

Transcript Talking Therapies Episode 28:

Grief and the state of disbelief

Suzy:

Hello and welcome to talking therapies, a podcast made together with Psychologies magazine and the UK Council for Psychotherapy, or UKCP for short. I'm Suzie Walker, and I'm the editor in chief at Psychologies. Each month on Talking Therapies, we will be talking to a UKCP therapist about a range of topics. A bereavement can turn your life upside down and leave you in a state of disbelief. In this episode, we will be discussing this taboo subject to open up the conversation around grief.

Juliet:

I think that listening, someone hearing what it feels like, someone understanding how under normal circumstances that you might be someone who would be able to cope with anything, but under the circumstances, you still feel utterly broken. That it feels as painful as the day that it happens, that it feels as hopeless as the day that it happened. I think that's where therapy is at its most helpful. It's this capacity to listen without judgement, without expectation.

Suzy:

That was UKCP psychotherapist Juliet Rosenfeld. Juliet previously worked in advertising and the civil service before retraining as a psychotherapist. She now sits on the UKCP Board of Trustees. And as well as a private practice work, Juliet is a writer and author and releasing her first book, *The State of Disbelief: A Story of Death, Love and Forgetting*, in 2020. It is estimated that in the UK alone, there are 500,000 deaths each year. Bereavement is an inevitable part of everyone's life. Remember, there's no one way to grieve. In this podcast, Juliet will be sitting down with Sarah Niblock, CEO of the UKCP to discuss grief and the difficulties many of us face when trying to talk about death.

Sarah:

Bereavement can leave us in a state of disbelief, because your world has change, but it's also the same in so many ways. Can you talk us through that?

Juliet:

Yes. Well, I think that bereavement is an anomalous state. There's nothing really, that compares with it. And I think one of the strangest things is that everything does carry on as normal. You know, the shopping still has to be done, children need to go to school, people need to go to work. And yet there is something that is irrevocably and enormously different. And I think that leads to quite a lot of confusion. It's very hard to process that as an idea. That's what led to the title of my book, because that's what I kept on thinking, this is a very strange and a state that I had just never known before.

Sarah:

And you speak, Juliet, about the difference between sudden bereavement and depression? What is that difference?

Juliet:

Well, I think that there are a number of differences. And Freud enumerates them, you know, very clearly in the paper that I found very useful, both as a bereaved person, but also that I'd always found useful as a clinician. But I would say that bereavement and depression share a characteristic, which is a feeling of often feeling very alienated and as if you are completely alone in the world, although you may well be surrounded by people and indeed people that love you very much and are trying to help you. But I think that's a sort of shared element of both those two states of mind bereavement and depression. I think that in depression, there are often more persecutory feelings that people very much more feel that it's their fault that they're depressed that they have done something to merit this terrible state of mind. And I think that's less the case in bereavement. Although I do know from my work, that bereaved often feel that it was in some way, their fault that the loved one has died in some way that they didn't spot symptoms early enough. But I think it's a different kind of feeling of guilt. So I would say that generally, that's one very specific difference. But I think what joins the two states of mind is a feeling of hopelessness, and a feeling that this is going to last forever. There isn't a way out of it. And so I think that is a very important similarity. I suppose the kind of good news is that in bereavement while it's incredibly difficult to take on board, it is obvious what has been lost, what has changed. Whereas, again, in the consulting room with people suffering from depression, they will very often say they don't understand why they're feeling so terrible, so awful. And with bereavement, there is an answer, someone has died, and that is the reason why you feel like you feel.

Sarah:

Do you think some people still find it difficult to discuss death? Maybe it's their age, maybe there are cultural issues around it.

Juliet:

I think British people do find it very difficult. I think other cultures may find it a lot easier than we do. I think that on a more sort of person to person level, yes, I think it's incredibly difficult to discuss death. I mean, death is universal. We're all going to die. But we don't like thinking or talking about it. And I also think that is completely understandable. However, I do think that a way in which we do find it very difficult to talk about death, and even the number of euphemisms that we tend to use sort of passing, passing away, passing on, are about difficulty in talking about death. And the problem with that is I think, that it makes our understanding of bereavement much more complex. I think it makes our understanding of just how long, how excruciating, how unbearable, bereavement is, much harder. And that's something that I would like to see us try and change. And it was perhaps one reason, one motivation for writing my book was that I found it an absolutely appalling experience being bereaved and had no idea how long I would feel really severely affected by it.

Sarah:

And if we know someone who is grieving, obviously, we want to help them in every way possible and try to relieve them of some of that pain. We're always worried about saying the wrong thing. Have you got any ideas as to how we can best have those conversations with someone that we care about?

Juliet:

Well, I think that firstly, we have to accept that there is just no way of speeding up, moving faster through grief. I really do think that's a fundamental problem, that there is an expectation that people will move on much quicker than people move on. I think that's partly because, there are no visible signs really of grief, funeral burial, there over, there are no signs, you look the same. As I said, most people go back to pretty high functioning life because they have to, jobs have to be done and children have to go to school and all the rest of it.

We do get back to life very quickly, we get back to an external life. But internally, I think that it is just much, much harder. And what I think is most helpful for bereaved people is other people around them accepting that this may not take months at all, it may not even take one or two years, it may take many, many years for someone to just come to terms with the loss of the person that they love so much. And, for some people, it's never really overcome. I think that mourning is a more peaceable, bearable, state of mind than grief. But mourning is still very, very painful. So I think that one of the ways we can be really helpful with people who've been bereaved is really not to ask them whether they're feeling better. I think it's also not telling them that they're strong, or even that you know they'll be fine. I think that it's about being able to say to somebody that if and only if they want to talk that you are able to listen, and that you can listen today, a week, two months after a bereavement, and that you'll still be listening in five or 10 years if they want to talk, if they want to share what it feels like. There is still, I think, a lot of shame that people don't recover or get over it. Even if we say that, there's nothing to be ashamed of. I think people do feel ashamed of still desperately, desperately missing, the person that has died and feeling unable to express that to anyone else. A feeling that, too much time has passed for example, or perhaps feeling that they're upset the person that they're talking to. So I think what we need to do much, much more of, both as listening professionals, working as psychotherapist or counsellors, but also just to each other, just saying anytime you want to talk I'm here to listen, I think that would be very helpful.

Sarah:

You talked there also about how modern life tends to go back to normal, the day to day routines of life, getting back to work, taking the children to school, just seems to happen so quickly after we've been bereaved. How has modern life changed our grieving process?

Juliet:

I mean life is speeded up now, isn't it? I mean life is for all of us different even how it was 20 years ago, not least with the advent of technology, and the speed of communications. The time it takes to send an email of condolence rather than a letter. There are many kinds of good things I think about modern life and accessibility and availability of other people. On the other hand, yes, those rituals, widow's weeds, the Victorians had all sorts of rituals to denote that somebody was grieving, which in a certain way, protected a wife who just lost her husband, she was wearing black and you knew that she had suffered a great loss and we don't have any of those cues. There's really nothing at all that shows that you are in a state of mind which is quite unlike any other. So I think that's something else to contend with. There are positives, there are any number of online ways that you can communicate with both people that you know, but also those who don't know, that are suffering, the same experience. But I also think that it is very invisible grief. And I think that can be especially painful, because, as you say, maybe even well-meaning questions outside the school gate, for example, are really painful for someone who still feels that their world is completely and utterly destroyed. And I talked about that in my book actually, it goes back to the point we're just discussing that the more I think that people understand the depth and how prolonged grief and mourning can be, I think the more that that can help the sufferer.

Sarah:

And when you're plunged back into that reality, how can you process your grief and in a way, how can we say that we're still growing grieving, if it's months, years after the loss of that loved one?

Juliet:

I think that's such a good question, Sarah. I don't really have an answer, because I think that there isn't really a space, is there, in any sort of external way to say, 'don't ask me questions like that I'm still in grief', we can't do that. And I think that, now in my clinical experience, but obviously, also my personal experiences, that there are certain things that help, principally time and time having a meaning for each person, which belies our normal way of looking at time and seconds, minutes, hours, days, weeks, months. Time is really changed by the loss of someone that was incredibly important to you. It doesn't really have the same meanings. So, I think that recognising that, recognising that time is really the main thing, I think that makes a difference. And I hesitate to use the word forgetting because it feels rather blunt. But what I might say is that in time, I think we find a way of discovering a kind of volume control on memory. Eventually, I think you learn to regulate a bit, you learn to turn it down. And sometimes that's successful, sometimes it's about putting away some of the things that so vividly remind you of the person. People will often eventually want to clear out a wardrobe or take down some photographs or, whatever it is, it's a kind of constant reminder of the person. But I think probably with luck, we learn to do that ourselves in other ways, that the rest of life starts to kind of take up some of that space, and that kind of volume control becomes a bit more within your power. I think again, acceptance that mourning for that person may last a lifetime, but in some ways, it also diminishes, it becomes more livable with and that I think is perhaps helpful to know or to try and believe at least.

Sarah:

Did you find that writing was beneficial to you in processing your trauma?

Juliet:

You know, at the beginning, I think I would have been hard pushed to say that anything helped. And I think that, again, is a really common experience that nothing really helps. And I felt that way for a long time, although I was writing. And so now I think, having finished my book and actually, having become very professionally, clinically interested in this experience of bereavement, I think that probably writing was really, really helpful to me. I think it was something more than nothing. And I read something the other day where someone described writing as better than thin air and I thought that was a beautiful description. Better than thin air, it's better to have a few words on the page than nothing. So for me writing, yes, as I see it now, I think it was incredibly helpful. And I think something to say about that is that, you know, people have always written, they've always written or they've tried to express themselves creatively, through writing, obviously, through music or art, people have always tried to express what the loss of a loved one feels like, very vividly and beautifully in many, many cases. So, I think that if you find that expressing something - pen to paper or keyboard is probably the most obvious for most of us - then I think, yes, I think that can have a very beneficial effect. It is something, as I say something more than just thin air. And ultimately, I think it was tremendously helpful for me.

Sarah:

What about therapy Juliet? At what point might somebody benefit from forming a therapeutic relationship with a psychotherapist?

Juliet:

I have a different view now of how I think death really messes up the way in which, one thinks about timing. Now, for people suffering with trauma, which obviously is the case with some bereavement, it can be a very traumatic experience and, counselling or therapy is never recommended for a minimum of two weeks after an experience like that. And I would say that, I think my own experience was that I should have waited quite a lot longer to go back to, in my case, psychoanalysis. But in terms of therapy, or counselling, I think that it shouldn't be an automatic assumption that somebody needs to go and see a therapist because I think that it takes a while just to process what has happened. Even if, as I said earlier, we know what's happened. We know that somebody has died. But I think that the brain goes into a very different state. And in a way having to think or analyse or understand is just too much. It certainly was too much for me. And so I think that therapy should be when somebody feels that there is a need to talk with somebody who isn't a member of the family or a trusted friend, and with luck many of us will have people like that around us. I think it's only then. But I don't think it should be a presumption that therapy is automatically the right thing for a bereaved person. I think there's too much already going on. I described in my book that bereavement, sudden bereavement, perhaps especially, is a bit like a volcano, it's like an eruption, it is just an enormous brainstorm. And I think that gradually that settles down into something a bit more... Again, I talked about a tsunami, but a tsunami does eventually recede, it's at that point that a clearing up begins, clearing up and making sense of what is left and it was only at that point where I could see what my new landscape looked like, broken as it was, that I began to find therapy deeply, deeply helpful again.

Sarah:

And when you ready, whether that's weeks, months, years later. How does therapy help an individual to process their grief?

Juliet:

So I think one of the great values and sometimes perhaps understated in therapy is listening. I think that listening, someone hearing what it feels like, someone understanding how under normal circumstances you might be someone who would be able to cope with anything. But under the circumstances, you still feel utterly broken, that it feels as painful as the day that it happened, that it feels as hopeless as the day that it happened. I think that's where therapy is at its most helpful. It's this capacity to listen without judgement without expectation. In the way that I work always being on the side of my patient, and just trying to let them go wherever their mind takes them. You know, perhaps even after, in quotation marks, a 'normal life,' the school run, the job, a brave face is put on because you can't break down in front of your colleagues or in front of your children. And actually, I think that's where therapy can just be immensely valuable, that you can feel that someone's just really able to listen. And I think in that listening, again, with the right therapeutic relationship, you can begin to feel contained again..

And I think feeling contained is often the objective in a situation and many therapeutic situations, but especially in a situation like this, where death leaves you so uncontained, so open, so vulnerable. So that's what I think really is the tremendous value of therapy, is a feeling of someone just really listening to how it feels.

Sarah:

And inevitably, somebody will be listening to this podcast and they will be in the early stages of grief and mourning and I wondered if you have any words for them.

Juliet:

I think that people in that early stage are aware that something absolutely momentous has changed. And they are probably trying to just get through, sometimes the minutes, sometimes just the hours of those first few days. The reality is that I think there's very little that helps, people suggest, kindly, I think many things to you. But for me, very little helped, other than something that Freud talked about, and I think it's as true today as it was when he wrote it over 100 years ago, Mourning Melancholia, that this is about the depth of investment of love. When you love someone so much and the love is so profound and it's containing and you rely on it, you depend upon it, it's deep between you and when that's gone, because of the depth and how long it takes in a way to love somebody like that, to expect the kind of withdrawing from that person to be easy, would be a denial of all that they meant for you. And I think that as an idea was helpful to me. And I think I have found that with patients, that just when we reiterate to each other how deep the patient's love had been for someone, that any expectation that that love could go, that's just not going to happen. And so that idea of the investment of love being as profound as the pain is perhaps something that could be helpful.

Sarah:

Julia, I want to thank you for your insights, which are also laid out so eloquently and movingly in your book a state of disbelief. I learnt so much really about the difference between the experiences of bereavement and depression, but also some of those commonalities and how there may be some overlaps and a huge amount of confusion there. I think you've also done a huge amount to demystify, to bring out into the open, a subject which is still very, very difficult to talk about, even though it is obviously an inevitability in life. And I thank you also for bringing so much of yourself and your own experiences into this conversation. I think listeners will find that very comforting, as well as being very informative. So thank you very much for that.

Juliet:

Oh, thank you.

Suzy:

That was UKCP psychotherapist Juliet Rosenfeld speaking to Sarah Niblock, the CEO of the UK Council for psychotherapy. If, after listening to that you feel you could benefit from some talking therapy with a psychotherapist then go to the 'Find a Therapist' section of The UKCP website and have a look through.

The website address is www.psychotherapy.org.uk and look for a Find Therapists tab. We'll also be discussing grief in psychologies magazine this month, or you can find it online at www.psychologies.co.uk. We'll be doing a podcast each month with some of the UKCP psychotherapists. So remember to like and subscribe to our channel to hear it first, it also helps others to find us too. Join us again next month. Till then, thank you so much for listening and take good care of yourselves.

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