



Overview : Why do grief training with agency personnel?

Grief is generally considered to be a private matter. Benefit packages and managers often provide for staff to take three days of bereavement leave in the event of the death of a member of their immediate family, one day for extended family and no time at all for anyone not a blood relation. The worker is then expected to 'get over it' and return to work with a 'business as usual' attitude. Grief is often considered to be 'messy,' and making space for the reality of grieving staff in the workplace can feel like 'opening a whole can of worms.' This kind of attitude or policy tends to apply in ASOs and organizations which work with people who are experiencing change, loss, grief and bereavement as well as in other kinds of work places.

Inviting staff and volunteer teams to examine, explore and speak to the reality of how loss has impacted them can feel awkward in a workplace. The Bereavement Project staff are often asked, "Why should we do this?" "How is it going to help?"

Working in AIDS is working in loss. Every ASO will have staff with varying experiences of loss, and these experiences will impact the workplace. Some staff will have experienced multiple losses, others less; all staff will be in a roller-coaster state of anticipated loss with regard to the HIV+ people they know and to whom they are attached. Loss is jolting. It takes us out of our everyday existence and invites us to explore deeper truths. This experience can 'effectively transport us into state of 'mindfulness of being' where we (1) are aware of being; (2) live authentically; (3) embrace our possibilities and limits; and (4) are aware of our responsibility for our lives' (Yalom, 1995).

Given that reflecting on the experience of loss will result in workers crossing the boundary from 'doing a job' to 'operating authentically,' that is, that people may begin to operate differently and thereby inadvertently shift the very internal culture of the workplace, it is simply good (if unusual) management practice to address what this means for the agency. This truth is greatly magnified in an agency whose very reason for being is to deal with loss, change and grief.

For AIDS service organizations and other organizations that deal with loss and change, grief is not simply a personal problem; it is an occupational hazard (Perreault 1995). It is also an organizational fact. An AIDS agency is a grief agency; in order for the organization to be healthy, it must deal with grief at the organizational level.

Providing a solid orientation to the reality of loss and doing grief work in a group has several clear benefits for the participants. Their personal and collective learning then has ripple effects through their agency and to their clients and the larger community. These benefits are described as follows:

Relief The social isolation for some people who are experiencing loss (which is magnified in multiple loss) increases their sense of uniqueness and alienation and may make deeper intimacy impossible. Working on loss in a group provides the opportunity for individuals to learn about others' similar feelings and experiences and invites them to confide in and be validated and accepted by others. To learn that one is not unique – that you are not alone – is a tremendous source of relief to a person who is grieving; it is a powerful healing factor of the work.

Attachment Loss work is painful and difficult, and people who must undertake this journey often resent having to do it. Why is it necessary to do this work? What purpose does it serve?

Attachment, the bond between one living being and another, is a primary human process. Through attachment we make meaning in the world and have are able to experience joy. When people discuss experiences in life have brought the most joy or bliss, they usually name an event that includes another person or people, the exception being the experience of joy through efficacy. The process of attaching to another involves vulnerability. The more of my true self I share with another, including my doubts, insecurities and idiosyncrasies, and the more accepted and cherished I am, the greater my attachment.

Loss work, then, can be viewed as the counterpart to attachment; and part of the broader life cycle of attaching and losing. The pain inherent in loss work may be viewed as the corollary of the joy experienced in attachment. Loss work also entails an isolating and unwanted sense of vulnerability. To undertake loss work is to honour the lost attachment; this means to:

- fully experience its meaning for the self,
- explore the meaning of the absence of that attachment in mourning,
- move on as a wiser, stronger, more self-aware and integrated self, and
- become ready to form attachments anew with the knowledge and understanding of both the joy of attaching, and the sorrow of losing.

Hope By countering the pervasive sense of hopelessness of ongoing loss and multiple loss, group interventions instil hope. Hope comes when people recognize that, however overwhelming a new loss may seem, they have been through loss before, have coped with it and have come through the experience. To be able within a group to acknowledge their established coping strategies and to participate in a process that enhances coping strategies and increases resilience fosters a sense of self-mastery which in turn increases hope.

Altruism As assumptions and cherished beliefs are shattered by the devastating experience of loss and multiple loss, the common experience of meaninglessness coupled with increased social isolation can lead individuals down a spiral of obsessive introspection and morbid self-absorption. Group work provides a place to engage with others, to become absorbed by something outside oneself, and to provide support. (If people from several cultures are in the group, people can learn about the traditions for dealing with loss in those cultures, thereby being able to respond more appropriately to one another.) As many

philosophical systems and all the major world religions have long recognized, we cannot pursue a sense of meaning, but that sense "materializes when we have transcended ourselves, when we have forgotten ourselves and become absorbed in someone (or something) outside of ourselves" (Victor Frankl cited in Yalom, 1995). Being able to receive and offer support within a group in itself generates a sense of meaning.

Reconsidering Childhood learning about loss determines how most people respond to loss throughout their lives. Unexamined and unchallenged, internalized beliefs about the 'appropriateness' of behaviour in response to loss may run counter to healthy expression. The child who was told never to cry or not to say anything bad may as an adult be so over controlled as to become susceptible to psychosomatic complaints. The positive reinforcement for expression around loss that group work provides can lead people to reconsider the 'appropriateness' of their response to loss and allow them to explore ways to deal with loss that are based on authentic need, not on shame or fear.

Relearning Reconsidering can lead to exploring new ways of being in the loss process. Strong expression of emotion with group support for risk-taking and reality testing through feedback from other participants facilitates real change in a person's thinking, actions and self-understanding. Strong expression of emotion by itself (for example when alone) cannot produce change, a person may weep profusely at home and still believe that there is 'something wrong with me.' Expression, support and feedback, available in group work, need to be present for the relearning to occur.

Existential Factors As noted above, the jolting nature of loss experiences leads a person to a 'mindfulness of being' state, where certain personal truths come to light, truths not usually shared with friends or colleagues. Five realizations people often come to through loss are:

- Recognizing that life is at times unfair and unjust;
- Recognizing that ultimately there is no escape from some of life's pain or from death;
- Recognizing that no matter how close I get to other people, I must still face life alone;
- Facing the basic issues of my life and death, and thus living my life more honestly and being less caught up in trivialities;
- Learning I must take ultimate responsibility for the way I live my life no matter how much guidance and support I get from others. (Yalom, 1995)

The shared experience of these realizations can help people to know that they are normal, reinforce a person's insights, and provide a springboard for ongoing supportive discussions.

Loss Work as Teambuilding People who have explored loss work together as a team or group invariably refer to the experience as 'teambuilding,' as our experience has repeatedly demonstrated and the ABPO 1997 evaluation pointed out (Gibson and Plotnick, 1997). Part of the reason for this is that the roles that usually define how team members relate to each other may be temporarily suspended as the more authentic ways of being together – as human beings who share the experience of loss – are explored. Another factor is that working in groups helps people to see and become more understanding of their own and other people's losses and the various ways people respond to loss. The more people understand of themselves and each other, the stronger the team becomes. One clear impact of multiple loss is the breakdown of communication patterns. Beginning to create understanding and a common language of loss in a group goes a long way to repair that breakdown (Gibson and Plotnick, 1997). In the words of author Adrienne Rich, "All brokenness is perpetuated by lies, secrets and silence."



Training Objectives

These objectives form the basis for the Training Goal and Agenda at the beginning of the Workshop Section.

1 To normalize grieving as an integral part of AIDS work.

Our assumption is that to be in AIDS work for any length of time involves the experience of loss and transitions. We understand that many workers and therefore much of the agency as a whole are actively involved a lot of the time in grieving (or avoiding grief). Grief theory states that present loss is even magnified since it resurrects old losses *Setting a tone including this truth* and coupling it with a lack of judgement about the varieties of grief responses enables workshop participants to more readily acknowledge the reality of their own grief, painful and bewildering as it often is.

2 To normalize and acknowledge the discomfort of, and desire to avoid doing grief work.

Because of some of the complexities of disenfranchised grief, it is extremely challenging to engage in grief work. This is particularly so if you are not well supported. As a consequence, many people will simply avoid the work – with negative consequences for their overall health. Normalizing this response by presenting *Common Avoidance Patterns* acknowledges the courage required to enter into this journey. It reduces any feelings of guilt or shame (counterproductive to engaging in the process) for “Not having done the work I *should* have.” (*Use of the word ‘should’ sets a person up to fail and feel badly about themselves. Avoid this word in relation to this work.*)

3 To create an atmosphere of safety for workers by establishing solid group guidelines that respond to their stated wants and needs.

The assessment of needs for grief work includes:

Guidelines: Group Norms, strictly maintained and ideally generated by the group, create as much safety as possible to allow taking a risk (often necessary for grief work/speaking to transitions to have meaning).

Wants and don't wants: Know what the desires of the group are, as well as any experiences participants are anticipating which may cause anxiety. This is crucial to facilitators to help them craft the workshop. Reassuring participants that some ‘wants’ will be covered and that the ‘don't wants’ will be respected helps people relax and be more open to learning. Further reassure them that there are resources available to help with ‘wants’ not covered in the workshop.

4 To work in the way that engenders trust in the process and in the facilitators.

One of the truisms of bereavement work is that a person will not venture into places of emotional discomfort if they sense that the person facilitating the exploration doesn't know loss themselves. *A willingness to disclose our own stories of loss and coping as facilitators* engenders trust from the participants.

When the group sets the guidelines and individuals have complete autonomy to participate or pass, the facilitators and the process gain trust.

Gentle probing of an individual's experience often invites them to go deeper into expression. In this way, group members feel respected and safe in doing the work. They must also always know they can call a halt to the questions and 'not go there' at this time.

Finally, an attitude of 'invitation' to each segment gently supports the choices of participants.

5 To facilitate the articulation of the individual response to loss.

Encouraging team members to *speak to their individual understandings by using the 'I'* personal pronoun helps in a number of ways. The person speaking claims the experience for themselves alone. Their perception may or may not be true for other group members. There is a 'felt sense' of the importance and reality of what is being said when it pertains solely to the individual. Defensive reactions from other team members which may be engendered by using 'you' (potentially accusatory) and 'we' (potentially misrepresentative) are avoided.

6 To facilitate an understanding and appreciation of the diversity of individual responses to loss.

The shared exercise on *Loss History* enables participants to recognize how unique responses to loss are formed and play out. This understanding then engenders greater permission for the various individual reactions, minimizing the judgement of self and/or others.

7 To facilitate some 'unpacking' of aspects of accumulated grief (stories, feelings, anticipated losses) and thereby 'lighten the load'.

The accumulation of grief responses and/or responses to transitions which have not had the time to be adequately worked through, and the ongoing reality of anticipating further losses, possibly including one's own death, put an extraordinary strain on an individual's psyche and emotional capacity.

Expressions of being 'full' and unable to 'take on one more thing' are characteristic of compassion fatigue. By encouraging stories, inviting emotional responses and naming losses experienced and anticipated, we help begin the expression of grief so necessary for people to continue functioning healthily. Taking the time to encourage personal connections to grief theory facilitates this process.

8 To support workers in risking to express as much as they feel appropriate in the workshop context.

Most people trained in the helping professions have been taught that to become 'emotionally involved' in the work is unprofessional. Given the nature of massive community losses and many workers' attachment to community, this separation becomes complex to say the least. Nevertheless, the ethic of non-involvement can be deeply ingrained. Coupled with this sense of 'professionalism' is the commonly held belief that grief work is best done privately, out of the workplace.

The unprecedented devastation that AIDS has wrought on communities and the ongoing exposure to tragedy within a political context of oppression requires a rethinking of these beliefs. Given the complexities of AIDS-related grief, the opportunity to mourn as the public expression is essential in helping grief work to proceed. The experience of being witnessed by one's peers who also share a response to loss can be enormously helpful in countering the feelings of shame common to behaving 'unprofessionally.' 'This can lessen the shame that can accompany the identity of being 'bereaved.'

Encouraging expression of grief among workers provides the message that the ASO will not judge them for their humanity and in fact encourages it. It also provides an opening for workers who, later in their work with the agency, may feel the need to talk to a staff person about grief-related challenges.

9 To support existing coping strategies and offer the opportunity for self-enhancement.

The *Coping Strategies* section acknowledges and validates the individual, as well as the collective resiliency of the group. The longer version, which includes *Building Capacity*, supports workers in seeking more self-care strategies.

10 To give workers the opportunity to practice 'saying good-bye' using a model for closure that they can incorporate into their lives.

The pace at which losses and transitions occur in AIDS work is such that tools for addressing the impact of these changes or losses are essential. Using the *Closure Model* in this workshop provides practice in attending to closures. The focus on qualitatively different aspects of closure is useful in disentangling an experience often felt as overwhelming. It provides direction in how to start talking.



Facilitator Considerations

This section introduces you to the major considerations about facilitating a workshop on grief and loss. The authors strongly recommend that the workshop be guided by a team of two facilitators. Mutual support is crucial.

The following topics are discussed: Your own rightness for facilitating, the need for co-facilitators and their need to be in 'right relation,' the necessary skills, the language of loss, containing your own 'stuff,' loss theory, transference, guidelines for critical feedback and post workshop supports.

1 Are you the right person to be a facilitator?

If you are considering facilitating a workshop you need to ask the following hard questions:

- **About your professional knowledge and skills:** Is the support I intend to provide suited to these individuals and to this agency? Do I have sufficient information about the grief process in general and about these workers in particular?
- **About your personality:** Am I clear about my boundaries? Am I personally and professionally able to work with participants who have been through different types of loss (e.g. death of a young child) or who have a dominant style of response (e.g. ranging from cool cognition to outright rage)?
- **About your success in confronting your own losses:** What is my own unfinished grief/loss business? How do I differentiate my own needs from the mourner's? Am I able to set appropriate limits and do closure?
- **About your ability to care for yourself:** Are my expectations realistic? Do I deal adequately with the stressful aspects of the work? Do I know my own warning signs? Do I take good enough care of myself to be able to persist in this work?

2 Why a team of two facilitators?

Co-facilitators can:

- Provide support to each other
- Consult during the workshop
- Be available for debriefing
- Be able to divide up the work so as one is presenting/facilitating the other is able to monitor the group
- If a participant needs to leave the room a facilitator is available to accompany them without abandoning the group.

If a co-facilitator or co-presenter is not available, you could gain invaluable support from another staff person/trusted volunteer to help you with logistics. They can take on many of the above roles according to their own comfort level.

If you are working with a volunteer or community group, the advantage of having an ASO staff present is, if it fits within the agency mandate, they may be available to participants for short-term and/or ongoing support.

3 The need for facilitators to be in 'right relation':

As with any partnership, making a solid team out of two co-facilitators takes work. Given the nature of grief work, keeping your team of two in 'right relation' is essential. Group members will be sensitive to any disharmony between the facilitators, and that awareness may unconsciously trigger a sense of being unsafe which then inhibits their risk-taking.

Similarly, people will sense insincere or inauthentic responses from facilitators, and this too will contribute to a sense of diminished safety. Being willing to be wrong and admit errors can greatly enhance trust in the workshop. Since parents rarely admit to mistakes, this shows the humanity of the facilitators and renders them 'good parents.'

How can facilitators ensure they remain in right relation with each other? It's vital to take the time to thoroughly Check-in with each other prior to a workshop. This allows facilitators to name what is going on for themselves and to explore how they can best support each other.

Be as honest and candid as possible. If you really don't want to be there, say so. If you hate the group or someone in the group, let your co-facilitator know. If you are sensitive to a particular personal loss on that day, state what that is so that if a participant's story mirrors your loss your partner can work with that individual.

Take the time to find and agree on a method that will help clear up any tensions that may exist between you. Clear what you may have brought with you before coming into the work.

co-facilitator exercise

The exercise below can help you to understand your values, strengths and weaknesses in the work. It can provide clarification of assumptions you have about each other. The exercise is recommended both for people who have and have not facilitated together before. It will help to pinpoint where you are on the day in question; this may be quite different from where you have been at other times, individually and together.

1. Decide between you what you consider the role of a facilitator to be, what is important in the work. List your responses and circle them in the centre of a page. Make the list as exhaustive as possible; it might look something like this:

2. When you have your complete list, indicate your assessment of both your own and your partner's skill in this area. Even if you have not worked with each other you will have assumptions about each other's capabilities. Be honest as you do this, the exercise may cause some anxiety at this point.

Both take a copy of the list and, working separately, indicate with a continuous line whether you consider yourself or your partner to be good in this area. Indicate areas where you consider yourself or your partner to be weak with a broken line.

I think I am good at _____

I think you are good at _____

I think I am not so good at- - - - -

I think you are not so good at- - - - -

3. Finally, indicate what you believe your partner thinks about: (a) their own skills in a given area; (b) your skills in a given area - this part may also create some anxiety, you will live through it.

You think I am good at _____

I think you are good at _____

You think I am not so good at- - - - -

I think you are not so good at- - - - -

4. Debriefing. You have now stated your values in the work and your perceptions of your own and each other's strengths and weaknesses. Comparing the two lists, focus on the points of disagreement and Check-out with each other what led to a certain impression or assumption. For example: I may think that you are not good at being on time, while you believe that you are good at being on time. Once we recognize this difference, a useful discussion about how I formed my assumption can occur. You may have been fifteen minutes late for two planning meetings, and I generalized this to an assumption that you 'are always late.' Checking out these assumptions can be very useful in smoothing the process of co-facilitation.

To take the above example further: I may be running late for a group and decide not to rush because 'You're always late.' When I then appear 15 minutes late with no explanation or apology, you may be carrying a resentment that I don't know. It will begin to contaminate the work as we start the day. This matter could be cleared as part of Check-in. But it is much more useful to take the opportunity to be clear with each other initially. You can avoid these kinds of tensions.

The other clear advantage of this exercise is getting to know each other's strengths and weaknesses in order to be able to support each other in the work. If you know that I have a tendency to get so focused that I forget about taking a break, you can take the lead in calling for one, since we agree that frequent breaks are needed. If someone is triggered into a powerful piece of emotional work and I know that working with the person is not one of your strengths, I can automatically move in to assist without needing to check this out with you in the moment.

4 Group facilitation skills:

Skills needed for facilitating this workshop are basically the same as for other small groups with one major difference: the topic of grief will bring strong emotions into this workshop. (See suggestions in section 6 on following page for helping a person contain their emotional expression.)

Establish guidelines at the outset that clearly name how people prefer to be supported, i.e. touch/no touch. The facilitator needs to remember that if someone becomes emotional, that expression is a perfectly natural part of the healing in grief work. There is nothing for you to 'fix' here - it is enough to witness and acknowledge the person's work. Sympathy, however well intentioned, can sound patronizing, and a grieving person may respond to it with anger.

Some people may view the workshop facilitators as the 'experts' on loss and/or as their primary support. These people may be reluctant to seek other supports and may have unrealistic expectations. As a facilitator, you need to reinforce your boundaries: gently state your empathy with the person's needs, but make it clear that you are not a 'grief expert.' Offer them appropriate referrals and local resources, then invite the person to let you know how they get on with their work if they wish.

Since the goal of loss groups is to see that participants learn new coping skills or newly recognize the ones they already have, facilitating a loss group involves a combination of teaching and guiding. Part of the work of the facilitator is to be aware of and guide the process of the group.

When an individual moves into storytelling, and particularly when the story comes with strong affect, this disclosure needs to be supported. Rather than comment on the content of what has been disclosed (which can make the participant feel more vulnerable), the facilitator supports the person by asking questions or making statements surrounding the process of the disclosure.

5 The language of loss:

Facilitators need to communicate about the realities and complexities of loss work in such a way that helps participants start making sense of an experience that seems unfathomable. Typically, facilitators will have gained self-awareness through many years of personal work. You will be comfortable with emotionally challenging material.

Groups of people who work in AIDS-related grief invariably include those who say they have no interest in self-reflection. The very notion of 'personal work,' 'increased self-awareness' and 'processing material' is foreign to how they see themselves in the world.

To help, facilitators should first not assume that everyone understands the shorthand which people who have done a lot of personal work use about experiences in personal growth. While we may talk about 'being triggered' or 'cathartic release,' if these terms are unfamiliar, this jargon will help a participant neither make sense of nor move toward integrating their own experience. People can burst into gut-wrenching sobs as somebody else is calmly relating their story, for example.

Taking the time to explain terms like 'bracketing' and 'release work' in the moment can help facilitate a person's integration of their experience. These explanations also establish familiar concepts, a frame of reference and a common language for the whole group to talk about their grief-related experiences.

Concrete explanation serves to both demystify the experience and normalize responses. Giving people language to talk about grief not only helps them talk with one another. It also lets them know that their experiences are not unusual and that their responses are ordinary, not bizarre.

AIDS loss is inherently complex ('a normal response to an abnormal situation'). Particularly here, these categories are more useful than traditional models which describe, almost dismiss prolonged grief responses as 'pathological' rather than a reasonable response to multiple losses. You will talk about grief as 'the process that allows us to say good-bye to what was and to get ready for that which is yet to come.'

AIDS has expanded our understanding of grief. Facilitators need to be familiar with the terms to describe these kinds of grief and be able to talk about them in order to relieve participants' fears that they are abnormal, going crazy, 'making it up' or exaggerating their own grief for some kind of neurotic purpose. These terms and concepts include grief, mourning, anticipatory grief, multiple loss, catastrophic loss, survivor guilt, individual and workplace burnout and disenfranchised grief. (*See the companion resource document: Project Sustain Final Report for a more comprehensive discussion of AIDS-related multiple loss*).

6 Containing your own 'stuff':

Unexpected emotional release is connected to part of a person's loss story. The stimulus that elicits the response is referred to as the 'trigger.'

We all have loss stories (we would not be human without them). As a facilitator, what's present in the room may trigger part of your own story. For example, a participant who shares an early loss related to childhood sexual abuse may trigger a response in a facilitator who shares a similar history.

If this occurs, you will need to 'bracket' your own emotion. This involves putting the emotional material 'on hold' with a decision to return to it later. ***If you find yourself triggered as you are presenting material, you may decide to:***

- Simply state that, 'It is hard for me to present this right now.' Often this will shift the lump in the throat, the tension in the stomach or the brimming of the tear ducts.
- Call a break. Excuse yourself and ask participants to discuss the material with each other. Take your co-facilitator aside to debrief and help you regain your balance.
- Ask participants to comment on the material so far (to give you time to collect yourself).
- Pass this section on to your co-facilitator.
- Call for a short break.
- Depending on your comfort level, you may allow yourself to share with the group what is coming up for you. This models the integration of the reality of grief as part of AIDS work.

All of the above will call for a degree of bracketing on your part. It is important to return to bracketed material later by talking to someone (ideally in debriefing). Otherwise, having been evoked, it will return at an unanticipated time, affect your body (somatize) and/or show up as disturbed sleep/disquieting dreams.

Letting participants know you are available for them "after I have had a word with my co-facilitator" allows you and/or your colleague to debrief and get back on track. It is then much easier to be fully present to the needs of the participants.

7 Loss theory:

A strong grasp of loss theory is enormously beneficial when helping individuals struggle to make sense of their often-bewildering responses to loss. For example, the person who says, "I always feel guilty when our agency experiences a death - I don't know why," will suddenly see an explanation.

Loss theory says, 'Experiences when we are very young form the way we respond to loss. In all likelihood, you experienced loss as a child and somehow came to believe the loss was your fault - this is common among children. As an adult, that is still your first response.'

Another example would be someone who feels bad 'because I just don't want to connect with any more HIV+ people.' The facilitator may offer the explanation that after having to process many AIDS-related deaths, avoiding more loss (by avoiding attachment) may be seen as a protective coping strategy.

When facilitators offer explanations in terms of loss theory, we provide a 'because. 'The *because* offers us mastery... As we move from a position of being motivated by unknown forces to a position of identifying and controlling these forces, we move from a passive, reactive posture to an active, acting, changing posture.' (Yalom, 1995)

8 Transference:

Transference is well documented and always occurs with a named authority figure.

There are three primary forms of transference:

- ***Transference resulting from 'displacement of affect from some prior object.'***

This occurs when a participant unknowingly responds to the facilitator as if they were someone from their past (e.g. the teasing uncle, the beloved older sister).

- ***Transference resulting from 'conflicted attitudes toward authority'*** (dependency, distrust, rebellion, counterdependency) may show up in a workshop as opposition to facilitator guidelines or aggressive challenges to the facilitation process.

- ***Transference resulting from 'the tendency to imbue (facilitators) with superhuman features so as to use them as a shield.'*** By setting the facilitators apart and 'different from me,' a participant can continue to believe in their inability to confront painful topics while simultaneously holding the facilitators in high regard.

Facilitators Please Note:

You are also not immune to transference amongst yourselves. Facilitators need to deal with transference and their own countertransference when they arise in the group. You need to continue developing self-awareness in order to avoid unknowingly falling into acting out of countertransference – to the detriment of the participants.

9 Guidelines for critical feedback:

With the heightened sensitivity and range of emotional responses present during a loss workshop, participants can often provide critical feedback to the facilitators.

Below are five guidelines to remember when receiving feedback:

- ***Notice whether you are feeling defensive or open.*** If defensive, remind yourself that you too are learning here, and you are allowed to make mistakes. You cannot be open to learning from a defensive position.
- ***Follow the rule to 'Take it seriously. Listen to it, consider it and respond to it.'*** In this way, you are promoting self-mastery, empowering participants to challenge themselves and showing them respect for doing so.
- ***Obtain consensual feedback.*** Confirm whether other group members share the criticism.
- ***Check your internal experience*** – is there a fit?
- ***Offer a self-criticism, sharing your awareness and experience of the issue.*** This models fallibility and is useful for cutting through transference based on the facilitator's 'superhuman' qualities.

10 Post-workshop supports:

A list of local support people and/or organizations, including cost (if any) is useful for facilitators. The content of this workshop may stir up material which can then be worked with and taken further as part of the healing from loss. The Bereavement Project staff are also available for consultation and support. While it is not within our mandate to provide ongoing bereavement counselling, we have an extensive list of referrals from around the province, and are available for debriefing. We would also love to hear how these workshops go – what was great, what was challenging etc. Please use us!



Assessment

1 Agency Assessment

Every agency has its own culture. The cultural norms may facilitate assessing grief within an agency or more than likely, the agency is blithely neutral about it all or may even block attempts to discern and take action about its group grief, as differentiated from the collected grief of each individual staff member or volunteer.

Here's the difficult truth. If the agency is to function in a healthy manner over time, it is necessary to find and work with its grief culture. When coming to a definition of the agency's current awareness of grief, be realistic, but dare to dream. One of the most significant, albeit unexpected, outcomes of this work is a strengthened sense of team unity and mutual support around the complex issue of loss. Powerful bonding arises quite naturally from the experience of looking at grief together.

Some questions that can help in an agency assessment are:

- How does the organization deal with loss at all levels?
- Are rituals in place to help people grieve?
- Are workers aware that grief is part of the reality of AIDS work? Is there an appreciation that an increased experience of loss alters both a worker's needs and their ability to respond?
- Is the agency atmosphere a supportive one? Is there a recognition that people respond to grief and loss differently? Are there a variety of supports and interventions available?
- Are external Employee Assistant Programs and/or mental health supports available?
- Are people able to take mental health days, dependent care time? Is flex time available? Job variation? Job sharing?
- Are supervisors adequately trained and in tune with themselves and the other workers in this grief culture?
- Are structures in place for expressing appreciation of the workers and what they are doing?
- Are there opportunities for positive interaction and regular time to talk not only of grief but of accomplishments and goals?
- What organizational issues confound the grief matters being experienced that may need to be dealt with separately from loss issues?
- Does each new worker receive training in grief and loss as part of their orientation? Do the workers, volunteers and board receive pertinent loss information as it becomes available?
- Is there provision for regular review of individual, team and agency-wide bereavement strategies?

2 Participant Assessment

It is very helpful to have a sense in advance of the workshop of the kind of loss experiences participants may be walking in with. Being alerted to who has experienced a recent loss, who is anticipating a death, who is a survivor of multiple loss etc. helps the facilitator to support individual workers by speaking to aspects of loss directly relevant to them, and checking in with them individually during break times (if appropriate).

Some workers are very open in their initial interviews about their loss experiences – though for more long-term workers these may not have been documented. Others may not be forthcoming with their loss experiences for fear they may not be considered 'suitable' for AIDS work. Then again, some workers are convinced they have 'never had a loss' – only to realize during the workshop that they had not thought about moving across the country when they were eleven and losing everything they knew as familiar.

While it may not be feasible to interview participants prior to a workshop, it may be possible to have them complete the following questionnaire as a 'warm-up' to the session. As a facilitator, it is extremely useful to have a sense of people's loss experiences prior to the training.

3 Suggested Questions for Assessing Loss

1. Connection to AIDS-specific loss:

'Many people choose to come to work with an AIDS agency because someone they cared about has died from AIDS. Is this true for you?'

If 'yes' to the above,

- What happened around the death?
- What has happened since the death?
- How have things been with family (however defined) and friends?
- What have their reactions been?
- What have your reactions and coping attempts been?

Do not be concerned about appearing 'nosy,' people experiencing a loss are rarely asked to talk about it and will usually experience gentle questions as support.

2. Connection to the issue:

'Working with AIDS means you may meet people who will die, and you will definitely be working side by side with people who are grieving. What has been your experience with loss?'

3. Connection to own history:

'Have you had difficult times related to a loss recently or when you were young? How have you coped?'

A major complicating factor in accomplishing grief work is that a current loss will resurrect old issues and conflicts. In an AIDS environment, it is helpful to have a sense of the preparedness and coping strategies of workers.

4 Cultural Competence

All people experience grief in a similar way – the stages and process seem to be universal (Parkes, 1983). However, there is a wide variety of customs and beliefs that assist people in moving through shock, denial, searching and yearning, disorganization and reorganization, and there are significant differences in the expressions of mourning and the rituals that help people accept and accommodate the reality of death.

Traditional religious beliefs and practices have long offered a structure for dealing with death and loss, and people in mourning or in emotional crisis often fall back on culturally defined modes of coping, whether or not the people practice any form of religion.

In *Training for Cultural Competence*, Dr. Terry Tafoya stresses that the goal of 'trans-cultural sensitivity' is not to teach care providers all cultural customs of health, illness and death, but rather to assist people to develop a multicultural stance. This is one that views problems and needs through the mourner's perspective, and then integrates those particular cultural beliefs and strengths into the interventions. This may be time consuming, but the reduced frustration and anxiety benefits both the mourners and the care providers.

Facilitators need to be aware of the context in which people view death and what they consider appropriate responses after death, including the range of acceptable emotions and expressions.

The guidelines below provide a framework for going into a situation that involves cultures other than the one you live in and are familiar with. The second set of guidelines provides practical measures to take when working with people of other cultures.

When going into a situation where more than one culture is represented:

1. Recognize that 'help' has different meanings in different cultures. Remembering that your own ideas of what is right, best, normal, healthy or appropriate are culturally influenced, be vigilant about imposing your assumptions on other people's realities, especially when the wishes of the person or family have not been made clear.

2. Recognize the cultural influences in your own life and how they affect your work. Further, recognize that you will not be aware of all the cultural influences on you and be ready to listen to challenges or to question unexpected silences.

3. Acknowledge your limitations when working with culturally diverse groups. Be creative and explore alternatives for overcoming these limitations. Be prepared to take risks and make mistakes - people will recognize and appreciate that you are reaching out and learning, and you will probably not make the same mistake twice.

4. Be open to learning about cultural traditions and beliefs. Ask questions related to the person's experience of 'normal' or 'ordinary' grief process. Identify strengths from the person's cultural background and use them as resources your support work.

5. Accept the wide variation in expressions of grief and ways of coping with loss.

6. Appreciate the history and experience of different cultural groups (including refugees and first generation immigrants or first-Canadian born people) and identify areas of greatest vulnerability and strength.

7. Recognize that loss is a universal experience, having a profound effect on our lives, regardless of differences in language, life-style and patterns of relating.

5 Increasing your cultural competence (Tafoya & Writhe, 1991):

- ***Be attentive to both the mourner's and your own non-verbal communication.*** In some cultures touching between strangers is an unacceptable liberty. Remember, however, that body language differs among cultures and do not assume that you can 'read' someone else's body language.
- ***Use bilingual material and interpreters.*** Avoid using untrained interpreters such as staff who happen to speak the language. Good interpreters translate not only words but also cultural dynamics and context, and they are bound by strict confidentiality agreements.
- ***Shape your message to be relevant to the mourner's reality.*** For example, many traditional and non-North American communities are other oriented in terms of well-being, while white North American society tends to focus on individual safety and health.
- ***Expect differences in beliefs*** about sexuality/homosexuality, help-seeking behaviours, causes of illness, care-taking responsibilities, death and dying, definitions of 'family' (in some cultures, extended family members are considered 'family' so a family group which does not allow grandparents wouldn't work).
- ***Time appointments and group meetings not exclude people.*** A Saturday forum would exclude people whose Sabbath is on that day.
- ***Structure groups in a culturally appropriate manner.*** Group structure can also be a factor. Some Muslim women, for example, would find it impossible to participate in a group of men and women because of religious beliefs.
- ***Train community or family members to teach and share information.*** Instead of relying on highly educated white professionals, use the care providers from other cultures. This requires extra time and effort but is crucial.

Remember:

All loss must be viewed from the mourner's point of view.

As Anais Nin states,

***'We don't see things as they are,
we see them as we are.'***

