



GriefConnections

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When You Counsel Grieving People by William Hoy

Whether one counsels grieving people as a professional or volunteer, and whether or not one has received specific training to do this task, there are some important considerations to keep in mind. The application of good counseling skills not only helps to assure that help is given and harm is avoided, but their use also reassures the professional or lay counselor that we are “making a difference” in the lives of the people we are called to serve.

My colleagues at Scott & White Medical Center in Temple, Texas, Louis Gamino and Hal Ritter (2009), have done a masterful job of articulating seven “mandates” for grief counselors, “procedural rules of thumb” that provide broad practice guidelines when counseling the dying and bereaved. I summarize these mandates here, but their book, *Ethical Practice in Grief Counseling* is essential reading for everyone engaged in our field.

Screen clients carefully. Bereaved people who affirmatively answer the question, “Are you having trouble dealing with the death?” fare better in grief groups and individual counseling sessions than those who have been recruited just because somebody died. Gamino and Ritter recommend adding the simple question, “Are you interested in seeing a grief counselor to help with that?” While your colleagues or the potential client’s significant others may suggest someone needs counseling even when he or she answers one or the other questions negatively, the bereaved person may just not yet be ready for that step.

Employ risk-factor algorithms. Whether one uses Rando’s (1993) seven high-risk factors for complicated mourning, Worden’s (2009) “mediators of mourning,” or some other model, looking for risk factors that may complicate bereavement makes sense. Common among these models are risk factors like death circumstances (with higher risk to unexpected or traumatic deaths), perception of poor social support, pre-existing mental health problems such as chronic anxiety or clinical depression, and concurrent stresses. The more risk factors that are present, the greater an individual’s need and potential benefit from a counseling intervention.

Monitor potential growth factors. Good grief counseling presents not only relief from suffering but also holds out hope for transformative growth. I believe counselors who supervise interns, volunteers, and less experienced counselors leading groups need to be especially mindful of this mandate. Make sure groups always have an element of hopefulness and growth, rather than simply becoming “misery loves company” share sessions.

Assess quality of attachments. Counselors and group leaders must be attentive to attachment styles (Worden, 2009; Rando, 1993) as part of the screening and assessment process. Understanding attachments in current relationships as well as past relationships can be extraordinarily significant in resolving loss issues.

Use proven methods. Gamino and Ritter suggest that grief counseling is both science and art. Interventions should start from proven methods like empathic listening, psycho-

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-education and normalization. Those with the training and experience to do so might want to employ an experiential method such as play therapy, art therapy, or the Gestalt technique such as empty chair work.

Exercise caution in group work. Not every person benefits from involvement in a bereavement support group, but much positive growth can occur for those who do connect with one. As Gamino and Ritter point out, however, groups should not be employed merely because they are a cost-effective way to serve more people. Furthermore, good counselors with individuals do not inherently possess good group leadership skills so additional training is warranted. While lay volunteers can provide excellent group leadership, I believe that bereavement group leaders should **always** be supervised by experienced professionals who have training and expertise in bereavement counseling theory, techniques and group leadership.

Educate the public. Because of the nature of our work, grief counselors will inevitably be called on to help in times of community tragedy and perhaps offer our expertise to public gatherings of people. I cannot count the number of times I have stood before a room full of parents to talk about child or teen grief after a classmate has been killed in a car crash. But these occasions provide outstanding opportunities to gently shatter myths about what mourning is (and is not). These arenas provide a time for me to make the compelling case that just because a person has experienced a death, does not mean he or she needs the assistance of a counselor (professional or otherwise).

References.

- Gamino, L.A. & Ritter, R. H. (2009). *Ethical practice in grief counseling*. New York: Springer.
 Rando, T. A. (1993). *Treatment of complicated mourning: Theory and practice*. Champaign, IL: Research Press.
 Worden, J. W. (2009). *Grief counseling and grief therapy: A handbook for the mental health practitioner*. New York: Springer.

The Author: William G. (Bill) Hoy is an educator and counselor specializing in death, bereavement, and end-of-life issues. In addition to walking through significant losses of his own, Dr. Hoy has counseled grieving individuals and families for more than 25 years. He is the author of *Guiding People through Grief* and *Road to Emmaus: Pastoral Care with the Dying and Bereaved*. His newest book, *Called to Care: Navigating a Life of Care for Others* will be published this summer. He teaches in the graduate program in bereavement and leadership at Marian University and oversees the counseling program at Pathways Volunteer Hospice.

Research that Matters

Clift, S. & Hancox, G. (2010). The significance of choral singing for sustaining psychological wellbeing: Findings from a survey of choristers in England, Australia and Germany. *Music Performance Research*, 3 (1), 79-96.

Can singing in a choir help bereaved people? A new study by two European music researchers certainly points in that direction. Clift and Hancox studied more than 1,100 choral singers in England, Australia and Germany and found that they reported a greater sense of psychological wellbeing, including those who had been bereaved by the death of a child or spouse. A greater benefit was reported among the female choir singers as opposed to male. The researchers write, "Inspection of individual items in the scale shows that women were more likely than men to strongly agree that singing made them feel happier, made their mood more positive, helped improve wellbeing and health, and helped them relax and deal with stress. Similarly, they were more likely to disagree that singing doesn't help them release negative feelings."

The authors chronicled three categories of psychological wellbeing impediment in addition to bereavement: enduring mental health problems, significant family/relationship problems and significant physical health issues/disability. Those who were categorized with these issues reported high levels of support and help from singing in a choir. Using qualitative measures, the researchers summarized six factors the choristers themselves described as beneficial: positive affect (happier mood), focused attention and concentration, controlled deep breathing, social support, cognitive stimulation/learning and regular commitment (attending rehearsal, etc.).

Those who support and counsel bereaved people can learn from the findings of this research. Clients who are already involved in a faith community choir or civic choral group should be encouraged to continue or resume this activity during bereavement. Talking with clients about their experiences and challenges in choral singing can be helpful; remember that music often evokes very deep emotion and clients might need to process this experience in groups or individual sessions. For those clients not already involved in choral groups, these findings indicate the potential benefits of such involvement and merit discussion.

Out of the Darkness Suicide Prevention Walk—September 11, 2010

According to the American Foundation for Suicide Prevention, “In the United States, a person dies by suicide every 16 minutes, claiming more than 33,000 lives each year. It is estimated that an attempt is made every minute; with close to one million people attempting suicide annually.”*

To help raise community awareness about suicide prevention and to help save lives, Sandi Follette, Executive Director for the Grief Center of the Southern Tier is heading up an Out of the Darkness Community Walk sponsored by the American Foundation for Suicide Prevention (AFSP). This year will be the 2nd annual event. Many of the people who participate in the walk have formed teams in memory of a person who has committed suicide. Some walk anonymously. The walk makes those who are left behind feel that they are making a difference.



The Out of the Darkness walk will be held on Saturday, September 11, 2010 at Craig Park in Painted Post, New York. Registration begins at 9 am. You can also pre-register for the walk online at www.outofthedarkness.org. Be sure to select *Craig Park in Painted Post, New York* when you pre-register online. If you don't want to participate in the walk, but would like to donate, donations can be made to AFSP, (be sure to include Painted Post, New York in your correspondence as well as the person that you are supporting (in the memo line), 120 Wall Street, Second Floor, New York, NY 10005.

All funds raised from the Out of the Darkness walk will go to the American Foundation for Suicide Prevention (AFSP) to do research and to educate people in order to prevent suicide and help save lives, increase national awareness about depression and suicide, advocate for mental health issues, and assist survivors of suicide loss.

For more information or to volunteer to help with the walk, contact Sandi at 607-936-9077 or email Sandi at griefcenter@gmail.com.

*Statistic taken from www.outofthedarkness.org

Inservice Programs for Your Organization

Did you know that we can provide an inservice speaker for your organization? Whether you are looking for a group presentation on some aspect of grief counseling or a program on today's funeral options, we have an excellent group of speakers ready to respond. To talk about options for a workshop in your organization, please call Phillips Funeral Home at 607-936-9212 or email info@phillipsfuneralhome.com.

Memorial Quotes

For death is no more than a turning of us over from time to eternity.

William Penn

Music Notes

Music can be a meaningful expression during a memorial service. The list below are a few songs that add a personal touch to the celebration of a loved one's life.

Goodbye For Now by Kathy Troccoli

I Can Only Imagine by Mercy Me

See You in the Morning by Pam Thum

If I Had Only Known by Reba McEntire

He's Walking Her Home by Mark Schultz

One Sweet Day by Mariah Carey

Bless the Broken Road by Rascal Flatts

Upcoming Events

Loss of a Spouse Support Group

Wednesdays at 6:30 pm at Victory Highway Wesleyan Church, 150 Victory Highway, Painted Post. For more information, contact Sandi Follette at the Grief Center of The Southern Tier at 607-936-9077.

Loss of a Loved One to Suicide

First and third Thursdays of each month at 7 pm at the Hand in Hand Methodist Church on Wardell Street, Elmira. For more information, contact Sandi Follette at The Grief Center of the Southern Tier at 607-936-9077.

Compassionate Friends Support Group

Last Wednesday of each month at 7 pm at Our Saviour Lutheran Church, 2872 Westinghouse Road, Horseheads. If you are interested in joining the group, contact Joann at 562-8090 or by email at jmorgan55@stny.rr.com.

Infant Loss

Empty Arms, Healing Hearts is a support group centered around infant loss through miscarriage. For more information, contact Victory Highway Wesleyan Church at 607-962-7000.

Abortion

Forgiven and Set Free—a post-abortion class. For more information contact Victory Highway Wesleyan Church at 607-962-7000.

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