Bereavement Groups

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BEREAVEMENT GROUPS

Groups for bereaved people can take several forms. There are informal social groups which provide bereaved people with an opportunity to meet others (*Bereavement Care*, Spring 1983), more formal open groups which people can drop in and out of according to how they feel, and closed groups of people who commit themselves to attend regularly for a given period of time. Some groups are relatively unselective, offering a place to any bereaved person, while others select members who have something in common. In previous editions of *Bereavement Care* we have published accounts of groups for widows with young children (Summer 1985) and groups for people bereaved by suicide (Spring 1987).

In this paper four volunteer bereavement counsellors describe and evaluate their experience of running closed groups for people selected by age and type of bereavement.

Editor

St. Christopher's Hospice offers a bereavement counselling service to relatives who may need support to help them work towards completing their mourning. Group work for bereaved relatives now forms an important part of this service, and we give here some account of our experience in this field. We shall deal with the aims and values of the group; the selection of members and the way in which it is set up; the group process; and assessment of results, with feed-back from people who have participated in such groups.

Aims and values

In running these groups we keep specific aims in mind. Our first aim is to normalise grief and make it feel safer. Grief can be frightening and overwhelming, especially in isolation. A group gives an opportunity for members to express and test out their anxieties—such anxieties as the fear that they are going mad can be greatly relieved by knowing that others have similar experiences.

Another specific aim of group work is to reduce the high level of stress, without recourse to tranquillisers and anti-depressants. The group gives members the opportunity to talk about specific stress areas, and time to work through their pain. The leaders can help people to stay with painful feelings rather than rushing on and blanking them out.

In the last few group meetings, the leaders will work towards endings, which can model for members a completion of mourning and a focus towards new beginnings.

For those setting up groups it is encouraging to hear what the participants themselves have to say. Two examples: Herbert spoke about his bereavement at a first group meeting. Coming next time he said that in finding himself able to do this, his whole outlook had changed. At the last meeting he said, 'I was in a dark tunnel when I came. Now I see the light.' And in a recent group meeting, Marion spoke of the enormous relief of finding she was not alone in her experience of loss and of the seemingly overwhelming problems of being left on her own with three young children.

Being a member of a group also gives a sense of worth, of being valued as an individual and, as such, of being able to respond to others' needs. A sense of belonging and being needed develops, and this begins to rebuild the confidence of each group member.

Often one member of a group will express what others have been experiencing but have felt too ashamed, guilty or angry to express. The individual problem becomes the group problem, so everyone works through it. The value of being heard and understood brings encouragement, reassurance and a sense of companionship and normality, where before there was isolation, confusion and despair.

We have found, as others have, that sharing pain and finding ways through it together enable individuals to adapt and change at a time of great crisis in their lives.

Selection and setting up a group

Any group needs a common focus. At St. Christopher's most of our groups have been for bereaved spouses. We have also offered groups for other bereaved relatives and adolescents. The selection process varies according to the type of group planned. Spouses invited to join a group will have been bereaved within the last 18 months, but not less than six weeks. Parity of age is roughly achieved by having both daytime meetings (used mainly by retired people) and evening groups for full-time workers or mothers who can leave their children with baby-sitters.

The bereavement service at St. Christopher's receives information from the Hospice team about all those who have died under Hospice care.

We arrange 'closed groups' of 8 to 10 members with two bereavement counsellors who lead each group. The 'closed group' enables members to get to know and build up confidence in each other. Where possible we try to have a balance between men and women. Group meetings last 1½ hours, and are held weekly for a series of 10 weeks. We avoid ending just before Christmas or Easter because so many of the bereaved find these family festivals especially painful.

The group leaders at St. Christopher's are experienced bereavement counsellors, trained to recognise signs of abnormal grieving. An important part of their role is the time given after each meeting to recording and discussion, both together and with supervision. Time may also need to be given to following up any individual group member who had a particular problem or who failed to attend a meeting.

One month before the group begins, initial 'phone calls are made to potential group members. Normally we expect an average of 1 in 4 positive responses: however, every call enables counsellors to check on recently bereaved people and to give them the opportunity to share their grief or anxieties. Although the first reaction may be to refuse the invitation, the counsellor's positive attitudes to the benefits of the group may be all

that is needed for a change of mind. This 'phone call may also discover any contra-indications to group participation not known before.

We would not select those currently receiving psychiatric or other psychological support, including one-to-one counselling. We would try not to accept those denying their own need for help, or who are joining with the sole object of instructing others, though this is not always apparent at the initial contact. We are also alert for those who appear too distressed to share their grief other than with an individual counsellor. These people, once contacted, would be followed up and offered help by a bereavement counsellor; others needing less intensive help, or social outlets, might be referred to a local, more broadly-based group.

The following week a letter is sent to those who agreed to consider joining a group. This sets out details of venue, dates, times and purposes of the group. A final telephone call is made a week later to confirm arrangements and discuss queries about the group. Group work is time-consuming and should not be considered an easy alternative to one-to-one counselling.

The Group Process

Certain issues need to be addressed during the course of the group:

1. To promote trust and a common focus, and thus to create safety and confidentiality within the group.

In the early group meetings, members invariably go over the experience of illness and death. They talk of the shock of the diagnosis, and whether this knowledge was shared. They recall the funeral, remembering the shock and numbness which is felt by everyone when death occurs, even after a long illness. Nobody is made to talk, but most people share their experience, and this helps to reinforce the reality of the death. It is very important in these early stages for members to feel this is a safe place to talk, to be heard, to listen and to cry. Only then can the second issue be managed within the group, and this is at the heart of the process of mourning.

2. To experience the pain of grief.

This takes several weeks, and can only be undertaken once the members feel valued within the group. They talk about the guilt and regret they may have kept hidden up to now, about aspects of married life or about the process of the cancer or of the medical treatment. In a recent group a widow shared her guilt in agreeing to an injection which was given to her husband, who then lapsed into a coma and died. A widower said she had voiced the fear that he had been carrying too. So we invited a doctor along the next week, and after some open discussion about the use of morphine in cancer the two members said, with relief, that the burden of guilt had been lifted.

Two of the authors, Gillian de Whalley (l) and Prue Horwood (r), with a Bereavement Group at the end of its course of meetings.

There is talk, too, about the sheer loneliness of life, the pain of eating alone or with the gap at the family table. Many people have difficulty sleeping or suffer from nightmares or vivid dreams of their loved one, only to have to wake to reality. Often a grieving spouse can be very angry and bitter about how life has treated her or her family, and at this stage many feel despair or depression which can show itself in physical symptoms.

This is a hard and painful time for the group, and many tears are shed, but a caring cohesiveness develops between everyone. The weight of the emotional pain is heavy for the leaders, too. If a member has to miss a week, it is important to welcome him or her back, and this gives an opportunity to recapitulate. Because so much has been shared, photos are often brought along; this too brings tears, and it can be an opportunity for quieter members to contribute.

This middle phase of the group lasts for several weeks, but by the seventh or eighth meeting the group must begin to face the final issue.

3. To begin to let go and make some adjustment to a new life.

Here there is talk of the difficulties of taking on new roles and keeping busy. For those with children there is the problem of trying to be both parents while still coping with their own grief, and making family decisions alone can seem impossible.

The use of alcohol and drugs is discussed and book titles are exchanged. The leaders may need to steer the discussion away from the merits of microwave cookery, but it can be very helpful to share with others the problem of when and how to dispose of clothing and personal possessions. Some have not been able to decide what to do with the ashes from a cremation, and it is reassuring to share this problem. The group process can be a very positive factor in recovery. For example, Mary had told everyone that her husband had been a wonderful player of the electronic organ, and had continued to play through his illness. She was having considerable difficulties with her bereavement, and the group felt some concern for her as she seemed rather isolated. Then at week eight, when talking about the disposal of clothes, Mary told the group that she could not move her husband's slippers which were still on the organ pedals from the last time he had played. She cried as she told us this, and indeed had to leave the room for a few minutes.

After she had been brought back, other members told her gently and sympathetically, but firmly, that she could move them. Mary returned the next week rather angrily telling everyone she had put the slippers away in a cupboard, and at the end of the meeting she felt able to go up with a friend to the ward where her husband had been and see his bed. This was a significant step towards her being able to accept his death.

The leaders should remind everyone that it is normal to go three steps forward then two steps back. This can happen during the phase of adjustment, and often a widowed spouse feels guilty after a few

hours of forgetting. The aim is to realise one can and ought to let go, and it may be right to do things differently. The precious parts of a relationship can be held safely in memory, and then one is free to move on.

The two leaders may need to be firm about the ending of the group sessions, and it is often tempting to plan some extra meetings. However, it is important to work towards a structured goodbye, just as one does with a bereavement. Nonetheless some groups have arranged their own informal reunions.

There will, of course, be great variations within any group, but it is hoped that with the planned ending of the sessions many members will then be enabled to move forward on their own.

Reflections of Previous Group Members

We have run about 20 groups in the last six years and have tried to elicit feedback from those who attended. About 60 per cent of members returned their questionnaires and, perhaps inevitably, most of those recorded favourable comments. For example:

Question: What did you expect from the group?

'Empathy, and maybe confirmation that I was normal.'

'Hopefully, to be able to talk and listen to others in the same situation and try to come to terms with such a great loss.' Many echoed these feelings expressed by Agnes, who goes on to say 'In those first months I didn't feel able to unburden to close relations, for fear of upsetting them.'

George expected 'to be talked to and given lots of unwanted advice', but later said that he found the meetings 'very helpful and supportive and they became a very important part of my life at the time.'

Question: How did you find the meetings?

'Difficult. Everyone was so "nice". I was not in the mood to be nice. I think I improved.' Donald then goes on to say: 'I found the early meetings disturbing. It got better as I got to know the members of the group'. He found it particularly hard to come back to the Hospice as it brought back such vivid memories of his wife reaching 'the end of the road'. By the end of the group meetings Donald felt able to return to his golf and found some solace there, and a year later he was able to return to the Hospice for the ward memorial service.

Another man, John, said he found the meetings 'a little uncomfortable, especially when the ladies' grief broke through', but Janet says: 'I found that so much that is bottled up inside could come out into the open'.

Question: What helped most?

The longest answers were given to this question:

'—It made me feel safe for the first time to talk about what I felt.'

'—The realisation that grief and mourning are not the prerogative of any one person.'

'—Just being able to sit and talk if I wanted, but not being worried by silences.'

Christina comments how helpful it was 'being able to talk through personal feelings about death, knowing that everyone understood and being able openly to grieve in front of friends: it was also good to have both group leaders summing up our (my) feelings.'

Bill writes: 'The most helpful thing has been the fact that by digging out some of my confused feelings and thoughts and discussing them with others in a similar (if not identical) state, they have become clearer and in some ways less painful.'

Question: Would you recommend a group to another bereaved person?

Most people answered briefly and emphatically in the affirmative. Susan enlarged on this and said: 'Very much so: the group of ten people, male and female, mixed age groups, is a very good idea.' Bill said: 'Most certainly; it gave me the strength to cope with my loss and in consequence it has been much easier to adjust to it.'

Conclusion

Although we have not been able to carry out a scientific study, and the selection is somewhat random, we are sure that group work with the bereaved is beneficial to many. For some it may be a progression from individual counselling; the group process and the empathy of one's peers can help in the acknowledgement of normality.

Group work is an important way for the Hospice to continue to offer support after a death. It is not an economical option in terms of hours worked by the counsellors, but it has its own particular strengths. As well as being reassured and comforted by finding they are not alone in having overwhelming and difficult feelings, group members can be provided with the first opportunity for making new relationships through group sessions.

'A sorrow shared may not reduce that sorrow, but it does remind us that we are not alone.'