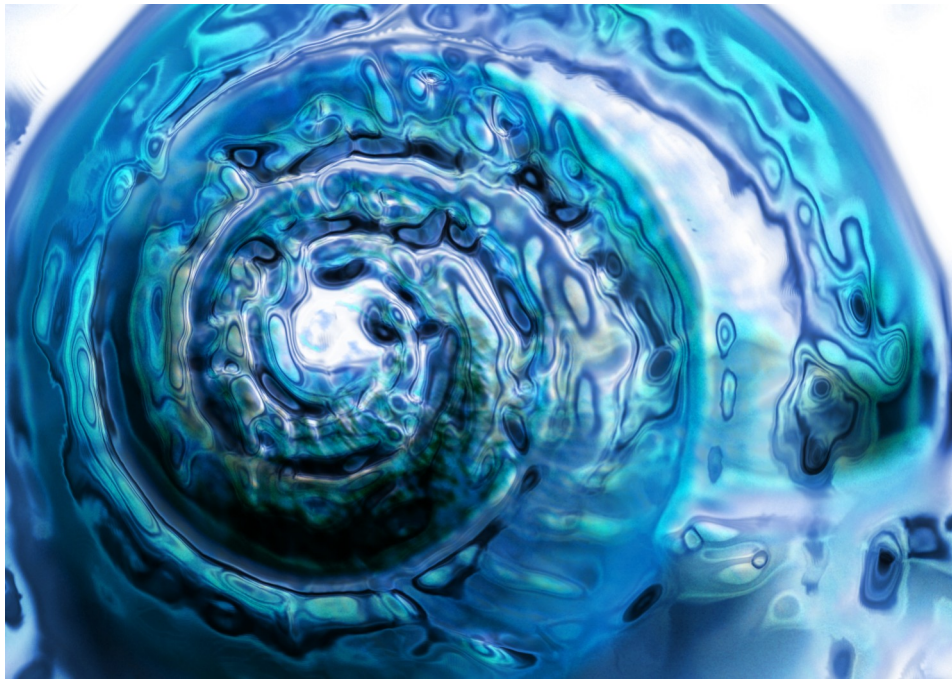


After the Storm



How counselling or psychotherapy may help after the loss of a child

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*Throughout this guide I use the word 'therapy' short for 'psychological therapy' to mean either counselling or psychotherapy and 'therapist' to mean either a counsellor or a psychotherapist.

Introduction

The most profound loss that can be experienced is the death of a son or a daughter. This is not a loss that we expect to experience and even if we know in advance it is going to happen there is nothing that can prepare us for how it feels to lose a child.

The grief does not end. There is no 'getting over it', resolution, recovery or closure. Mothers and fathers will grieve for their children for the rest of their lives. What previously evoked so much joy, hope and happiness now will forever be accompanied by the pain of loss.

Many parents describe how their lives now seem to be in two parts; before and after the loss of their child. What confronts them is not getting through or reaching the end of their grief but following a process of adapting to this new life, finding personal ways to mourn and to transform the unbreakable bond with a son or a daughter.

These are extremely challenging tasks to face and the aim of this short guide is to identify some of the obstacles and difficulties that bereaved parents may face and the ways in which counselling or psychotherapy may be able to help.

It may be that you are experiencing some of these, many of these, none of these or something quite different. There is no map to follow and whilst there may be commonalities we each have our own deeply personal responses and reactions.

This guide aims to set out what some of these obstacles and difficulties might be, to explain how working with a counsellor or a psychotherapist might be helpful and to offer guidance on how to choose someone to work with.

Possible obstacles and difficulties

Contacting and expressing emotion: Our culture is not usually tolerant or understanding of the expression of extreme sadness or anger and public mourning is not usually valued. This means that there is sometimes little opportunity to express how we feel. There may be emotions present that are confusing and hard to accept. Conversely, it may be difficult to feel very much at all.

Finding meaning : Your spiritual beliefs and understanding of life and the universe may be thrown into doubt or disarray. Or it may be that new insights emerge and it can be difficult to make sense of these. It is possible that you will feel yourself to have changed quite radically in your attitude to life.

Changing relationships: Relationships with partners, other children or family members may change in unexpected ways as each person struggles to find their own way through their loss. Existing tensions often intensify. Relationships can deepen or seem to be falling apart.

Feeling isolated: Existing friends and colleagues may not know how to talk to you or be afraid to ask about what has happened and how you are. It can feel as if no-one 'gets' how things are for you. Some parents talk about wearing a mask that hides how they really feel behind it in order to be able to cope socially.

Shock and trauma symptoms: Losing a child is very likely to be experienced as a traumatic event. There may be psychological symptoms such as anxiety, fear, flashbacks or nightmares. There may also be physical symptoms such as panic attacks, a thumping heart or extreme tiredness. There may be images, words or locations that trigger or exacerbate these symptoms.

How therapy may help

Having therapy means having an hour a week where you and your therapist can focus solely on you. Not needing to consider the affect on the other person of what you are experiencing can be very helpful in itself. Having a therapist can be like having a companion in your grief who is able to listen deeply to you and to try to truly understand to how things are for you.

Going to counselling or psychotherapy is not about getting you back to your 'old self 'or somehow making this situation ok. It is about giving you the space to grieve and be with all of your reactions and responses. It can also be about being with the greyness and blankness that sometimes takes over. There will be no expectation on you to feel or not to feel a particular way although part of what you do in therapy may be to learn how to cope with how you do feel.

A traumatic event is one that represents a threat to our safety. Our natural response is to mobilise a lot of energy to resist or to get away from the threat. If neither of these options is possible we can 'freeze' in this charged up state and this is what leads to the symptoms we experience. There are particular skills involved in working with shock and trauma that are aimed at releasing this bound up energy and thus allowing the symptoms to dissipate.

When the worst thing that we can imagine happening to us has happened we often fear that we do not have the resources to cope. It can be difficult to find and learn to use the resources that are available to you both externally and, more importantly, internally. One important aspect of resourcing yourself may be that of seeking the support of a counsellor or psychotherapist.

What are the different kinds of counselling and psychotherapy?

There are four main types of psychological therapies but therapists often do not categorise their work neatly under one heading or another:

Psychodynamic: Modern psychodynamic therapy is not the same as traditional psychoanalysis where the 'patient' lies on a couch being analysed. However it is still based on the idea that our present feelings and thoughts are informed by our past experience and although they may have been helpful then they may no longer be so helpful in the current situation. There is much attention on what happens in the relationship between the therapist and the client.

Cognitive Behavioural: This is a pragmatic, usually short term, problem solving approach to therapy. It aims to change problem behaviours by understanding, challenging and changing ways of thinking from unhelpful to more helpful ways.

Humanistic: This is an approach that treats the client holistically and explores their mental, emotional and physical experience within the sessions. The therapist aims to be 'real' and to hold a deeply respectful and non-judgemental attitude towards the client. This category would include 'person centred' counselling and Gestalt therapy.

Transpersonal: This means that the approach goes beyond the personal. This means that there will be attention to the client's experience beyond the everyday including dreams and symbols and 'non-ordinary' experiences. Transpersonal therapies include 'existential therapy' and 'psychosynthesis'.

What's the difference between psychotherapy and counselling?

Psychotherapy tends to be longer term and to work with more deeply held issues than counselling. Psychotherapists' training is generally longer and more in depth and usually requires trainees to participate in their own personal therapy. However, counsellors may have completed considerable further training and may have many years of experience.

Membership, registration or accreditation with the British Association for Counselling and Psychotherapy (BACP) or the UK Council for Psychotherapists (UKCP) are indicators of levels of training and experience. There is further information about what these terms mean on the UKCP and BACP websites.

The following three websites have postcode searchable lists of counsellors and psychotherapists who are either members of the organisation or have provided evidence of their qualifications and experience.

BACP: www.bacp.co.uk

UKCP: www.psychotherapy.org.uk

The Counselling Directory: www.counselling-directory.org.uk

Every therapist follows a **Code of Ethics** which is a set of guidelines aimed at supporting them in following the highest standards of professional conduct in order to protect their clients. This may be the BACP Code of Ethics (which is on their website) or one related to the training or accrediting organisation of the individual therapist.

Other frequently asked questions:

How much will it cost? There are GP practices and counselling agencies that offer either free sessions or a sliding scale of fees to suit people of different income levels. A private therapist will charge an hourly fee of around £25 to £60 or more. Some offer a small number of reduced rate places but there may be high demand for these.

How long will it take? Often GP surgeries and local counselling agencies can offer a limited number of sessions, perhaps six or twelve. Your GP may also be able to refer you for longer term therapy through the NHS. If you work with a private therapist then you could see them for anything from six weeks to a few months or longer. You can continue as long as you and your therapist agree that it is helpful for you to do so.

Alternative sources of support

Your GP should have information about local services. The following national charities offer support specifically for bereaved parents:

The Compassionate Friends (TCF) have a national helpline that is always answered by a bereaved parent and they run a network of local support groups. **0845 123 2304**

www.tcf.org.uk

Child Bereavement UK offers information and support and has a comprehensive database of other national and local support organisations. **01494 446648**

www.childbereavement.org.uk

The Stillbirth and Neonatal Death Society (SANDS) offers support, including a helpline and local groups, when a baby dies during pregnancy or after birth. **020 7436 5881**

www.uk-sands.org

Choosing a counsellor or psychotherapist

Your therapist needs to be the right person for you. Therapists often offer a free initial interview. This is an opportunity to find out how this person may be able to help and to ask any questions you may have. You may want to meet several therapists before deciding whether to go ahead and work with someone. This is an important decision for you and a professional therapist will understand this and encourage you to take the time to decide.

Possible questions to ask a potential counsellor or psychotherapist:

What is your experience of working with bereavement?

Have you worked with a bereaved parent before?

What kind of therapy do you offer?

What are your qualifications?

Which Code of Ethics do you follow?

What supervision do you have?

Does your training include working with trauma?

How much do you charge?

Do you offer any reduced rates?

Do you have any spiritual or religious beliefs?

Questions to ask yourself after the meeting:

Would I feel comfortable telling this person intimate details of my life?

Did I feel safe?

Did I feel respected?

Am I able to make the necessary commitment of time and money?

A personal experience

I had psychological and physical symptoms which I now understand were the result of the traumatic shock I had when I learned of my son's death and the subsequent few days that included a visit to the mortuary to identify his body and a post mortem. I had physical 'fear' pains in my solar plexus and I was very uncomfortable in crowded shops and other places. I felt unable to work for many months and spent a lot of time alone but distracting myself from my feelings one way or another.

People around me often had an opinion about what I should do – 'Take more time off' or 'It's time you went back to work.' 'Don't think so much' or 'Give yourself space' but it was as if no-one really had a clue how I was. When I did see people I found it difficult to cope with their everyday concerns while my mind was still screaming in pain about my son.

Although I had family and friends around I found that I was unable to let them know how I was feeling because I worried about them worrying about me. Also much of what was torturing my mind would not have been helpful to share with other people as they might have misunderstood or judged me for what I was thinking.

Alongside all of this I experienced a sort of difference in the way I saw the world. I had strange dreams and odd things happened day to day that seemed to be very significant somehow. I decided to see a psychotherapist about two months after my son died.

At last here was someone who was not afraid to hear how I really was. I was able to spill out all my complicated thoughts and emotions without feeling judged or criticised. I was able to share all my experiences and not have them ignored or minimised. It was as if I was being allowed the space to make my own meaning of what had happened as well as the rest of my life.

Sometimes we talked, often I cried, sometimes we laughed and at other moments we sat quietly together. There was this one person in the world who was doing their level best to 'get it' and that was what made the difference. Gradually my physical and psychological symptoms began to resolve themselves.

As time went by I found that my feelings, whilst still just as painful, were willing to wait until my session to be felt. They did not feel the need to spill out all over the person next to me in the supermarket queue. I was able to let others know how things were for me without the fear of frightening them.

Towards the end of my time with my therapist I remember that even when I was not talking directly about my loss or my son it was as if my therapist was holding him with me and not imagining that I had 'moved on' or 'recovered'. I slowly learned not only how to survive but how to begin to live the rest of my life in a way that includes both my love for my son and my grief.



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This guide was written and produced by Davina Robertson MA, UKCP Registered Psychotherapist. If you have found it useful you are welcome to print it or pass it on to others as a complete document.

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