

# Introduction

Grief is itself a med'cine

(William Cowper, 1782)

*Dying, Death and Grief* brings together new research that integrates sociological and anthropological theories as well as psychological ones. It also addresses areas frequently overlooked in bereavement counselling, including the spiritual and cultural dimensions of grief (Ribbens 2005). In addition it demonstrates how as counsellors and supporters of those who have experienced loss, we can use creativity and dreamwork to extend our repertoire of helping techniques.

Death, pain and disability are unwelcome intruders in our lives yet they arrive unannounced and have to be accommodated. Grieving is a normal response to loss and in the process of grieving, lives are transformed. For some this period of transformation is overwhelming and they require help and support to manage their feelings and this is where bereavement support can be truly beneficial. It is often more flexible than formal counselling: it may take place in the person's home, it may involve practical advice and can take place face to face or by telephone and it does not need a counselling contract. It does not require the same in-depth training as formal counselling though training is an important aspect for volunteers and befrienders who work with the dying and bereaved. Support can come from a variety of sources, family, friends, chaplains and spiritual advisers, self-help groups such as the Compassionate Friends, volunteers and professionals (Alexander 2002). Professionals and self-help organisations can work together successfully to meet the range of needs of the bereaved (Giljohann et al. 2000; Harris 2006; Klass 2000).

Whilst formal counselling is about support it is more specific in that it has professional regulation and counsellors will have undergone lengthy training. They have a theoretical basis for their work and are able to work in depth on complex emotional issues. Many people will consider counselling carefully before engaging in it because for some people, counselling is linked to mental health difficulties and the associated stigma.

Those who opt to come for bereavement counselling do not want to be slotted into a straitjacket of early grief models, which are discussed in the

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first chapter, which emphasises the stages of grief and its resolution. They don't want to feel guilty if they are not grieving in the 'correct' way or if they are not going through the process in the right order. One example of this is described by Sally Taylor, who reported that clients felt that their counsellors avoided some areas such as the sense of the presence of the deceased, sexuality, belief in an afterlife and spirituality. Yet, she says, research has shown that sense of presence of the deceased is the experience of 50 per cent of bereaved people, both in the short term and the long term (Taylor 2005). This is a view supported by the empirical work of Bennett and Bennett (2000). We will explore these areas as ways of enhancing confidence when working with bereaved people.

In a sense what we have is a continuum from those who need basic support or information to those who need more in-depth work where there are issues of complex grief, chronic grief or trauma following violent death (Lindemann 1944). I hope this book will answer the needs of any helper on this continuum. You can choose to work at the depth that is most appropriate for you and your organisation.

It is useful to keep in mind the fact that not all people need or want bereavement counselling. Some clients may find their way to you because other people, such as their GP, partner or employer, think they need it. It's important to clarify their reasons for accessing bereavement counselling at the earliest opportunity since their motivation will affect the effectiveness of the counselling (Prigerson 2004). Most people manage with the help of family and friends but a significant number do require additional support.

The opportunity to have a period of bereavement counselling can bring a great deal of relief to the bereaved, provided the timing, motivation and therapeutic rapport are present. This in turn has a knock-on effect in other relationships, in better physical and mental health and reduced likelihood of the use of drugs and alcohol to mask the pain of bereavement.

As we offer this support we need to recognise our own needs and limitations so that we do not become overwhelmed (Evans 2003). So, in the process of cherishing others make sure you cherish yourself. Take care of yourself. Your safety, and the safety of those you work with, is of paramount importance. It is essential to access supervision and to ensure you have support between supervision sessions. Supervision will enable you to keep your boundaries in place.

At the end of each chapter you will find reflective exercises. These personal awareness exercises are to enable you to learn more about yourself and your feelings and beliefs about dying, death and grief (Gordan 2004). These notes are for yourself, though you may choose to share them with others. Wherever possible have someone available that you can talk to if an exercise causes you distress or puts you in touch with feelings that were unexpected and disturbing. If you are using this book as part of a training course then hopefully the course leader will provide opportunities to share thoughts and feelings in a supportive and compassionate way. It is

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important to address such feelings here and now rather than when they emerge when working with someone who has been bereaved.

Set aside some quiet, private time so you can complete each exercise and have time to reflect. Allow yourself two hours for each exercise. You may complete some more quickly than others but do build in some reflective time. Give yourself several days between exercises so you have time to consider the feelings and thoughts that emerge over time.

Finally, it is a privilege to work with those who are dying or have been bereaved. We may find our lives are transformed in the process just as the lives of those we help are transformed. Included are stories of people I have worked with though names and identifying details are changed to provide anonymity. Their wisdom, courage and resilience in the face of tragic bereavement has taught me a great deal and this book is an opportunity to share that knowledge. I hope *Dying, Death and Grief* will be a positive guide as you travel the path of loss.

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Throughout the text I have used he and she interchangeably to indicate the gender of the person I am referring to. Also, I have changed names and minor details to ensure client confidentiality.