

Episode 2 ‘Bereavement Counselling Myths’

Podcast Transcript

Life with Alcohol and Drugs

Host: Martha Rae (Scottish Families Affected by Alcohol and Drugs)

Guest Speakers: Gill Harmon (Scottish Families Affected by Alcohol and Drugs) Margaret Livingston (Margaret Livingston Counselling and Training)

Introduction:

This is episode two ‘Bereavement Counselling Myths’ with Martha Rae and Gill Harmon from Scottish Families and counsellor Margaret Livingston.

Martha, Gill and Margaret talk about different styles of counselling, what to expect from bereavement counselling and a bit about the Scottish Families National Bereavement Group and service.

Interview Begins

Martha:

Hello everyone!

Margaret:

Hello!

Gill:

Hi!

Martha:

So myself and Gill are from Scottish Families Affected by Alcohol and Drugs, we both work through our Bereavement service and our Telehealth service and we’re joined today with Margaret Livingston from Margaret Livingston Counselling and Training.

Margaret is one of the counsellors on our network of counsellors who delivers bereavement and general counselling for us. So thank you very much for joining us Margaret.

Margaret:

My pleasure Martha and Gill!

Martha:

So the point of today is really just to have a chat about counselling and what people can...what the benefits of counselling are and we’re hoping to kind of, I suppose, break down some of the barriers that people may have about accessing counselling. Personally I think the idea of counselling can be a bit scary for people. They don’t know what to expect. We’ve got this kinda image I think...we spoke about this before of, you know, sitting on a couch not facing a counsellor and talking about your deep, dark secrets.

So really...we thought it might be helpful to have a chat about the reality of counselling and what you

can expect and the benefits – you both up for that?

Gill:

Yes!

Margaret:

Yes, I am up for that, yeah.

Martha:

Excellent. Margaret, how long have you been a counsellor for...what's been...?

Margaret:

I've been a counsellor for...qualified in 2009, how many years ago is that? I'm looking at the date. Was that 12 years ago? Started practicing...so during your training you start practicing working with clients so that would have been in 2007. And I've worked in various organisations...then self-employment, I've been self employed and private practiced since 2018 and I've worked in a variety of places. Substance misuse, family organisations, high school, a few different charities. So, working with young people but predominately clients...adult clients and some couples, and different environments coming with a whole host of different issues.

Martha:

Do you have a kinda specific focus on issues you work with or is it any issues that someone might come to you with?

Margaret:

I've found no issues...there are some issues that maybe require some specialist intervention. Most things might find...a client might say they're coming with anxiety and so I work with them and what their experience of their anxiety is and something else might come in and they might then discuss multiple traumas they've experienced. And they might wish specific trauma intervention. There's different interventions specifically to revisit the trauma, AMDR is one... so I don't practice that. So I might work with them and I might refer them to a specialist service. Or if one came with an eating disorder but required a dietician or a nutritionist to be working alongside them then they'd go somewhere else for that.

But I don't say I don't work with X,Y or Z, it depends on what the client brings, and if they might need someone else with a different set of skills to me then we'd talk about that and I'd help them transition to that other service.

Gill:

That's really good cause often I think it's really important to recognise what you can help somebody with and what is outwith your expertise so, it sounds really good you know, that you're able to speak with them and pass them over as well and refer on. That's great.

Margaret:

Yeah, that's lovely.

Martha:

Obviously for the purpose of this we're going to be mainly talking about our Bereavement service so for anyone who is listening and doesn't know about our Bereavement service, it's really open for

anyone who has lost somebody following substance use. We try not to make it too limited. Making it as accessible as possible.

So it's really for anyone who has lost someone whose had a relationship, you know, a kind of problematic relationship with alcohol or drugs. So, it doesn't necessarily need to be that the person has died from a drug overdose for instance.

But if they'd had a history of using alcohol or drugs... and really the reason for that service is because quite often we're not just dealing with the immediate loss of that person. People are often dealing with the kind of difficulties of the relationship that they had with the person before they died.

Sometimes it's around the difficulty trying to understand what...why they used drugs in the first place. So there's quite often a lot of trauma caused by supporting a loved one who has been using alcohol or drugs.

Really, that's why we have such a kind of specific service. Because it's often not just Bereavement counselling that somebody is coming forward for. It's often, you know, for things that have happened before that as well. Margaret, you've obviously got a lot of experience working with our clients as well. What would you say are the things people come to you through our service...?

Margaret:

Yeah, the clients have really conflicted emotions and they can't understand why they might feel guilty and sad or they're angry or some may feel relief as well. Then the guilt follows on with that. So these emotions that can run alongside each other in someone, they can't understand them. They feel that they're a conflict and the two can't go together but they do.

Sometimes clients never got to say goodbye because it's been a sudden ending and that causes a lot of distress for them. And there's a way that we can work together to, for what they might have wanted to say to the person that they've lost and whose died. So that's something that comes along.

There's...they may have a much more predictable life. So say there was complications with the relationship with the person whilst they were alive. And now there's less complications, life is more predictable. But they're not happy with that predictability. And because the pain of the loss is so huge for them that they're still in that.

And what I would say is that grief is a very natural process. However, in the natural order of life you know, if a parent loses a child their child dies, they don't expect that. Or if it's a sudden death and it's substance misuse or there's been suicide or murder, that interrupts our natural grieving process and people might just get stuck. So depending on how soon or not after the death, they come...they may still be stuck in their grief and not have found a way to adapt to life to live without the person.

So a lot of the work, the main part of the work is how do you adapt? It's not about recovering from something, you don't recover from losing someone that you love but it's how to do adapt and still manage your life, and experience some joy within your life.

Martha:

And you can justify it can't you? If it's your 98 year old granny that's died you can justify that to yourself, there's comfort in that. There's a process you expect with that in grief. You know, she's had a good life. I'm using that from my own experience. You're still sad, grief is still very much apparent, but you expect it.

Margaret:

Yes

Martha:

And you know that was to be expected at some point but as you say if it's a parent losing a child it instantly interrupts that natural process as you say.

Margaret:

Yeah and grieving for not what will happen in the future. What you believed it would be in the future like celebrating other birthdays, or marriages, or as a parent maybe getting a grandchild – whatever, whatever the future celebrations might have been that you expected to have with your child or whoever the relative is. If you perceive the relative has died suddenly and earlier in their life than what you anticipated...yeah.

Martha:

And I think as well, certainly when we're speaking to people, I don't know if you've had this experience as well Gill. But whenever somebody comes through our Bereavement service we, myself or Gill, will always call them first to just kinda check in and see how they are. Have a chat about what their preferences are in terms of counselling or counsellor if it's a male or female counsellor or anything like that. We try not use the word assessment but we have a chat about where they're at and what they're looking for. You know, is it support or is it counselling?

We'll hopefully chat about the difference between those in a wee bit. But you know, I think for a lot of people, I suppose we're trying to make the whole process into counselling easier for people because I think there's as I said...I think there's still a lot of misconceptions around what counselling is.

Gill:

Yeah I would say a lot of the time people don't even know themselves if they're ready for counselling. And certainly I know we would be having a conversation with them to say why not even let us set you up with one session with the counsellor and you see how that goes and then you decide whether you want to take that forward or whether you aren't feeling you're in the right place and you know you can come back to it if you do feel then, you know, that you're maybe ready at a different time and I think that's just really important, just having that option for people to be able to explore that themselves with the counsellor.

Margaret:

And a client...so I've experienced both that - a client saying I'm not sure if I'm ready, and we've had a session to explore that and then the client determined she was ready and then we could continue with the sessions. And also on the flip on that if someone wanted to engage in counselling and then maybe just feeling at that particular...I think it was maybe the second session... feeling it was 'maybe too much just now, I thought I was feeling okay with this but actually it's not and I will return to it'. And that was maybe determined by the other stuff that was going on in their life at the moment.

And I think it's important to know who else is around the client. What support networks do they have in place? And who have they got? What's life looking for them before they start uncovering different emotions and engaging because counselling...the aim is that you will...something will happen by the end of it.

Whether you have more clarity or there's more acceptance, forgiveness, self-awareness, whatever it is that you're working with. But it can be tough during the process and you want to make sure that the client is robust enough I suppose to engage in the counselling process and knows that it may not just be a very smooth straight road but there can be really beneficial outcomes.

Martha:

And that is something I think I always say to people is that you know, the first, second, third session sometimes you might not come out of that feeling better because you're...we don't, we're human beings, we're trying to avoid discomfort. We try to avoid upset as human beings. Pursuit of happiness doesn't allow us to dig into those sad things sometimes, I think that can be really, and actually counselling is asking you to do that. It's asking you to open up that...the box that you've kept kinda covered...you know, because to do that you need to unpack a little bit and I think certainly my understanding of counselling is doing it safely so you're unpacking that, you're doing it, you're not just taking the lid off, shaking everything out and surrounding...you're doing it in a kinda safe way with somebody that helps you contain that in a safe way.

Margaret:

Yeah absolutely - contain it. And looking at something a little bit at a time. Rather than let's pull everything out and look at it fully so it might just be in different stages to look at something and look at something a wee bit deeper. And I do not force any clients to speak about something they don't want to. So I'm a person-centered counsellor and that is non-directive approach. It doesn't mean it's without challenge...yeah I challenge clients, there's challenge in the counselling process, but I'm not asking clients to talk about something or go somewhere they don't want to. So I'm beside them and safely working with them to explore whatever it is.

Martha:

In your experience Margaret, what are the kinda of main benefits of bereavement counselling if we're looking specifically at bereavement counselling for people – what can people hope to get out of that experience?

Margaret:

First of all, I would hope that they would experience it's an environment that feels safe to them. That they can trust who they're working with and be open about their feelings and these conflicted feelings that I'm seeing that they might feel relief, guilt, anger, sadness.

Often clients will say to me as well 'I don't know if this is normal to feel this way' and we could pull apart the definition of what's normal and what's not for the next hour. But when they know that there's different...we might look at some of the grief models or series, that actually feeling this way or that way is okay. And it's okay if they feel that way for another however long – there's no time limit to it. Just takes a bit of pressure off because they may hear from...clients have said this to me, they may hear from others 'oh well such and such a time has passed so you should feel this way' so this is people that have good intentions, I suppose people that care for them and love them and don't want to see them distressed or really sad. You know it's been this long or that long so, I didn't think you'd be feeling this way anymore. And actually it's just to take all of that pressure away that you ought to feel a particular way at a particular time and just to work through the different emotions to name them.

It's ultimately - it's to...the hard work is adapting. So how can this person adapt to life without the person that they loved not physically being in the world any longer.

Martha:

And I think that's it...and I really like that word pressure because it's something again we hear quite a lot...it's this, 'I feel like I should be feeling better than that'. Spoke to someone relatively recently that the bereavement was 5 years ago and she said 'I feel like I should be feeling better by now, why am I not? You know, everyone keeps telling me I should of moved on' and she did a bit of research into the

stages of grief and she was like 'I don't think I've been through all of those yet' and I was trying to explain to her that while theories are very useful, and yes, the Kubler-Ross model of the 5 step stages of grief, it's useful to know that those feelings might come up at some point for these people, but actually it's not necessarily that you will do it in that kinda linear process.

We're human beings, I don't know anyone who totally processes information in the exact same way.

Margaret:

And there might be some clients who would experience grief really busy themselves in life. So they're in...if looking at one of the models they might be in the restoration phase where they're really busy with life and getting on with life and they don't spend enough time acknowledging their grief or acknowledging their different emotions that they may be feeling.

It's a very - busy busy busy. And on the flipside of that there may be some clients who feel quite stuck in their grief. And they haven't managed to adapt so you would be helping clients identify the ...where they are, and the different ways they may want to consider which might help. And it's not rush them anywhere, it's just to notice where they're at and to discuss that. Why they're there and might they spend some time because some folk are scared of their grief. They think they'll be too overwhelmed or too distressed. Some clients report that they're scared to cry. You might think if they start crying they'll never stop.

Martha:

Yeah

Gill:

It's interesting that you picked up on that though Margaret about the kinda time and busying yourself and that restoration phase because what I would say is certainly we've had quite a lot of calls from people during the pandemic who thought that they had just thrown themselves into work or other commitments and busied themselves, and now it's maybe 10 years down the line since the loss of their loved one and they're only now they're realising that counselling may be a bit of benefit to them because they have so much more time on their hands and very little activity to kinda keep them busy so that...it's kinda brought it out for them, there's been quite a number of calls with that so it's really interesting to hear about that aspect of busying yourself as well at this time where it's not as possible.

Martha:

Distractions aren't as available at the moment and certainly I'm a firm believer in...I'm a talker, I think you'll both know this about me already!

But for me if I'm holding onto something it's only me that's dealing with that. If I'm holding onto something, an ill feeling of any kind, and I think grief is probably a complicated experience for anyone....I think if you're holding onto, you're keeping that in the box and the lid's on. That box just gets getting heavier and heavier because you've never looked at it, you've never opened it, you've never actually dealt with it.

You can ignore it, you can pretend it's not happening, you can keep yourself busy and just 'I'm just gonna leave that behind me' but eventually that starts spilling over I think in other ways. I've always been a kind of advocate I suppose for sorting through that stuff. It's like the drawer in the kitchen that I think everyone has, I don't know what to do with this so I'll shove it in that box, I'll shove it in the drawer and keep the drawer closed and I won't deal with it. And eventually that drawer gets too full because you're not dealing with anything in it and you have to have a big sort out and actually it can be helpful just to sort through those things.

Margaret:

Absolutely because it's still there, the drawer is still there whether you choose to open it or not. It's still in disarray, so something happens or someone else opens the drawer, you're triggered by something, so seeing the drawer whether you didn't want to .

Martha:

I wonder if it'll be helpful as well just to kind of...what is the process? So if I for instance I think as I kind of mentioned earlier, in terms of our service if someone would contact the Helpline or have a third-party referral that comes through to us, from that we would - myself or Gill would give that person a phone. And just kinda check in with them, see what's happening.

We would then pass on their information with their permission onto one of our counsellors like yourself for instance. What would happen then? What would people expect? And once you've got their information what do you do with it and how does it work?

Margaret:

So once that information is passed to me, you would usually note whether they could be contacted by email or telephone, and you can leave a message or not. So I would use the information you give me to make contact at the best time for the client. And I would make that contact and have an initial chat with them and just introduce myself. Talk a little bit about counselling and hopefully agree the first session if they feel comfortable in that initial chat with me.

Then we'd agree when the first session would start. So that wouldn't be the first session, it would be this introductory call to say who I am and what you've agreed, how many sessions you've agreed and what they can expect and then we'd agree the first date and session.

Martha:

I think that's really important as well, that initial phone call. Because certainly again from my experience, there's this term of 'clickability' with a counsellor and I think it's really important because again, we're all different, we all process information differently. And if you're trying to unpack the kitchen drawer that you don't want to open, you want to be doing that with someone who you feel safe with, who you feel comfortable with.

So that initial kinda contact must be really important I imagine – to see if that relationship is there, to see if that's going to be a safe place to do that unpacking.

Margaret:

Absolutely. And usually it is just a brief call, it's not a full session. But you would hope that the client would get a sense of who you are and if they're able to relate to you and start opening the drawer with you. They might not know it in that brief call, but they'd know it fairly quickly I'd imagine when you'd start the full sessions together.

But at the moment it would be via a Zoom or telephone because of the pandemic, we're still not working face to face. And the sessions are just under an hour, they're about 50 minutes and usually weekly. But that's also determined by the client's availability and what other commitments they might have. It could be day or morning/afternoon or evening, depending on their availability too.

It's really important that the client has like a private space so...I have worked with some clients who might be sitting in their car or they've went a walk, or because their house is too busy and they wouldn't get the private space so it would limit what they were able to say. So their private space might be outside, but it is the best thing to accommodate their availability and their privacy. The

majority of clients that I'm working with is via Zoom actually at the moment rather than telephone and I just wonder if the world has been introduced to Zoom or these online platforms, I'm not promoting Zoom by the way!

So yes, so they say 'Oh I've been using Zoom for my work, I've been using Zoom to chat with my friend, or I've been using Zoom for so..'

Martha:

Everything's moved online hasn't it? Which can muddy the waters a little bit I think, but it's...

Gill:

I think definitely people are more comfortable with video call. I know even myself, if somebody had put me in front of a video call in February of 2020 I'd of been like 'oh no I can't do it I don't want to!' And that's something I often say to people as well is you know, if we even have one session over the phone, meet up with the counsellor and then you and the counsellor can decide if you want to move onto the video call.

And I suppose as well, just trying to promote that it's really helpful whenever you can see the client as well because you know, you can pick up on facial expression and body language and things you just won't get...just that bit more connection that you don't get over the phone as well.

Margaret:

I do have a good experience of telephone counselling as well with clients. And what I'll do is fill in the gaps, so they might not be able to see my face, I always describe where I'm sitting for a start. I'll say I'm at home, I'm in my counselling room, there's no one else in the house, it's a private space, I'm in Glasgow. Just so they know where I am and how private a space it is because they don't know where I am or whose around.

So I give them that assurance. But also I'll fill in the gaps if they don't see how I maybe reacting. So I might tell them I'm aware that I'm smiling as you say that, because they would have been able to see me smiling if they were on this link with me. So we can't, but if I'm aware that I've responded to someone I say I'm aware that I'm smiling when you mention whoever it is.

Martha:

So it's almost like you're audio description of what's happened a wee bit!

Margaret:

Yeah! So I try to fill in the blanks that they might not have access to as much as I can.

Gill:

That sounds really helpful Margaret.

Martha:

I know you mentioned previously as well Margaret that you're a person-centered counsellor. Would you be able to talk to us a bit about, because quite often we'll be asked the difference between CBT, psychodynamic, person-centered, integrated, which seems to be coming up more with counsellors.

Margaret:

Yeah, I'll give you my take on it and apologies to all the different modalities if I get any of the language wrong. So I'm person-centered so I can talk more about that, but I won't, I'll talk a little bit about all of

them.

I suppose, there's so many therapies if you think about it. If you were to google it, there would be, if we start at the start of the alphabet, there'll be art therapy, there'll be behavioural therapies, then cognitive behavioural therapy, and if you just keep going down there's transaction analysis, person-centered approach, psychodynamic, psychoanalysis and people might...internal family systems – there's so many!

And equal therapy and people might get lost and say what does this mean? Ultimately I would hope that a client knows that it's a space that will...they'll be held in and contained, and they'll feel safe to explore. But they may experience it differently depending on the modality of the counsellor or psychotherapist that they go and see, depending on their training. And also their style.

So I mentioned that I'm person-centered, but that's a continuum if you like and I'm not classically person-centered. So I might describe myself as eclectic so there's another word to throw in the mix. So that's my core training but I may pick up some resources or techniques that I've learned from other training...further training. Integrative is someone might have trained in like the three main modalities if you like of psychodynamic, behavioural and humanistic.

So their integrative training would have been a whole combination of those. They...I'll split them up a bit. So if we think about psychodynamic approach so most people if you ask them anything about talking therapy or counselling they would probably know or heard of Freud...Sigmund Freud. And that's maybe when we have the image of someone lying on a sofa, and there's no eye contact, and the psychoanalysis is behind. And it...if you were to work with someone from a psychodynamic approach, there may be some focus on childhood experiences, you know, early years relationships with caregivers. There...and how that impacts today. So there may be...lets revisit your early years and see how it determines how you are today.

There may be some dream exploration because there's like how the unconscious is finds its way out and plays into our conscious behaviours.

Martha:

...was into dreams wasn't he?

Margaret:

Yes, I think, the royal road to the unconscious...so there might be some! I don't practice in that way so, but there may be some work around that...some of the language might be that some people might read...psychodynamic biography if they were going to work with them and it might talk about the work with the ids and ego and the superego and there might be some work on how attachment theory has played a part and how we attach on adult relationships and how we attach in early childhood. But ultimately it's talking therapy. It's sitting with someone via Zoom or phone and it's working things out. But they might be ask about early relationships.

CBT sort of cognitive-behavioural therapy is probably one of the younger schools from the behaviour therapy model. And that would be focusing on...so say there's a situation and it triggers...what happens is physiologically what's going on? What are you thinking? What are you feeling? And how are you behaving? And it might be that some of the language might be that there's automatic negative thought process with some clients. So I'll give you an example – if this door...if we weren't in a pandemic and this door chapped and someone is coming to visit who hasn't visited me in a while, I might think oh gosh there's three towels down the stair in the living room on the couch that I haven't brought upstairs, I've got dishes in the kitchen, so that's the reality. But I might then think this person whose visiting will think that I am lazy or I can't cope or something so I might go to there and there's a whole set of core beliefs that might be challenged by the therapist...do they still fit today? Are they

still your reality today? Because they might have carried these core beliefs for a long time and they just may not fit.

Martha:

Am I right in saying with CBT there tends to be a bit more paperwork almost, you know, this kind of...this working through a situation or a kind of presenting issue.

Margaret:

Yeah, so there might be an agenda and following through with that agenda is some structure on how you might work with that. There could be some homework, so following on from whatever the agenda was and whatever work you were carrying out. It's in collaboration with the client.

So this work might need to be done because it then follows on to what you're working on the following session. It might be keeping a diary or noting down triggers when you've experienced something and that will form and I suppose be helpful for a future session.

And I suppose the idea is if we change these automatic negative thoughts, if we can change a thought process, ultimately it's going to affect how we behave and how we feel.

Martha:

I could see how that could potentially work for bereavement, particularly as well because there are maybe some automatic thoughts that are happening for people through that bereavement, through...so you can see how that might help...

Margaret:

And in the humanistic approach, so person-centered is being how I practice, and emotion-focused therapy. That's really looking at the clients experience of their own world and the counsellor or therapist, not believing that they know better than how the client can live in that world and really getting a sense of what should reality look like...unpacking it and exploring it. Being beside them to do that, raising self-awareness, gaining new insight. Really getting to know what it's like to be you, to live in your world as you.

Martha:

Yeah so the counsellor isn't the expert in their life. The client is the expert and the counsellor is there to guide.

Margaret:

Yeah be with them and uncover things together with them. Yeah. And there's I suppose there's...each of them could be critiqued by the others...I think there's value in all of them. Person-centered is a hopeful approach, really believes that as human beings we all have the capacity for growth and to change.

And so some of the other modalities may think that...and we offer the core conditions of empathy and acceptance and congruence, and it's...we all offer that as what they might say, but it's not enough. So as I say...and we have to do this, we have this technique or this direction or...

Martha:

And am I right, just for anyone who does want to look into this further. There's some great videos on YouTube – is it Gloria?

Margaret:

There is Gloria. They're quite old, they're quite dated but Gloria does have interviews...so if they just put the Gloria interviews...she has interviews of the different modalities and how she experiences being in that session.

Martha:

I remember watching those a while ago and they do kinda show the difference I suppose of the different...how the counsellor I suppose...interacts.

Margaret:

Yeah and I suppose in brief terms, psychodynamic may spend some time in the early years and how it impacts you today. And CBT is mostly less interested in that and more about in what's going on today and what techniques could we put in place to change that so it doesn't have such a negative impact on you and humanistic is what's your world like and lets uncover it and work it what's best for you.

Martha:

Thank you for that.

The other thing I suppose is we often talk about the difference between support and counselling. So at Scottish Families we offer support for people, we have experience in bereavement that's maybe...though I suppose the way we kind of see it is that's maybe before someone is ready for counselling. Can be sometimes after they've been for counselling but they still need someone just to offload to really, have a space to talk.

Gill:

There's this space like to speak about their loved one isn't it? Quite often people maybe feel that whenever they're bereaved in substance misuse of whether it's drugs or alcohol have been a factor that I suppose they might actually have quite a lot of stigma around that passing. They might not actually of told people like the truth. So sometimes I think it is about almost having that safe space that they can just speak about their loved one or even just the circumstances around...without judgement as well, yeah...

But we're all obviously very clear that we're not trained counsellors and it is I suppose looking at what...what is that difference then between support and counselling.

Margaret:

Yeah...I think my definition would be that well...counselling is a longer process, possibly. Where you're uncovering different layers and you're building up really the...that one to one relationship and trust is building up. And I don't mean if you're offering support regularly then of course you'll be doing that too.

There's I suppose, there's maybe different boundaries in place and different ethics to consider and often with support it doesn't have to consider the same sort of boundaries or confidentiality process or ethics. I suppose you'd look at what is...if I'm offering support what does it look like and what are we bond by and describing that to the...

I see support as well, when I, if I need support I might need it for...it's not always linked to emotional wellbeing, I might need some practical support. I might just need to listen to me, I might need financial support, so it's not the...the word support is not always linked to emotional wellbeing I suppose, firstly.

Martha:

And we would certainly signpost people during that support period. We'd signpost, we'd maybe give them information they might need, as you say the practical considerations following a death or you know, so we could maybe offer that support. Whether as my understanding I suppose is counselling goes in...and certainly from someone whose delivering support and not counselling, it's often, if someone says to me about a way that they're feeling...I don't feel like I necessarily have the skills to safely...help them unpack that, or I don't feel like I have the right...or maybe I don't have the confidence I suppose to have the right response to that initial feeling in that I think that's for me certainly the counsel process is just slightly deeper than support. As you say it's much more focused on their emotion of it but it's for me, there's a depth...

Margaret:

And the client might only want support and not want to unpack, and not want to open that drawer. But wants to talk about all around that kitchen drawer or whatever and that's still going to be helpful to them in that moment. Or they might want support when there's a crisis, I don't know I need something and I'm not quite sure what it is and I need to know information about that...

I'm thinking maybe some clients that contact you that maybe don't understand when they'll get toxicology reports for instance, or they might need some sort of information to help with that and that might reduce some distress within them.

Martha:

For me as well, counselling and I think you've kinda said this at the beginning of this chat Margaret, counselling suggests change in some way. And you know, so some kind of movement and how we feel whereas support I think sometimes can be more surface in terms of sometimes they just want to talk about their loved one, what they were like, who they were, and that's fine.

I think that can be really beneficial for people. But for me, counselling goes into I suppose the way I'm talking about depth I feel there's more...there's a change in maybe how someone feels by the end of the counselling process whereas support, the person can stay the same but they've had an opportunity to offload. So that's where I always go with it.

Margaret:

Yeah...yeah, maybe going back to the question you asked about what can folk expect from counselling or what can add to that...outcomes might be. There could be more self-awareness. So if you consider, this might happen when you're offering support, but more self-aware of this, more acceptance of self or someone else, forgiveness, compassion, they might be able to regulate their emotions better, identify triggers of what happens and what triggers them into emotional dysregulation and work that out and new strategies to cope with anxiety.

So there's a whole host of things so it might have changed or they have or they feel more resourceful because they've got more knowledge, more awareness. And when they're met with an issue they're able to respond to it differently so something would of changed – you know, their capacity may have changed to respond to adverse things...

Martha:

And that definitely comes from what you were saying earlier about people...sometimes we need to know the answers, I think people...you know, is this normal? Is it normal that I feel like this? And sometimes just having 'yes!' and I think back to, what you were mentioning too Gill, when someone unfortunately...stigma around alcohol and drug use is still massive, it's still massive for families members impacted by it even if they're not using alcohol or drugs themselves, so stigma will continue

for some time, so it's how we kinda navigate that as individuals and as a service as well I think.

But certainly, I've spoke to a huge amount of people who have said things about...they've lied for instance when people have asked them why their loved one has died...how did it? And you know there's something around...a lady I spoke to some time ago, her son, she told everyone her son died in a car crash and it was really interesting the words that she used she said she felt there was more honour in that. 'I felt there was more honour' in dying of a heart attack or dying in a car crash rather than...she said she didn't feel like that but felt that other people would feel more sorry for her, she said, I remember she said that her...she could see on people's faces when she told them that her son had died of drug use....that the empathy left. It's suddenly this kinda, the face of 'well what did you expect?' and I think that can be really challenging for people so often that space, whether it's through counselling or through support or whether it's through peer-support. As you said Gill, having that space where people can talk...without judgement.

Gill:

Can talk about their feelings with judgement, definitely.

Margaret:

That's come up in counselling sessions too. Where clients have described that to me that they're uncomfortable because they don't know what they're going to met with if they said the reason that their relative have died. And that they're uncomfortable with...they're expecting to be met with judgement, less compassion than if they had said 'oh my son had a heart attack'.

Martha:

That's really isolating I imagine.

Margaret:

It is really...isn't it? In that it's still happening. That they're still experiencing so much stigma.

Martha:

Especially when we look at alcohol and drug use, it's the most indiscriminatory thing in the world, it's not a type of person....

And many families will say to me 'I'm not the type of family that has alcohol or drug use' so they've even got that stigma themselves and what I always say to them is what is the type of person that does?

Gill:

There is no specific type!

Martha:

You know, class, I think it...it's so indiscriminatory ... problematic substance use, it touches every...everyone.

Margaret:

Yeah!

Martha:

...and Scotland I imagine, most families either a close connection or kinda direct connection to

somebody who...has an issue with alcohol or drugs.

Just as well, just to kind of update a little bit so we've been talking a little bit about the peer support side of things as well. And Margaret, we're very please that Margaret has agreed to help us out with this. The next stage of the Scottish Families support which is around our National Bereavement Group, so this has been on the books for how long have we been talking about this Gill?

Gill:

Quite a while!

Martha:

Quite a while now! But we are hoping to kinda get things moving as soon as possible with that and it's just to give people that opportunity...we have across Scotland we do have family support groups, we have places where people can go and talk about their loved one that they're currently supporting.

There are some little pockets of really successful bereavement groups but I think generally what we've found is that it's very much depends on where you live and even certain bereavement groups...non-specific bereavement groups, people don't feel comfortable going in and talking about someone they've lost as a result of substance use. We've maybe had people who have gone to a family support group and don't really want to talk about losing someone, they don't want to give people in the group a loss of hope, they maybe don't feel comfortable listening to the family members in these groups kind of totally understandably....having a moan about their loved one!

Or you know, or needing to offload...so it can be a really...cause it's such a specific need I think, what we've established is that we want to give that a bit of space for people to be able to speak...to be able to speak openly without judgement to other people who have been in similar situations. As we've said this has been on the cards for some time, I think initially we were very keen on having that as a physical group, that people could travel to. That people could be sitting in a room together and actually talking about it, for me there's something there about the connection of that. But I think as we spoke about the beginning that...people are getting more of an appetite for online and let's be honest who knows when we're really going to be out of all of this?

Gill:

When we will be allowed to have a physical group!

Martha:

To hug each other!

But I think...the idea is for us to move it online...kind of...hopefully sooner rather than later. So that we can start making those connections for people, so we're giving people that space to meet other people who have been in a similar situation.

So we are aiming within the next couple of months I think – is that fair Gill?

Gill:

Yeah I would say so.

Martha:

That's our promise! Within the next couple of months we're hoping to have that established...you know, anyone who is listening and feel that is something they would benefit from they can contact us. And there will be more information out about it.

Margaret:

And maybe, you know, when you set the theme or the idea for the first one, then some of the family members who come along can give some ideas maybe on how they would like it...the next group to look like, or if that format works whether it's how formal or informal it'll be, whether there's a talk or it's a small meeting room online, maybe some of the family members can contribute to helping shape it...so it might not be the perfect shape right away, or have the perfect format but...

Martha:

That's exactly what we're hoping and I think with any of our groups or services, we look for as much feedback as we can get about...because

Gill:

We really like families to try and help us...help take the agenda that they want because if it's not, if it's not singing to people then they're not hearing it and you know there's just....there's not much point I suppose so.

Martha:

And I know certainly, I would much rather put our time into something that's helping people that's serving a purpose, rather than us making it up, putting something out there and just hoping we've hit the mark for people.

So it's really useful for us to work collaboratively with the families that we're actually work with to build a service and the group absolutely being an example of that – to build a group that's actually going to be beneficial for the people at it.

Watch this space on our social media channels and things like that for more information on that!

Is there anything else that we think might be relevant for this conversation?

Margaret:

I'd just like to see if someone is listening and they're not sure if counselling would be helpful or not to them just to make contact with you and then you know, it's no commitment, so once they have this exploratory session, they don't need to engage with counselling after that. But it's worth making the call if they think that if they're curious or they're not sure....

Martha:

If they might...

Margaret:

Yeah, yeah

Gill:

Take that first step

Margaret:

Absolutely

Martha:

And I think, as I said I'm a talker so I totally...I think we can get a huge amount out of just making

sense of the jumble that's sometimes in our head. So yeah.

Margaret:

Not being alone with it, just sharing what's going on. Yep.

Martha:

And I think that's the other benefit just on that kinda point – sharing it with somebody that isn't a loved one. Isn't somebody who also has feelings around it. Isn't someone who knows the situation. It's your perspective and that's all that's kinda important in that conversation which I think...

Margaret:

That would have been helpful if I'd said that earlier probably actually and what they can expect and what do clients bring, I can't remember what the question was but a lot of folk might say that they have tentative or delicate conversations or no conversations around the person that has died with other family members because they're all looking out for each other and don't want to upset the other. Filtering maybe conversations and this is a space where you don't need to filter or to think...you just bring what's going on for you.

Martha:

And also I suppose they don't want...if I'm really upset about something I maybe don't want to tell my mum that I'm really upset about it because that's going to worry her, that I'm really upset so suddenly I've put that on her, she's sitting with it.

Unfortunately my mum does...my mum is my main counsellor so she probably does get most of it! But you know, whereas a counsellor I suppose it's their job to hold that stuff for you and because there is that...there's not that kind of...of course there's a personal connection but it's a professional personal connection. So that...you know that the counsellor is not going away and having sleepless nights hopefully about you're...it's a safe place to put it, it's...

Gill:

People are so often you know... the strong one for other family members and then that is...they need somebody to come in for them to be able to offload to and speak with and what I suppose I would say on that, just picking up on you know different family members within the same household or you know, in the same family member that they have lost it's that any number of family members can get counselling from the service as well. And if they even want a different counsellor then that can be arranged.

Martha:

Yeah, and I think as well that can be, especially when you've got multiple people impacted in the same household or in the same family. We all deal with things differently and that can be really frustrating for people because you've maybe got a husband and wife and the wife doesn't want to deal with it and I'm keeping myself busy and the husband is going no I need to talk about this so that can be quite conflicting so having those spaces separately to deal with it or dealing with it in your own way can be very helpful.

Well thank you very much for your time today Margaret. And hopefully we have encouraged people who feel that it would be beneficial to...we'll even let you request Margaret! But no, thank you very much for your time today.

Interview Ends

02/06/2021



Exit:

Thank you for listening, if you're worried about somebody else's alcohol or drug use you can contact Scottish Families on 08080 10 10 11 or by email at helpline@sfad.org.uk. We also have webchat and further information on our website www.sfad.org.uk.