

REFERENCE:

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TALKING ABOUT TALKING WITH COUPLES AND FAMILIES

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Clients for whom the technique is appropriate: Most bereaved who seek grief therapy, individually, as a couple or as a family will appreciate the space and opportunity to explore the process of talking and listening to the pain of grief from early in the therapy process. Exploring the ambivalences and hesitations of every family member is especially important for couples or families who have not talked about the loss for a long time. However, a “meta-conversation” about constraints on communication within families may be less relevant when such communication is fluid and well established.

Description

In grief literature, and more generally in psychotherapy literature, there is a strong emphasis on the importance of the expression of grief, and openness in communication between partners and family members. Indeed, the expression of grief can be healing for the bereaved and sharing grief can be a way to create a stronger bond, a sense of togetherness and relational intimacy. However, in our view, rather than approaching grief communication as a necessary condition for all bereaved at all times, we propose to consider the contextual factors, ambivalences and relational tensions at a specific moment in the grieving process of the

Talking about talking with couples and families, An Hooghe, Techniques of grief therapy individuals and relationships involved (Hooghe, Neimeyer & Rober, 2011). Therefore, we want to create a space and opportunity in clinical practice for family members to ‘talk about talking’ (Fredman, 1997), to explore how it would be for them to talk about, and listen to, the pain related to the loss. Often family members are not used to, or choose not to talk about their grief with each other. They don’t want to be a burden for the partner, their children or parents, they find it hard to express their pain, they see no value in making this enormous pain explicit, they fear not being listened to, they want to keep their own grief for themselves, they feel they lack the strength to deal with the suffering of other on top of their own, and so on. Exploring and acknowledging the hesitations of all family members in therapy gives them a chance to better understand the process of talking and not talking in their family. The therapist therefore needs to attend to the possible tensions and hesitations involved in sharing: *How would it be for you to talk about this pain you feel? What would you be afraid of if you would express some of it to your partner? How would it be for you if we would talk about your deceased brother? How would it be for you to listen to the struggles and grief of your daughter? Which stories would be valuable to share? Would it be a good time for you now to talk about how you all try to deal with this loss you had? With whom would you think it would be good to share some of your grief? What might be good reasons for you to keep your grief to yourself and not share it with others?* And so on. Not only is it valuable to explore this possibility of sharing with each other in advance, it is also important to reflect on this sharing afterwards: *How was it for you to express this to your father? How did it feel for you to see your mother crying when she was talking about your deceased sister? Did you feel listened to by your partner in your grief?*

It might be that, at least for a given moment in time, *not* sharing some (or all) feelings or thoughts, with some (or all) listeners is valuable for the bereaved and/or the bereaved family. An increased understanding of the possible risks associated with talking, as well as *not* talking, and

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the wish to remain silent about some aspects of their grief, may give them increased tolerance for their different ways of dealing with their grief.

Case Examples

Case 1. Five years after the loss of their baby girl, Hellen called me with a quest for grief therapy. I suggested that she bring her husband for the first session. I told her that her husband Wouter perhaps could help us all better understand what she looked for in psychotherapy. I proposed that we could talk about how it would be for them to talk about the loss of their child. Although Wouter was somewhat hesitant to come along, he was willing to cooperate in exploring how talking about the loss could be helpful for his wife. They told me that shortly after their daughter Katrijn had died during delivery, they had talked a lot about Katrijn and the pain of losing their dreams for this child. However, after a few weeks they stopped talking with each other about the loss, not wanting to burden the partner with their own grief. Moreover, they increasingly felt the tremendous difference in their ways of grieving, and did not see the value in sharing their grief with one another. Wouter talked about how he had always tried to hide his tears and to be strong for Hellen. He was raised this way, he said, “to be there for your wife, to be the rock to lean on.” Besides, he added, he did not think of himself as emotionally strong enough to confront her tears and comfort her. “I walk away when I see the pain in her eyes, because I’ll crash if I stay with her.” Although Hellen often felt alone in her grief, she also recognized that her husband had been the one who took care for her in many ways. After the delivery she stayed home for more than two years while he worked hard, took care of all the financial and administrative hassles and finished the house they were building. She explained that her quest for individual therapy was her way of creating the opportunity to express her grief without being a burden to Wouter. Exploring these last years in terms of their *not* talking, they both expressed how they were touched by realizing how they had been taking care of each other in their own

Talking about talking with couples and families, An Hooghe, Techniques of grief therapy ways. We further explored how it would be for them to talk more about, and listen to each other's grief. On the one hand, Wouter said, it would be nice to have a limited time in these sessions in which they could talk about Katrijn and speak her name again. On the other hand, he feared that it would be so hurtful that it would disturb him in the days following the sessions. Also Hellen expressed her ambivalence about talking in the presence of her husband. She would be afraid not to be able to express her pain fully knowing that it affected him, and at the same time she also longed for a connection in what they have lost together. Exploring their desires and hesitations to talk with each other about their grief, the two partners were able to find a clearer way forward in their conversation.

For several sessions I met with a father and his three adolescent sons after the loss of their mother to suicide more than ten years ago. It was the oldest son, Gert, who took the initiative for the family to seek psychotherapy. For the past few years his brother Stijn had been drinking heavily and the situation at home was no longer sustainable. There were a lot of fights between the sons and the father seemed to have no authority over his adolescent children. Although Gert immediately started talking about their mother in the first session, we first wanted to explore with them how it would be for them to talk about the loss of mother. Francois, the youngest, said they had never talked about their mother before. He regretted this, he said, because he was only four years old when his mother died and he did not have many memories about her. Still, he added, he thought it would be risky to talk about this subject because of the many difficult and strained years following the loss. In his opinion there were so many things left unspoken, such as any discussion of his father's new girlfriend, his mother's depression, the motives and circumstances of her suicide, and more. Maybe, he feared, it would all get worse if they were to talk about these sensitive themes. Stijn similarly expressed his hesitation to talk about the suicide of their mother.

Doing so, he said, would silence all the other relevant issues in their family life. Moreover, he feared that by talking about the loss, his excessive drinking would be entirely linked to a so-called complicated grief process. He preferred to talk about what he called their father's ignorance and lack of interest in their lives. Father agreed that it there was no use in digging up history, but instead preferred to talk about how they could stop the fighting and Stijn's drinking. Clearly, there were many different meanings associated with the sharing of grief experiences in this family. We noted that for some of them there was a wish to share more of the story about their mother/wife, and to talk about the way this loss has affected them all in different ways. Moreover, they all longed for an improved connection with each other. At the same time they all had their own reservations related to this talking and listening to each other. It could cause increased tension or blame related to the cause of the suicide. In addition, it could conceal other issues, or, they feared, it could lead to the simplification of diagnosing one of them with a complicated grief disorder. In the following sessions we discussed the complexity and ambivalence related to talking and not talking about their mother. As they all expressed how they missed the connection to the good stories about mother, we explored how it could feel safe for them to share some of the memories of earlier years when they were a young family. They all agreed it would be best, at least for now, not to talk about the time following the suicide, but keep the conversation limited to the time prior to the loss. To this end, they all brought pictures and objects that reminded them of their mother and shared stories of the good times they had together. Gradually, connection was made between family members, and space was created to talk cautiously about their different ways of grieving. After some time they ended the therapy, which, they said, had resulted in decreased tension at home, while also acknowledging that it was too early for them to talk about some issues related to the circumstances of the suicide and father's new girlfriend. Perhaps, they said, they would contact us again when the time was be right to talk some more.

Concluding thoughts

Talking about, and listening to, the devastating pain that the loss of a loved one can elicit is a process characterized dialectic, dialogic and dynamic features (Hooghe, Neimeyer & Rober, 2011). Working with bereaved families, it is valuable to explore the meanings associated with sharing their stories of grief with each other, and the process of this sharing since the loss. We propose that exploring this process of talking and listening is appropriate in nearly every first session with the bereaved, and throughout the ongoing therapy process.

References

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