Reflections on the Experience

by

Brenda J. Elliott, MA.

Senior Lecturer, Department of Administrative & Social Studies, Teesside Polytechnic



In 1981 the first counsellors for Cruse in Middlesbrough were selected and trained. Being involved in that process I thought it would be interesting to see what had happened to them and, to this end, with their co-operation in 1985, we began exploring their perceptions of counselling the bereaved. What follows is a brief précis, from my M.A. (Durham) dissertation of that study.

* * *

THE COUNSELLORS

After contacting all the original 13 counsellors, I found five remained active though two were at the point of stopping. This is an exploration of those five counsellors' experiences. Choosing a "Case Study" approach to my research has given me a vast amount of counsellor perceptions which have illuminated my understanding and guided me down interesting avenues of discovery about the effect of counselling on the counsellors and their awareness of the process in which they are involved. We have shared insights about those who find it particularly hard to return to the world of being a lone person, and the position of widows in general, in our society. We also touched on the particular structure of Cruse as an organisation and how it helps in the support and sustaining process of both its counsellors and members.

My five ladies had all experienced personal relationship loss, although two were not widows. They had all, except one, been involved in other aspects of Cruse, such as the widows' social support groups, and in one case a group for the younger lone parent and his/her children. Two were actively involved in other caring groups in their community.

Interestingly, three of the original 13 had ceased counselling because their strong religious beliefs had conflicted with a client centred, non-directive, approach. Two of the five studied in-depth had strong religious beliefs but were able to maintain a client-centred focus. I had expected the other counsellors to have stopped counselling because of stress-related factors. This was not so, as apart from the strength of religious zeal mentioned above, the reasons were remarriage, physical ill health and an accompanying decreasing immobility, ("if only I had a little car I wouldn't have had to stop", one said.)

I would now like to explore the effect of counselling and then the awareness of the process in which the counsellors are involved, including their own capacity to terminate the relationship, as seen as an indicator of ability to cope with loss. Then I will consider briefly those who find it hard to cope with bereavement and, next, support systems for counsellors and finally, the Cruse organisation and the needs of widows.

COUNSELLORS' VIEW OF THE EFFECTS OF COUNSELLING

In training social workers and volunteers I have been constantly impressed with the increased freedom of the volunteers to express and explore counselling skills during workshops. So it should have come as no surprise to me that the "famous five" were well aware of the process in which they were involved in the counselling encounter, and the degree of their openness to personal growth because of their conscious recognition of their use of self.

In encapsulating the effects on the counsellors I found that they made great mention of a sense of personal growth—to the extent that one of them thought that everyone should do a course on bereavement counselling whether they wanted to counsel or not. Counselling others had helped her prepare herself for any eventuality. Two counsellors said that it had enabled them to reach out to people more, allowing them to lose the fear and embarrassment they once had in approaching others. Confidence had increased in themselves as people, and they found counselling a self-validating experience as it made them feel valued and needed, and for one it fulfilled a life's ambition. They felt that they were comfortable with silence. "If somebody is trying to say something and it is very difficult for them to say it and they are thinking of the words they are going to use—and somebody comes back with more words—they haven't had time to think or put anything into words and, therefore, they never get out what they are feeling." (Counsellor C.)

They also felt that they were more able to ask for help for themselves; their sensitivity had increased and they had learned not to judge. Counsellor A found that she had been very much a "black and white person—now she was much more discerning." She had become much more aware of the therapeutic value of listening. They were well aware that it is their own sensitivity that enables the bereaved person to share the experience with them. They too acknowledge the less comfortable side of the effects of counselling. Among these one mentioned the re-activation of a supposedly-resolved loss, and difficulty of coping when people seem to wallow in their grief. They acknowledged the need to protect themselves from over-demanding dependent relationships. An awareness of increased emotional involvement ensued as they counselled more clients. Fears of overwrought behaviour on the part of the client troubled them, as did the difficulty of not moving into a befriending role. Boundary management was something of which they were well aware. They were also sensitive to the sense of loss at the end of the relationship.

"If we as counsellors cannot tolerate the thought of loss we may bind clients too closely or not attach them at all."[1]

# of Counselling the Bereaved

THE PROCESS OF COUNSELLING

Looking at the actual process of the counselling encounter, they were aware of the importance of the bereaved person having someone, who is not family or friend, to express their anger to, anger which they often found to be self-directed. They thought that ventilation enabled their clients to move to a more rational acceptance of the loss situation. They saw the initial part of the relationship as joining and engaging, and recognised that they became a "significant" person with whom the client could begin to relate, now that the deceased partner was no more. They felt that they built up trust, gave comfort and confidentiality, and helped clients to accept the normality of grief. They saw the process as putting the client "back in touch with the living."

"In order for the widow to relate to the social world, she must find her place in it. The helper can aid this process by constantly reflecting and strengthening the widow's personal identity in interaction with her."[2]

They were aware too of using their judgement regarding the appropriateness of giving knowledge of grief theory.

DETERMINANTS OF RECOVERY

Moving on to those who find it hardest to recover from loss of their partner, the counsellors identified those who had had an overly-dependent relationship with their spouses, being described as those whose husbands "waited on them hand, foot and finger"; those who were followers rather than leaders and those who were dependent on others rather than those who had made their own life pattern. Also included were those who think that the world is a terrible place to live in and whose anger prevents them from completing the grieving process. Dunlop[3] identifies this first category in his study; his second category is the higher educated and higher social class widow, because of the greater degree of inter-dependence in the marriage. Mary Stott[4] writes of the "emotional self-indulgence" of keeping the deceased alive, which prevents the habit of living from taking over. Other writers maintain that it is the underlying assumption that we are, or should be, in control of our lives that is threatened when we experience loss. Thus the steps of grief are best understood as the result of trying to maintain our illusions of omnipotence in the face of lack of control. For these clients it may be easier to stay with the pain, than work through the loss: as Counsellor D said, "there are those who are depressed and self-centred and insist on staying in a sick role".

It is often with these clients who seem unable to move forward that the counsellors need the most support.

"People who are mourning often feel desperate at times and often pass on the despair to whoever is listening to them."[5]

SUPPORT FOR THE SUPPORTERS

Looking at the counsellors' support systems, four of them were happy with, and gained benefit from, the case discussion within the counsellor group. One did not, as she was happiest in a one-to-one situation and had all her life contained her emotions when there was an audience. Practical support would have come for one counsellor from having a telephone. Others used their partners, or close friends. One talked to her husband's photo and in times of frustration gave vent by hitting a cushion; all used their tutor for help. Some felt sustained by their faith; all had the ability to create and sustain mutually satisfying relationships. Of those who lived alone one used music or the television for a "de-briefing" after counselling. They found the social groups supportive as they could meet "clients" who had moved on to a "happier way of being" and this affirmed their belief in the grief counselling process.

THE COUNSELLOR AND THE ORGANISATION

This leads on to the final part of my resume which is about the Cruse organisation, as experienced in Cleveland, and the place of widows in our society. Lindemann, whose great work underwrites most bereavement studies, said that one of the aims of bereavement work was to:

"Encourage emancipation from the bondage of the deceased."[6]

Counsellor D described the process as—"a bridge. We start at one end and get them back into the social stream" (I like the mixed metaphor!)

All counsellors thought it was important to belong to an organisation. They enjoyed the sense of commitment, were encouraged by the growth of the organisation and liked the sense of belonging. They also welcomed the opportunity for further "in-house" training and, as mentioned previously, saw some of their clients making new lives for themselves with the help of the social groups. However, they were not unaware of the difficulties of boundary negotiation between individual counselling and the group activity. They were aware of their own sense of loss "as clients become more enjoyable" but knew that the counsellor had to free herself to re-invest in the new client. They believed that Cruse creates a social climate within which the members can belong and grow and re-enter society, providing them with an environment where the bereaved can find a new identity.

THE WIDOW IN SOCIETY

So if Cruse clubs provide a substitute social and emotional environment for "becoming one of a family", what does this say of the place that our society affords widows? And what of those widows who are impassive and unable to reach out? We know that at age 65+ there are five widows for every widower. Maybe when the present 20 year olds are in their 60's the current surplus of males over females will produce changes in expectation, position and behaviour.

Our counsellors felt that society ostracises widows and makes it difficult for them to move to a single state because of loss of role and function. They thought also that the sexual needs of the widow went unrecognised, where, to quote Lily Pincus:

"Widows do not have the rarity value of their male counterparts . . . widowers are made to feel precious like eligible bachelors."[7]

The widow's need to share the pleasurable experiences of life is one which goes largely unmet in the bereaved. However the counsellors believed that "in friendship the widows can find a new self-validating relationship. The acceptance of loss means a movement from despair to self-affirmation."

REFERENCES

1 Kastenbaum, R. & Aisenbert, R. **The Psychology of Death.** Spring Publishers, New York, 1976.

2 Smith, Carole R. **Bereavement: The Contribution of Phenomological and Existential Analysis to a Greater Understanding of the Problem.** British Journal of Social Work, Vol. 5, 1975.

3 Dunlop, R. S. **Helping the Bereaved.** Charles Press. Bowie Maryland, 1978.

4 Stott, M. **Forgetting's NO EXCUSE.** Faber & Faber, Ltd., London, 1973.

5 Leared, Jean. **Problems of Bereavement. The need for counselling.** Social Services Quarterly, Vol. LII No. 3 pp. 85-91, March, 1979.

6 Lindemann, E. **Symptomatology and Management of Acute Grief.** American Journal of Psychiatry. Vol. 101, pp. 14-19, 1944.

7 Pincus, Lily. **Death and the Family. The Importance of Mourning.** Faber & Faber, Ltd., London, 1976.