. (2004). Exploring psychological resilience in the face of terrorism. *Psychiatric Annals*, 33, 627-632.

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Handbook of Bereavement Research

In a chapter on the myths of coping with loss, Dr. Wortman states:

- “Although a review of the grief treatment literature is beyond the scope of this chapter, a recent meta-analysis of studies on grief therapy raises serious questions about the efficacy of bereavement interventions. Fortner and Neimeyer (cited in Neimeyer, 2000) ...found that 38% of those who received grief counseling showed deterioration as a result of their treatment...when normal grievers were offered counseling, this resulted in no positive effect and a 50% probability of deterioration.” (pp. 413-414)
- More than 200 words summarize Neimeyer (2000)

Wortman, C. B., & Silver, R. C. (2001). The myths of coping with loss revisited. In M. S. Stroebe, R. O. Hansson, W. Stroebe & H. Schut (Eds.), *Handbook of bereavement research: Consequences, coping, and care* (pp. 405-429). Washington, DC: American Psychological Association.

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Sommers, C., & Satel, S. (2005). *One nation under therapy*.
New York: St. Martin's Press.

- Cite Neimeyer (2000):
 - “A 2000 study by Robert Neimeyer of the University of Memphis reported that 38 per cent of subjects receiving grief therapy actually fared worse than a matched group not receiving treatment.” (p. 138)
- Also cite Jordan and Neimeyer (2003) and CFAH *Report on Bereavement and Grief Research* (November, 2003)

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The Irish Times

"Therapy is not always a remedy"

July 19, 2005

Health; Your Lifestyle; p. 2

Quotation from *One Nation Under Therapy*:

"A 2000 study by Robert Neimeyer of the University of Memphis reported that 38 per cent of subjects receiving grief therapy actually fared worse than a matched group not receiving treatment."

This is a 4th and 5th generation citation:

(5) Online newspaper

(4) publishes quotation from *One Nation Under Therapy* (Sommers & Satel)

(3) which in turn cites Neimeyer (2000), Jordan and Neimeyer (2003), and CFAH Report (2003)

(2) two of which in turn cite Neimeyer (2000)

(1) which in turn cites Fortner & Neimeyer (1999—Unpublished paper) and Fortner (1999) dissertation

Sommers, C., & Satel, S. (2005). *One nation under therapy*. New York: St. Martin's Press.

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New York Times

"Often, Time Beats Therapy for Treating Grief" by Jane E. Brody

January 27, 2004

Section F, Column 1, Health and Fitness, Pg. 7

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Possible Negative Effects of the Growing Tide of Opinion

- Grief counseling, and with it all bereavement interventions, become suspect
- Distress is trivialized*
- Bereaved persons become more reluctant to seek help
- Bereavement workers question the value of their efforts
- Bereavement services seen as less valuable by hospice leadership
- Funding for bereavement services reduced
 - *Lazarus, R. S. (1984). In B. L. Hammonds & C. J. Scheirer (Eds.), *Psychology and Health: The Master Lecture Series* (pp. 125-144). Washington, DC: American Psychological Association.

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Lessons for the Research Community

- Rigorously peer review (our profession's anti-virus program) all statistical procedures and research findings
- Don't cite pivotal findings without looking at the original research
- Improve the ecological validity of research on grief therapy, focusing on studies that include participants, therapists, and interventions that are typical of those in actual treatment settings
- Study the effects of interventions across the bereavement intervention continuum and learn more about what works and why it does or doesn't work
- Develop a consensual definition and valid measures of "complicated bereavement"
- Avoid generalizing from psychotherapy research to other bereavement interventions across the bereavement intervention continuum
- Distinguish therapeutic processing of feelings and healthy life review from emotional discharge and negative rumination*, integrative resilience from superficial adaptation and adjustment.

*Austenfeld, J. L., & Stanton, A. L. (2004). Coping through emotional approach: A new look at emotion, coping, and health-related outcomes. *Journal of Personality*, 72 (6), 1335-1363.

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Lessons for the Clinical Community

- Remember that extraordinary claims require extraordinary evidence, and that common sense has a role in science
- As grief counselors (some fine tuning based on the broader bereavement literature):
 - Reach but don't grab! Recognize that helping works best when the people being helped see a problem. Status as a self-identified help-seeker is one of the strongest predictors of clinical outcomes.
 - Expand your concept of the variability of normal grief
 - Don't scratch where it doesn't itch, and don't trivialize distress
- Bolstered by this renewed optimism, never cease in your efforts to maintain your compassion while you courageously assist people to live with hope in a world in which loss is inescapable.

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