CONFRONTATION IN BER



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INTRODUCTION

Although helpers may have received lengthy training in counselling, have read many books and have years of experience, they frequently report that nothing happens when they try to counsel a person. Under supervision, each counsellor will report a good, firm relationship with the client, endless history and considerable understanding of the client's problems. What is missing is often the ability to lead the client towards decisions that are helpful. This is the process in counselling called CONFRONTATION.

Aftermath of a Suicide continued

the better. A social life won't come to you—the world and society owes you nothing.

I am aware that I have left immense gaps in this account, and one in particular—the tremendous support of my mother and other friends. One of my greatest assets was a happy childhood.

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Younger daughter, aged 16:

When my father died, we moved house. I think the earliest memory of that time is sitting on the stairs of that house with my mother; and my sister and I were crying because we did not want to leave that house. I do not remember thinking that my father had died, just the horror of having to leave our lovely cottage.

My next memories are those of waiting alone, outside the school gates after all the other children had gone home, waiting and wondering when Mummy would arrive to take me home.

I also remember playing on my grief—it was an excuse to gain sympathy and attention. I used to make up stories to my friends about how Mummy and Daddy had a big argument, and Daddy had left in a great temper. I remember one particular occasion when I made a huge affair with my closest friend, about how I thought my Mummy and Daddy were divorced before he died—that was total rubbish, but it gained my friend's sympathy and attention.

I cannot say that I have missed having a father, because I have not ever truly known life with a father. I do, though, sometimes wish that I had him here to be my friend. About a year ago I was upset over something and I wanted so much for him to come down from wherever he is, and to hold me. I remember thinking: 'Now, in all the films he'd descend from above in a silver cloud, but is he? No!'

My sister, Mummy and I are all close, and we know that we are never alone—we have the support of others there if we need it—and of course, the love. We are very much a family, and just as happy as any family with two parents. Indeed I often think we are a lot happier and have a lot fewer problems than some families with both parents.

* * *

Older daughter, aged 18:

I feel it is important to let people know that my father is dead rather than let them think my parents are divorced because I never mention the presence of a father. It has made me very protective over my mother in many varying situations, and I become aggressive whenever I feel she is threatened—by either men or women. Although I am not anti-men, I have been jealous of Mummy's lovers since I was so used to having **all** her attention. Not now; a sign of my maturing, I suppose.

At times I had bad dreams and dreamt that Daddy had come back, but he was completely normal in appearance. It was, however, awful, since I thought I had come to terms with his death but now assume it to have been a sign that I hadn't. I now would find it hard to accept a father-figure in the house—a lover, yes, but not a substitute father. But nevertheless, when I am with friends who have happy close families I do miss all the things that having a father seems to mean, and then I realise that I miss him.

Difficulties with confrontation usually begin with the counsellor. The word itself often inspires fear. Everyone has seen or experienced the devastation inflicted by irresponsible personal assault. Until confidence can be found, the caring helper will withdraw from being involved in a process that can hurt. After all, isn't the bereaved person, my client, suffering enough?

In fact, confrontation enables the client to move on from stalemate or block to active consideration of change. Change is not some thing to be feared. We are all changing. Life is a process of change. When I cease to change, I am dead. Effective counselling is concerned with change. Once the need for change has been accepted then decisions can be taken. Indeed, confrontation may be regarded as the pivotal skill in all forms of counselling.

Caricatures of confrontation are best seen as ineffective confrontation, such as commanding, admonishing, threatening, exhorting, preaching, moralising, advising, offering solutions, lecturing, giving logical arguments, judging, criticising and blaming. Real confrontation is a process in which the client is either helped to identify strengths, to face the reality of those strengths and then to go on to make decisions about their further development, or helped to identify and face a weakness in her behaviour in a way that makes a demand for change that is implicit but not authoritative.

WHEN AND WHERE TO CONFRONT

Confrontation should be offered whenever a topic in a story is returned to repeatedly or when a "hole" in a story is suspected, (an example, part case history, is given

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below to illustrate how this can be achieved). It can also be offered wherever discrepancies in a story become apparent; when distortions of reality are introduced or when self-defeating attitudes or beliefs are spoken about. Games, tricks and smoke screens to hide the truth are sometimes used by clients or problems presented as insoluble (e.g. "It is no good; I cannot have him back"). Finally the counsellor should confront when the client fails to own the problem. This last difficulty arises so often in relationships with surviving family members, (e.g. "Yes, I still have my brothers and sisters but they have not visited me since the day of the funeral." She may be saying: It is their responsibility to visit me, not mine to seek them out.)

HOW TO CONFRONT

There are five basic rules for confrontation:

(1) Always confront gently.

(2) Precede confrontation with an "empathy statement". That is a statement which displays the counsellor's knowledge and understanding of both feelings and behaviour present in the client.

(3) Confront strengths rather than weaknesses. It feels less intrusive to be asked to face something one is good at doing rather than failing with at.

(4) Always confront behaviour and experiences, **not** feelings.

(5) Always follow confrontation with a positive suggestion for possible alternative behaviour. This is particularly important when confronting negative aspects of behaviour.

In addition to the basic rules, it is also important not to confront too early. Allow plenty of time before offering confrontation. Listen to the story two or three times, or allow the client to go on so that you can display more and more empathy. It is not enough that the client has confidence in your knowledge and authority but also confidence in you as a person before you offer confrontation. In practice, confrontation is seldom offered in the first session of counselling. Helping a person to face up to unimportant facets of her life is not directly useful confrontation but may be helpful in training the client to respond to the process of confrontation.

The following short example will indicate the sort of words to use; the purpose is given in brackets at the end of each part:

The client is a 45 year old widow with three children whose unmarried sister came to stay after the husband's death to help look after the family. Both sisters go to work. The counsellor has been listening and responding to her story for 50 minutes. The counsellor now decides to confront the client's behaviour.

Counsellor: You feel abandoned because your sister has walked out on you. (empathy statement). You admit that you have nagged her and did little to help keep the house tidy. You seem to have turned on the children. You say that life is unfair and you're always the victim. (recapitulation of relevant parts of client's story). I wonder if your view of life has become distorted? (confrontation). Perhaps if you could see it another way you might be able to work things out differently. (offer of possibility of alternate solution).

CASE OF SALLY
(not her real name)

Sally (52 years) came to Cruse seeking help fourteen months after the death of her husband. Her presenting problem was expressed as: "I just can't cope. I am just going to pieces."

She recounted how her husband had had a heart attack and recovered. During the next three years he had four more heart attacks but she was able to nurse him through these (she had been trained as a nurse but had not practised professionally for 20 years, that is, since she married George). At this point she diverted to tell how George had been a wonderful husband, provided her with a marvellous home. "We had been so happy together." They had no children but she had a daughter in a previous marriage who lived "down South", (i.e. in England). She (her daughter) and George got on well together. "We were a happy family." She now has two grand-daughters but she doesn't see them very often.

Once again she turned the story to go back to the events of George's death. "We were asleep in bed and I awoke. I could feel that something was wrong even though I was only half-awake. He was having another heart attack. I looked at the clock it was 3.00 in the morning. I didn't know what to do and just lay there. I was not properly awake. George seemed to be getting worse. He was curled-up with pain. I got out of bed and went downstairs to telephone the doctor. He was very good; told me not to worry. He would be over as quickly as possible. He arrived ten minutes later but when we went up to see my husband he told me there was nothing anyone could do. He was already dead. I just collapsed then, I suppose."

Long pause in story . . .

"After that it was a nightmare of getting everything organised.

Pause . . . She went on to talk about how she was now living. Her relationship with her sister was not good. She implied that her sister was just selfish and was only concerned with herself.

Another pause . . .

"My first husband's death (she was married at sixteen) I seemed to get over even though he was killed in an accident. They said it was an accident, but I never believed them and I was quite unprepared for it. I was shattered at the time. Dad and Mum were a great help after that, particularly Dad. I could talk to him".

Later she recounted how her father had died just one year after her second marriage and then her mother died some 14 months later. Her father was very close to her. She loved him and missed him greatly. She still does. Apparently she coped with her mother's death better than her father's. Now—"I am just going to pieces."

THE CONFRONTATION

In the next two sessions she went over the details of the four deaths in her life in more detail but each time she kept returning to her latest experience. On reflection it became obvious that the story she was telling was incomplete—something was missing. She was able to talk about the first three deaths quite openly even though there was still a lingering grief over her father's death. She was avoiding something! On repeating the story of her second husband's death for the fourth time a gap was noted and confrontation attempted.

Counsellor: Sally—you have told me this story four times now. You feel guilty because you didn't do anything immediately when you became aware of your husband's last heart attack. I have a sense, however, that that is not the real problem. I think something happened that you haven't mentioned yet. Perhaps if you tell me we could get to the heart of the matter and even resolve it.

Sally: (Crying now quite intensely). Yes, I'll try.

Counsellor: You feel fearful because you haven't mentioned this to anyone before.

(continued on p. 30)

Confrontation continued

Sally: (Still sobbing). Yes, (pause—It was obviously requiring an enormous effort to begin). After I got up, I went downstairs to telephone the doctor. He said he would be round in a few minutes, so I rushed upstairs to see what I could do. I ran into the bathroom to get the spare bottle of pills and then into the bedroom. But I could see it was too late. I just stood there and shouted at him: 'You can't die. You mustn't die.' Then the door bell rang and I rushed down to let the doctor in.

She folded up sobbing.

After a few moments, she stopped crying and looked up.

Sally (with a slightly surprised expression on her face): I failed him. I let him die.

Counsellor: This feeling of failure is still with you.

Sally: (pause) Yes. (pause) I know I couldn't have saved him, the doctor told me over and over again there was nothing I could have done to help, but I still feel I have failed him. I should have . . . (she tailed off, stopping again).

REFLECTION AND END OF CASE

To admit personal failure was Sally's problem. She had not only failed her husband, she had failed herself. Until she was enabled to admit this she was blocked in her grieving. From this point on counselling enabled the client to deal with her own sense of personal failure.

She needed only one more session of counselling. She later reported that she had repaired her relationship with her daughter, bought herself a flat rather than move South to live with her, had taken a job as a nurse again and even made-up with her sister with whom she had had an increasingly fraught relationship. She enjoyed going to visit her daughter and grand-daughters and even spoke affectionately of her son-in-law (he had not been mentioned until the final stage in counselling).

FURTHER READING

Confrontation:

Egan, G., 1982, The Skilled Helper, Brookes/Cole Publishers 2nd edition. p. 186-197.

Marshall, E. K. (Eds.), 1982, Interpersonal Helping Skills, Jossey-Bass p. 321-331.

Other aspects:

Kennedy, E., 1981, Crisis Counselling, Chap. 9 Grief and Mourning, Gill and MacMillan, p. 69-76 (for positive suggestions to follow confrontation).

Schaefer, C. E. & Millman, H. L., 1977, Therapies for Children, Jossey-Bass, pp. 14, 18, 45, & 100-102. (for practical uses of confrontation with children.)

The 'EASTENDERS' and Suicide

by David Evans, General Secretary, The Samaritans

In the March issue of 'Media Project News' were two articles describing work in which Samaritans were involved, namely the helpline after an OPEN SPACE broadcast. THE SHADOW OF SUICIDE, and the CHRISTMAS HELPLINES that operated last Christmas. These were both operations that could be and were planned in advance, though in the first case, had one known the high level of response in advance, more volunteers could have been provided.

On 5th March, by contrast, a much larger TV audience saw 'Angie' of EASTENDERS overdose with tablets and booze full-face to camera. Although a Samaritan was on BREAKFAST TIME next morning we had had no advance notice of this episode. It was of course clear that 'Angie' was at risk and had been for some time, but not that it was coming on 5th March. A number of callers that night referred to the programme which the volunteers, on call as normal that evening, hadn't seen. That is a pity, and we would welcome advance notice, but at least the extra callers were taking a sensible step.

RESPONSE IN CASUALTY

However, it was also reported that several casualty departments had had extra cases of similar overdoses in the week beginning 5th March. ('The Lancet", 22nd March). Others did not have any significant increase and there are no statistics for overdoses that are dealt with by family doctors, other agencies, friends, families or the overdoser himself. ('The Lancet', 13th April, 5th May.) When there was an increase it remains to be seen if the yearlong total reveals acceleration of attempts (i.e., the total is unaltered), a switch of means under the influence of the programme (i.e., the total of attempts by all means is unaltered), or additional attempts in the period from March that are not matched by a decrease at other times.

There was also a side issue in that a coroner speculated very publicly that one of a cluster of three deaths in Fordingbridge was triggered by EASTENDERS, though the mother of the dead girl later was interviewed on BBC NEWS to the effect that EASTENDERS had nothing to do with it. The coroner also remarked that producers ought to take advice from caring organisations such as The Samaritans and the Coroner's Society.

ADVICE

However, advice was not sought from us —what can we now say?

1. Suicide should not be a taboo subject; with upwards of 5,000 suicides and 200,000 parasuicides a year, it is already a part of the lives of too many families, and the best psychiatric advice we have consistently tells us one cannot put the idea of suicide into anybody's mind. EASTENDERS showed 'Angie' dropping a number of clues which, as so often in real life, were not picked up, while she, for her part, found it difficult to admit to her family and friends how she was really feeling.
2. The series did, of course, omit the nasty business of gastric lavage and showed 'Angie' as recovering remarkably quickly. This suggests too easily that overdosing is not as serious and dangerous as it in fact can be. Nevertheless, one must say that only a proportion of overdoses 'succeed' and to this extent survival is typical.
3. From our point of view we would, of course, have welcomed involvement in the script, but, months before, 'Angie' had dismissed a suggestion of using us—"I'm not that bad". That too is unfortunately typical.

CONCLUSIONS

So I would suggest two broad conclusions. The first is that we cannot blame the broadcasters for reflecting more or less accurately the way in which the attempter and those around her collude in avoiding the extreme challenge of a suicide attempt. Avoidance is the name of the game, from the shamed, angry or hurt relatives, to the head who (for fear of the PTA) will not allow any mention of suicide in the school.

The second is the perennial question of the power of televised drama. There is a lot of suicide in opera for example, but it is viewed by a very few consenting adults in public. The popular drama does affect millions at once, whatever their circumstances: it is to that extent indiscriminate and extremely powerful, and the question of what should be included, particularly at the end of an episode, will not go away.

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Footnote: A character in the story is now (October) hoping to become a Samaritan. Ed.

Cruse announces that it has accepted

an invitation to organise the next

International Conference on Grief and Bereavement

to be held in London

in July 1988

Further details will be published in

the next issue of Bereavement Care