



Researching Efficacy and Finding Deterioration

In recent years there has been considerable interest in the effectiveness of psychotherapies including grief counseling and therapy. With regard to the impact of mental health treatment for grief, two issues have come to the forefront: the efficacy of grief counseling and a claim that grief counseling can actually be harmful. The Association for Death Education and Counseling (ADEC) sees the question of efficacy as a significant research challenge, made more complex by variations in methodologies, analytic stances, and preferred approaches toward the vulnerable population of mourners. It is important to note that the question of harm is an ancillary issue within an investigation of overall efficacy. ADEC wishes to emphasize the need for those within the field of thanatology to stay firmly grounded on the broad and complex issues of efficacy rather than focusing solely on recent discussions of potential harm summarized briefly below.

A finding of harm in grief counseling has been cited with regularity in professional journals for the past five years and has begun to appear in the popular media. In the March 2007 issue of *Perspectives on Psychological Science*, psychologist Scott Lilienfeld developed a list of "Psychological Treatments that Cause Harm," and included counseling for individuals with normal bereavement reactions in the "probably harmful" category. In a recent report in *Newsweek* titled "Get shrunk at your own risk"), Sharon Begley (2007) reiterated Lilienfeld's conclusions, claiming that "four in ten who entered grief therapy...would have been better off without treatment" (p. 49). These two examples along with an episode of the television program "Boston Legal" in October 2007 are only the most recent references to the claim that grief counselors are causing harm to a large proportion of those they seek to help. Many scientists who do research in the area of grief counseling have unfortunately accepted the assumption that grief counseling is ineffective or even potentially detrimental—an assumption that is primarily based on the results of one report.

ADEC members, including many who provide grief counseling, want to be guided by well-established research findings.

Dale Larson and William Hoyt (2007) have seriously questioned the claim of harm or deterioration from grief counseling. They note that those who reference this finding cite an influential paper (Neimeyer, 2000) which summarizes the findings of dissertation research conducted by Fortner (1999). The Fortner dissertation is a meta-analysis of 23 studies of grief therapy. The finding of the deterioration effect is based on a subsidiary analysis of 10 of these studies, using a novel statistical technique attributed to an unpublished master's thesis by A. S. Anderson (1998). As Larson and Hoyt explain it, because of the considerable reach of this finding, and because neither the Fortner dissertation nor the Anderson master's thesis (on which the finding relied) had ever been subjected to the peer review process, Gary R. VandenBos, American Psychological Association publisher and managing editor of *American Psychologist*, subjected Fortner's study to a *post hoc* blind peer review. The conclusion of the reviewers was unanimous: there is no empirical or statistical basis for the claims of "deterioration effects" made by Fortner, summarized by Neimeyer, and cited in more than 20 journal articles, and numerous stories in the popular press since its entry into the literature in 2000.

As the "harmful grief therapy" assertion is not supported by peer-reviewed research, ADEC highly recommends that researchers and clinicians alike focus their attention and concern to issues of efficacy. Questions such as, "Is grief therapy effective? For whom and in what form is it effective?" "At what point might intervention work best?" have yet to be answered definitively. The work has begun (Currier, Holland, & Neimeyer, 2007; Forte, Hill, Pazder, & Feudtner, 2004; Schut, Stroebe, van den Bout, Jan, & Terheggen, 2001; Stroebe, Stroebe, & Schut, 2003), but the complexity of the issues demands that much more conversation and exchange occur. Certainly ADEC members should not be deterred from providing appropriate grief counseling to those bereaved in need of our support. At the same time it is important to continue to investigate how well (and for whom) grief therapy helps, an effort that ADEC supports in all its complexity. Given the wide range of methodologies in use and the fragile population of participants such research considers, it is an arduous task. ADEC encourages these efforts to evaluate the

efficacy of grief counseling to improve both the quality of our knowledge of thanatology and our ability to be of service.

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