Counselling: a beginning, a middle and an end.

by

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The counsellor offers to the bereaved a new relationship at a time when all new relationships have become hazardous. The familiar world seems unfamiliar, sources of confidence and security are gone, and with them the ability to cope with strange people and strange situations. Small wonder that the beginning of a counselling relationship requires special tact and skill.

And then, no sooner is contact made, trust established and the barriers to communication and understanding dissolved than the bereaved must start to prepare for the relationship to end and must anticipate, yet again, the loss of a person who cares.

The end of the encounter is the test of its success. In losing the counsellor the client relearns loss. Hence the beginning and ending of the counselling relationship are not just obstacles to be overcome; they are the pivots of the whole enterprise.

Agnes Wilkinson, a psychiatrist and member of the Society of Analytical Psychology, gave an introductory talk at a one-day conference on this subject, arranged by the Truro and Mid-Cornwall branch of Cruse in October, 1983. She has developed the following article from that talk.

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Skills and boundaries

For the most part a counsellor sits more or less firmly on a three legged stool of approach, one leg being experience, one being active learning from others, the third being openness to observation of the client whose needs are going to prove different, at least in their immediacy and unique idiom, from those of anyone else that counsellor has ever met.

The client who is often a person of considerable psychological achievement although upset at the moment of this meeting, may realise the time boundary only too well, crashing against it with frantic verbal discharge in the early moments of a first counselling session, or alternatively being totally tongue-tied because of it. With reasonable good fortune, however, the counsellor concerned will recognise the position more fully and will be able to relieve some undue anxiety, by explicit assurance of further sessions.

Dim anxiety-loaded realisation of a new situation by the person who comes for counselling is not the same as the *calm recognition* by the counsellor of the limits laid down by the inevitability of the beginning, the middle and the end of any undertaking.

Counsellee skills

Those coming for counselling have to develop skills if they are to benefit from the application of the counsellor's skills. These counsellee skills are demonstrated by their behaviour.

Behaviour depends on assumptions, and in this context the importance of the beginning, the middle and the end of the undertaking cannot be ignored.

In bereavement counselling recent experience of loss will colour the assumptions and the behaviour of the counsellee. This allows and sustains further discussion and learning about separation, offers further material for investigation into particular ways of coping, and sheds further light on the meaning of grief to the counsellee. In this context too, the time boundaries are vital.

Beginning

It is normal at the outset for a counsellor to be somewhat anxious, although excitement, challenge and curiosity may give rise to quite pleasant feelings as well.

What assumptions are made at such a time?—perhaps that it will be possible to give comfort by sympathy, or that previous experience will provide ready solutions to practical problems. There are many other likely assumptions.

- How will the counsellee be feeling?
- What assumptions will she be making?

Untoward reactions will suggest that the counsellee's feelings and assumptions are not in line with those being made by the counsellor.

How will the counsellee succeed in establishing a measure of trust, especially if she happens not to be reassured by the counsellor's appearance, expression or tone of voice? How will the counsellee cope with her disappointment in the face of what may be experienced as mismanagement or misunderstanding? These problems are as important in preventing quick rapport as are the patient's miseries over feelings of rage or guilt in connection with loss.

Then again, many bereaved people are most at a loss over being at a loss. Lily Pincus, in her book, *Death and the Family* (1976, Faber and Faber), tells how painful it was for her in her early widow-

hood to realise that she had encouraged her husband to take over all her own organising and managing ability. Consequently his death came as an experience of outrage, of robbery or mutilation. When she could realise this, she began to function once more and discovered herself to be nearly as good in these matters as she had found her husband to be.

It is usual for a counsellor to be faced early in any particular undertaking with a panicky human being, furious at being robbed in some way on the one hand, full of a sense of guilt on the other. It is not for the counsellor to try to diminish, deny, gloss over or get rid of these feelings; much more it is needful to develop capacity to hold on to them as highly realistic, extremely important growth-promoting experiences.

Assuming, therefore, that useful contact has been made, it will become important sooner, rather than later, to make it explicit that the counsellor can do little to soothe the pain, other than by sharing it. Still less can the counsellor take the place of the lost partner except in an 'as if' kind of a way for a limited period, punctuated by short interviews and lengthy separations. Sometimes I say 'I cannot be as sensitive as you would like me to be', and I may add, if I feel it is called for, 'but I do care, I am interested in working with you so that you can resolve your grief and return to a more rewarding way of life as soon as possible.'

The middle

When true *rapport* (perhaps better called *therapeutic alliance*) has been achieved by some such interaction as this, the middle of that particular undertaking will certainly have been reached. Even if, which is unlikely, that point were reached before the end of the first interview, the middle of the endeavour would have been entered. However long this may have taken no counselling relationship can be brought to an end at such a moment without an experience of serious let-down to the client. Very early, the client needs to know whether she can expect to go on coming, how frequently, and what the length of sessions are going to be. The counsellor needs rules with regard to the sessions so as to be able to run her life relatively smoothly. It is a great mistake to be vague about these matters; this can only increase anxiety. The tendency is for clients to present one of a number of unsatisfactory positions if uncertain about the firmness of the holding situation. Referral to another person is still possible but then it will be necessary to be on the look out for trouble. Did the client know that referral was likely? Any disappointment needs to be taken up immediately with explicit honest statements, otherwise it is sure to be experienced as more lasting rejection and may damage the possibility of a good outcome. There is no harm in the counsellor's admitting, if it is true, that regular counselling is not what she does, that she reckons to refer to someone who does. It is also all right to admit that a particular time-table is too full for what is needed.



Clients also need rules so that their feelings about limits can become conscious. They can learn to make use of the structure which has been agreed and which is adhered to. A counsellor may feel 'a heel', may see herself as 'unkind' to end a session at the prescribed time. That is less important than that the arrangement be kept. The client can then learn something about one or other of a lot of things she may be keen to learn (however unconsciously) such as her capacity to function despite unkindness, her capacity to deal with jealousy or envy, her tendency to be seductive or manipulative. The counsellor may not know what she is learning until told and it is important not to jump to conclusions. In a short, but nevertheless productive counselling undertaking, neither the counsellor nor the counsellee may understand at all fully what is happening. Understanding is less important than recovery.

As for the counsellor's own needs: it is important to be able to meet other commitments, and also to protect oneself from undue resentment against a clamouring client.

When is all this to end? And how?

The end

It is in the middle of a counselling undertaking that there will be most need for supervision for the counsellor from someone who can stand outside the immediate emotional involvement with the client; someone who can see more readily than the counsellor herself how she is being misidentified by the client, perhaps impelled into behaving as the dead partner behaved.

This manoeuvre on the part of a grieving person to set someone up in the same position as the lost partner is important on another count. Apart from solving the problem of grieving by no longer needing to grieve because the lost one has been resurrected in another body, the manoeuvre has to be seen for what it is—unconscious, habitual, but not deliberately directed. However, the patient cannot really afford to come the same 'cropper' all over again. To the counsellor this manoeuvre can often be turned to good account. By making clear the true nature of the counselling relationship, emphasising its unique 'as if' quality, and responding with respect to the client's trust, the counsellor helps the client towards more appropriate ways of viewing the world and behaving within it. The client needs to discover that grief, rather than being a disaster to be warded off, is a condition of recovery. By re-experiencing the loss of the partner, and then by anticipating the loss of the counsellor, the client discovers that it is possible to survive and even to grow in strength and confidence.

In the course of this transaction the counsellor owes it to the client to disengage and to draw attention to that fact, however painful this may be for either of them.

The precise nature of the ending of a particular undertaking, its timing, and the notice of it given to the client vary with each assignment. There is no standard prescription but full attention to the matter from an early stage is always an important part of a satisfactory outcome.