



Engaging people in end of life talk

Supporting bereaved people who experience difficulties with family and friends

Marco Pino

The expression of grief (and of experiences related to death generally) are stigmatised in Western societies because they evoke feelings of vulnerability and loss of control. Family, friends, and colleagues often discourage bereaved people's expression of grief—for example, because it can remind them of their own mortality. This makes it important for some bereaved people to find spaces where the expression of grief is not only allowed, but also encouraged. Bereavement support groups are one such space.

My research

I audio-recorded four meetings held by a bereavement support group within a UK charity. When I recorded the meetings in 2016, the group members used to gather twice a month in a room and sit around a large table. Ethical approval for the study was granted by the Ethics Approvals (Human Participants) Sub-Committee of Loughborough University (R16-P003).

Two or three volunteers were present in each meeting; one of them fulfilled the role of facilitator. The volunteers had received training within the charity, and the volunteers working as facilitators had also attended a two-day training on group facilitation. The number of clients varied between five and eight. The majority of clients were aged 50 or older, and they were of white ethnicity. Everybody provided written informed consent including permission to be recorded and to publish pseudonymised transcripts. To the best of my knowledge, this is the first project documenting how people communicate within bereavement support groups by analysing recordings of real meetings through a rigorous method (conversation analysis).

Talking about difficulties with family and friends

When listening to the recordings, I noticed that the clients often talked about difficulties they were experiencing with people outside the group. Mostly, these were family members and friends who had let the clients down in various ways, such as by withholding support and failing to visit them. One client also complained about some organisations, such as a mental health service. These stories made up a big part of some of the meetings. To the best of my knowledge, communication training and manuals do not prepare group facilitators to respond to these kinds of stories.

Exploring the literature

My first step was to look at previous studies using conversation analysis that had explored these kinds of stories and how they are responded to. It turns out that quite a lot is known about what happens when people tell stories about difficulties they are experiencing with other persons. There is a difference between when this happens in informal conversations, such as those we might have with a friend, and when this happens in a more formal setting, such as when we are talking to a doctor or a counsellor. When we talk about our difficulties to

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our friends, we commonly expect supportive responses that empathise with us. For example, I might tell a friend that I have had difficulties with someone with both know. My friend might decide to support my point of view, and express empathy. But here is the catch: by supporting my negative comments about the person I have had difficulties with, my friend can come across as *also* being critical of that person. This might not be a problem for my friend, who might wish to join me in complaining about that person. Alternatively, my friend might not want to be heard as supporting my negative comments about that person and wish to respond in a more cautious way, without taking sides. Perhaps you have been in a similar situation, in which someone started to talk to you about someone else in negative terms, and you felt that you had to respond in a somewhat neutral way, without taking sides.

Things get a bit more complicated in more formal situations, such as when we tell our difficulties to a doctor or a counsellor. Research has shown that professionals are very cautious and do not wish to be heard as taking sides. It is therefore common for them to respond in neutral ways. So, if I complain about another medical professional in a conversation with my doctor, I might find that the doctor does not take sides. They might respond in a neutral way and then try to redirect the focus of the conversation. That kind of response reflects a degree of impartiality and professionalism. One downside of that response is nevertheless that it may fail to deliver empathy.

Coming back to the bereavement support group, I found that the clients' stories about difficulties with family and friends put the group facilitators in a delicate position. It was clear that the facilitators wished to maintain a certain impartiality and avoid coming across as joining the clients in being critical of their family and friends. However, it was important for the facilitators to express support and empathy for the clients. So, how could they do so whilst also maintaining a degree of impartiality?

Supportive responses

In this example taken from one of the recordings, one of the clients, Christine, has already shared that she is having problems with her son. She has also said that her son and his family are not visiting her, that they say they have no time, and that this "hurts". In this extract from the meeting, we can see part of this story and also how the group facilitator, Amy, responds.

- 1 Christine: He was reasonably supportive but this last few
2 months it's got less and less and less and less,
3 now they hard- he now hardly comes at all.
4 Amy: Mm.
5 Christine: Because it's all: "We haven't time." And you
6 just, you know, it's just horrible isn't it.
7 Amy: Mm.
(...)
9 Christine: It's absolutely awful. When they only live about ten minutes
10 away to start with.
11 (2-second silence)
12 Amy: There's some parallels there ... with what's g- with
13 what we've just been talking about.
14 Christine: Mm.
15 Amy: To Donald, aren't there.
16 Christine: Well yeah.

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17 Amy: Yeah. And it's that loss for you.

18 Christine: Mm.

In the example above, Christine describes the impact that her son's actions have on her (that she is missing out on the support she could receive from her son, lines 1-3). She also makes some negative comments about her son. For example, she reports that he gives reasons for not visiting her (e.g., that he has no time, line 5) but also suggests that these are just excuses (e.g., because he lives nearby, lines 9-10). Christine is hearably upset (something that can be heard in the recording), and she also voices the emotional impact of those experiences ("just horrible", line 6, and "absolutely awful", line 9). The practical problem for Amy (the facilitator) is how to respond in a compassionate way, but without being heard as joining Christine in judging her son.

Amy first draws a parallel with something that another client, Donald, has previously shared in the same meeting (lines 12-13, and 15). This helps establish Christine's experience as shared (and therefore as real and significant for the group). Amy then uses a statement to *recognise the impact* that the events have had on Christine: "*it's that loss for you*". This statement is crafted in a careful way: it fully acknowledges the reality of Christine's suffering but, at the same time, it avoids directly commenting on her son or his actions. In this way, Amy manages to show compassion whilst maintaining some impartiality.

Conclusion

The published report (see link at the bottom) explores other examples of this skill. Additionally, it examines other skills that the group facilitators used. This includes responding in ways that propose a slightly different interpretation of the events, including suggesting more benevolent ways of interpreting the motivations of the clients' family and friends. All these skills help bereavement support group facilitators in navigating the dilemma of showing compassion whilst maintain a degree of impartiality.

The associated RealTalk module

We used the evidence summarised here to create the module "Bereavement support: talking about difficulties with family and friends". It contains five cases in which clients talk about difficulties with family and friends (the example of Christine above is one of them). The learning points explore several skills that the facilitators use in these sensitive group conversations.

Information

For more information go to our website www.realtalktraining.co.uk or follow us on twitter [@RealTalk_EOL](https://twitter.com/RealTalk_EOL)

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The research leading up to the findings reported here benefited from a partnership with Cruse Bereavement Support, a UK charity providing free care and bereavement counselling to people suffering from grief.

Full research report

The full research report can be found at <https://doi.org/10.1080/08351813.2022.2101298>