# ereavement

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### REFLECTIONS OF A BEREAVEMENT COUNSELLOR



Diana Sands, PhD, is Director of the Bereaved by Suicide Centre for Intense Grief, Sydney and has for more than two decades worked in prevention, postvention and intervention as an educator, researcher, and clinician providing counselling following sudden, violent and traumatic death, and in particular individual, couple and family counselling and group programs, for those who have lost

a loved one through suicide. Diana is involved in community projects, is the honorary advisor to the Wings of Hope Charity, was the NSW Delegate SPA, and on the Executive Committee NALAG. She is a recipient of a UTS Research Grant. This year Diana was an invited guest at the International Work Group on Death, Dying and Bereavement. Diana also lectures on suicide prevention, postvention and intervention at Jansen Newman Institute of Counselling and Applied Psychotherapy, and presents understanding loss and grief seminars, community talks, and training workshops in Australia and Internationally based on her research and the, 'Tripartite Walking in the Shoes Model'. Diana has published peer-reviewed articles, book chapters and written a book and DVD film 'Red Chocolate Elephants for Children Bereaved by Suicide'.

# What has brought you to this field of work?

While studying Psychology at University I started working part-time for an NGO co-facilitating suicide bereavement groups. A family systems internship at an Adolescent and Family Counselling Service gave me a solid systemic training working with young people and families. During this time I also continued my work counselling individuals and families bereaved by suicide and those who had suffered other violent and traumatic losses. I was also facilitating closed group programs for adults, young people and children bereaved by suicide. I continued with post-graduate studies, doctoral research, publications and lecturing while developing education modules, training workshops and continuing to provide groupwork and counselling. The death of my grandfather to suicide was a loss that deeply marked my family, but for as long as I can remember I've been drawn to understand loss and bereavement. As a child living in Singapore I would climb to a cemetery at the top of a nearby hill, fascinated by the Traditional Chinese funerals. Later living in Malacca, a place at the confluence of many different religions and spiritual beliefs, I absorbed the varied, moving and beautiful funeral practices. It has been said that all things are impermanent, and change and loss are part of the human condition; the consequent mourning and adaptation has been an area of enduring interest throughout my life. I devoted my final High School art project to a study of death beliefs, with illustrations of burial practices from prehistoric to contemporary times. The theoretical research and associated counselling developments in death, dying and bereavement have grown as a body of knowledge since I was a child, providing an unusual career pathway for me.

# How do you bear the sadness people share with you?

I am respectful that another person's sadness belongs to them and my function is to be 'with' as in 'alongside' them, but not taking into myself their sadness. Sometimes the sadness is so deep and intense it is difficult to keep this sense of balance. I cry readily, it's just how I'm made, but I am clear within myself that my function is to continue to hold the space and to stay 'with', offering my presence.

# What do you do in a session if your client or their circumstances resonate with your own experience?

If I become aware of this while in session I place my stuff on hold and focus on staying present with my client. Supervision is excellent in sorting out the different strands, implications, and whether and how my own circumstances may influence counselling. In this context the concept of the 'wounded healer' can provide opportunities for reflection and practical therapeutic application.

# How do you cope with the client who feels no one can reach them?

Grieving is such an inward looking process. The griever can feel devastatingly alone and believe nobody cares or understands their anguish, desolation and overwhelming sense of loss and despair. Attachment style and the circumstances or context can deepen this profound sense of disconnection. I stay present and allow that it will take time and patience to build trust, connection and the therapeutic relationship with the client

# How can you encourage self-awareness in a client who seems to have little?

Counselling and learning are interrelated, and reflective skills can be learned and developed through counselling. In counselling there is a strong emphasis on verbal expression but there are also many non-verbal and creative ways of communicating our internal and embodied experience that can be helpful, for example through symbols, metaphoric stories and objects, play, puppetry, body enactment, psychodrama, expressive art work, poetry, visual images, music, performative actions – there are many possibilities.

# How do you help a client when you struggle to empathize with their situation?

I like to think of empathy not as a unitary quality, as in whether empathy is there or not, but as a continuum quality. It has been my experience that different clients are comfortable with different amounts of empathy. Then the question becomes: Is the amount of empathy comfortable for this client? I would check in with the client about this. I would be curious about their life experience of empathy. Life is often hard and some folk haven't received much empathy. This could be something to explore.

# Who was your most challenging client?

Challenges come in all kinds of ways with different types of clients and this is what makes every day interesting. Challenging clients call on my ability to be flexible in my responsiveness and often tell me something important about myself. A challenging client gives me the opportunity to explore new ways of being with the client, to understand more, learn more, think and feel more – grow more. But I do recall an extremely reactive couple early in my training and that I had to frequently bang my hand on the table to stop the escalation. They were great teachers for me.

# What do you do for self-care?

I am an avid reader of a vast array of different literature and find this an excellent way of diverting my thoughts. My greatest pleasure is being with my family and friends. Supervision is a given. I enjoy music, gym, walking, the beauty of nature, and I look after my body with healthy food. I remind myself that I do my best for clients creating a safe place where they can sit and be with their grief, a place where alternative possibilities and pathways that foster growth can be constructed and explored. But I'm respectful that it is the client who chooses how to use this experience. I like to think of a higher power at work and that I have one small part to play – I am one light along a long runway of lights in this person's life.

# What theoretical models or concepts inform your practice?

My practice is eclectic and this is because each person is such an intriguing and unique miracle that no one theoretical model or concept would fit all. I draw on systemic, attachment, narrative, meaning reconstruction, continuing bonds, expressive art therapy, psychodrama, and my 'Walking in the Shoes Model' for suicide bereavement. I like to bring colour, creativity, movement, play and a spirit of hope, optimism and kindness into grief counselling. Grief is so cold, dark and heavy. Learning and applying new ideas, theories and skills in my work is something I am passionate about. I strive to be responsive in the therapeutic moment, keeping my work fresh and constantly evolving so that I am continually renewed, curious, and interested in my clinical practice.

### What do you find rewarding in this work?

To be with people in their place of intense sadness is to continue to be inspired by the power of love, resilience, wisdom and the extraordinary diversity of possible healing pathways. Every day I think I am fortunate to do this work. Each day is different and varied: I can be counselling an individual, a couple, a family, sitting on the floor making talking sticks with children, or listening in wonder as a young person forms tentative steps into their life. The uniqueness and mystery of each person is totally absorbing and fascinating to me. I like people and being with them in the small moments and in the 'ah ha!' moments of wonder and vision. In this fastpaced world grievers are lucky to get a sound bite to express their grief – providing a place for folks to be with their grief, remember and construct an adaptive ongoing relationship with their loved one is to create a very special, almost what I would call sacred space. Group work is my big love - I find it always enriching, and in some moments transformational working with group process. As an educator I greatly value my work lecturing, experiential learning, the exchange of ideas with students, writing and facilitating training workshops and seminars. I appreciate the opportunity to be involved in community projects, committees and conference planning

and implementation. I value the opportunities to be critically reflective that these activities present and that develop from writing up my research and clinical work in book chapters and articles, and particularly the opportunity to write the book and produce the DVD 'Red Chocolate Elephants for Children Bereaved by Suicide'.

# What would be three pieces of advice for those working in the grief field?

It is important to find ways to restore and nurture your own sense of optimism, hope and joy. Develop a support team and supervisor/s who encourage your growth through your work, and relationships with colleagues whose work you appreciate, admire and who have a good sense of humour. Grief counselling is extremely demanding: pace yourself and give yourself quiet time between sessions and where possible have variety in your work. Importantly, give yourself the gift of ongoing learning and continually updating your knowledge and skills, and this will keep you enlivened, involved and passionate in your clinical practice.