

CONTINUING TO WORK AFTER MY MOTHER'S DEATH



CORDELIA GALGUT EXPLORES THE IMPACT OF CARRYING ON HER WORK AS A THERAPIST WHILST BEREAVED

On 13 March 2011, my beloved mother Sheila died and a part of me died with her. I find that her death is challenging me in ways I could never have really understood that it would before experiencing it first-hand. Nevertheless, I have carried on working, effectively, enthusiastically and even with renewed vigour, in some ways, in much the same way as I did the year after I was diagnosed with breast cancer. Perhaps this would be considered bizarre, given how rocked I am. Indeed, there does seem to be an unspoken assumption within our society that we ought to be relatively stable emotionally after the initial phase of such a bereavement and that our reaction is not normal if we are not – no less so amongst mental health professionals. Is this a realistic assumption though? Furthermore, if we are profoundly rocked by our parents' death beyond the initial phase, which I would consider inevitable, this generally calls into question our ability to work as mental health professionals. Is it always the case, though, that a deeply grieving therapist is going to be a bad one for her clients?

IMMEDIATELY AFTER MY MOTHER'S DEATH

Nevertheless, having worked fairly consistently whilst my mother was in hospital, when she died, I needed to stop. It would also have been unethical for me to continue at that time, I think. I was overwhelmingly exhausted, as well as beside myself with grief and shock. It had been agony watching my mother suffer after her major stroke, stuck in that hospital bed, paralysed, except for her left arm, and unable to talk. I had done what I could but had been powerless to help her much, though the bond between us and my instinctive understanding of her, helped. All I could do was keep communicating my mother's needs to the doctors, as well as keeping up the pressure not to keep her alive at all costs, since I knew this was not what she would have wanted. The toll all this had taken on me was huge.

GOING BACK TO WORK TWO WEEKS LATER

I certainly wasn't in a good state emotionally when resuming work, but I wanted to. I also needed to, and my mother's funeral was not going to be for another three weeks. I had

clients who were relying on me for ongoing support and, as many of you reading this will know, using a locum is nigh on impossible. I tried it once many years ago, with disastrous consequences: so much of our work is about building safe and supportive relationships with our clients. Obviously, in resuming work, my concern was to make sure I was working ethically. I had already worked through two breast cancer diagnoses, working closely with my clinical supervisor¹; perhaps that made it easier for me, along with having worked through other extremely difficult times over the last 17 plus years. I also have regular personal therapy, without which I would not consider working at the moment.

The problem with carrying on working whilst so heavily bereaved was, and still is, the pressure I felt, and feel, to be 'coping' emotionally, whatever that means; the received wisdom within our profession dictating that you can't work well and ethically if you're beside yourself with grief, almost as though the latter precludes the possibility of the former. In fact, what I have found is that, as I have during other extremely emotionally challenging periods in my life, I seem to go into a different zone when I enter my consulting room. I automatically switch off enough of my distress to be there for my clients, yet at the same time, at times when it seems appropriate for them/potentially useful for them, I choose not to deny the reality of my situation with them either. There have been times when I have cried and felt really distressed about my mother's death on the way to work, but somehow I have reeled that distress in, and used it to my clients' advantage. There is obviously a risk therein, in that I could cross a boundary in a session with a client in terms of displaying too much of my own upset, but I chose to take that risk in the knowledge that my clients seem to like shows of my humanity, because they say it makes them feel better about their own emotional frailty. Therefore, it might actually be a positive thing for my client if I did, rather than a clinical faux pas.

I hear you say: well, maybe you have used your distress to your clients' advantage, but at what cost to you? And this would be a valid question. My answer would be that being bereaved in this way is different from, for example, having breast cancer. It makes sense to stop during surgery and to take

time to recover; and indeed there is little choice. That is the point, I think. With breast cancer, I did gradually recover from my surgeries. There was a point at which I could say, yes, I'm adequately recovered so I am OK to resume work. Although there is no discernible end to breast cancer's physical and emotional effects², there is, nonetheless, identifiable recovery in the initial stages. With the death of a parent, there seems to be no such thing. Wounds do not heal in a straightforward way. I am learning that you do not 'get over' the death of a parent in the way that you might an operation. The challenge seems to be to try and find a way to live alongside the loss, a challenge I am nowhere near conquering; perhaps I never will. I imagine I will just get more used to her absence over time. In the meantime, is it desirable or necessary to give up work completely? I think not, well not for most of us anyway.

MY 'PROCESS'

Soon after my mother's death, I was on a kind of numb hold. Perhaps this made it a little easier for me to work for the first few months after her death. By the time several months had elapsed and, as her birthday on 12 October arrived, almost seven months after she died, I was aware that I was emotionally spent, so I took some time off, explaining to my clients why, if they wanted to know. At the time, I couldn't really make much sense of how I was feeling, though I was trying to in therapy. I just needed to grieve at that point, without asking too many questions of myself.

Christmas was an awful time. It was on Christmas Day 2010 that my mother had the huge stroke that caused her to lose her life. The ongoing shock of the horror of those months when she was in hospital, tending to her, fighting for her right to die, really kicked in then. I got a horrible virus and had a very miserable three weeks, but somehow, in January last year, I resumed work with renewed vigour, feeling increased empathy for my clients. Several of my clients were heavily bereaved, a couple of them recently, and I was able to engage with them in an undefended way, which surprised me somewhat, but pleased me. I'm not sure where this supersized empathy comes from, but it seems to be born of an emotional rawness in me which, if I can contain it adequately, I can use to good effect.

A FRACTURED SENSE OF SELF

As time has gone on, and contrary to received wisdom on the subject, both within and outside our profession, 16 months after her death, in some key ways I am struggling even more than I was when she first died. The sense that I make of this is that I was in numb shock for the first year or so, absolutely devastated, emotionally indescribably challenged, yet not as consciously bereft as I am currently. Though I was in pieces, I wasn't consciously feeling the loss of her as I do now. The death of a parent is not as I imagined it and I am learning that and coping with that on a daily basis. I've coped with many deeply traumatic events in my life, the long-term effects of which endure to this day. Yet this major life event, this death of my mother, is something else, qualitatively very different from anything else I have experienced to date and it has brought me to my knees, both physically and metaphorically. My mother was a part of me and I her. Though her death does feel in some very significant ways like the death of part of me, she lives on in me – her face, her mannerisms, her voice, her approach to the world. I remember saying to her on her deathbed that she would be with me always, and she is.

'Little me' has been much in evidence as she struggles to understand what has happened. She longs for her mummy and walks around sobbing and looking for her, to no avail. 'Adult me' is much more in control and philosophical and tempers 'little me', though 'little me' overrides 'adult me' often enough. My adult self is also still struggling to exist in the world without my mother and my sense of self is very challenged too. I'd describe it as a kind of fracturing of self that I am trying to get to grips with in my therapy as the days and months go by. The two breast cancer diagnoses I had didn't fracture my sense of self in quite this way. This is different and even more disturbing in some ways. Talking to others about their mothers' deaths, or indeed their fathers', I have been very struck by the similarities between their experience and mine. Though we seldom talk about the reality of major bereavement, society and many of us living in it, expect of us that we will be able to get back to a normal life soon. After all, it's not us who have died. Life goes on. Work goes on. Routines persist. And there is a certain logic to this. Normality is comforting.

I have experienced so many extreme, strange and sometimes scary emotional states since my mother died. I have often argued that those stages of bereavement

that many of us were presented with during our training, did not hold water – that there is no linear progression through the stages and indeed, in reality, it is debatable whether they exist at all. How I have reacted since my mother's death has again confirmed this. Furthermore, more than at any other time in my life I have felt pushed beyond the limits of my endurance, emotionally, and have felt 'mad', according to certain definitions of that state. I have seen my mother in various forms, talked to her, felt suicidally low at points, wondering what the point of living is without her, and have felt so rocked to the core that I could barely function. And yet I have, like a lot of us, kept a lid on the scream often enough, though I have been aware that I have needed the time to let myself be and discharge. I have taken comfort from the fact that even Freud said that the process of mourning involved 'grave departures from the normal attitude to life'³, though clearly he would have considered my reaction to be 'melancholia', and so pathological in nature. I have also taken comfort from my own belief that these 'mad' states are actually a very normal response to extreme trauma. I only call them a kind of madness because of how keen we often are as a profession to label and diagnose our patients/clients. However, in my opinion, on a continuum with mad/deranged at one end and sane at the other, most of us move back and forth between these polar opposites at times in our lives, as we cope with what life throws at us.

So on a deep core level, my self as I knew it has been shattered by my mother's death. What I mean by this is that all my life I have defined myself in relation to my mother, though not always consciously so, of course. This fact has come into sharp focus now she is no longer here. She and I were so closely connected, not comfortably a lot of the time, but intensely so, and now she is not around, on this deep core level, I do not have the same frames of reference. I cannot be the 'me' I was, because she is dead. My thoughts on this are in embryonic form – this is as far as I have got with this to date. Bereavement like this is such a physical, emotional thing. It defies reason, reactions to it occur on such a deeply unconscious level. All I can say is that I feel my internal shape has been shifted. In this society we say that the death of a parent, if it happens chronologically when it should, is a natural, normal event and should be viewed as such. Well, for me, and others to whom I have talked, it feels anything but that. Although I was 55 when my mother died, and she 80, her absence

feels anything but normal; it feels alien and therein lies some of the explanation for how I feel.

SHARING MY INSIGHTS WITH CLIENTS

However, despite this enormous ongoing emotional disturbance that I am experiencing, I continue to work. Since clients live within the same society as their therapists, we are all subjected to this pressure to behave/think in certain ways about our parents' deaths. These days, after breast cancer and now my mother's death, I consider it my job and my duty, as well as my wish – an ethical imperative almost – to share my 'in process' thoughts with my clients sometimes, in order to help them to help themselves and certainly to use my new insights to help my clients, whether I verbalise them or not. If a client of mine is struggling to cope with the loss of a parent and feeling the burden of pressure not to be too upset after a certain period of time, this in itself can cause unnecessary distress. If I as their therapist can say, 'Well, look, my mother died and I'm struggling too – it's a huge thing,' that in itself can be very reassuring and a relief and can ease some of the distress they are feeling. If I go further, as I have, and share some of what I have written above, when appropriate, that too can be very validating of my client's emotional state.

The following statements were sent to me by clients of mine, after I told them I was writing this article. Their identities have been changed though their words have not been amended in any way.

Frida, 52

Bringing into the session the recent death of your own mother helped me to reflect on the death of my mother some 30 years ago. It brought a comfortable feeling with the loss, helped me to reflect on the responsibility of the role of motherhood (which I was experiencing as difficult at the time) and, in doing so, gave me space to identify with the love my mother had for me, which I had not looked at since her death. I felt empowered and you gave me strength to let go of the negative feelings around her death, such as anger, which I realised I still carried due to her leaving me so young. I had looked at these feelings in previous therapy and believed that I had dealt with them; you helped me to review the whole situation more positively.

The death of my beloved cat, Jewel, was another layer of loss for me; although an

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animal, she was an important member of my family and a very dear friend. Again, by bringing the death of your cat into the session, [you] allowed me to grieve this loss honestly, without hiding the fact that she was, as some people may say, 'just a cat'. I felt I could somehow link these two losses and put them to rest. Due to your disclosure, I feel comfortable about still missing her and no doubt, in time, will let her go also.

Being a therapist myself, I have learnt from our therapy together that it is very helpful for the therapist to bring personal experiences into the session (when relevant), which leaves me (the client) not so alone. Up until the point of experiencing this with you in our sessions, I have always kept boundaries of keeping my personal self out of the session with my clients. However, due to how you have helped me, I now bring myself into sessions with clients (when relevant) and so far the outcome of these disclosures has been extremely beneficial to my clients. We are still very boundaried but there is an understanding and identification of the pain and this, I believe, helps the client to move forward with space for positive growth.

Holly, 26

It was reassuring to talk to someone who was going through the same process as me; it felt like we were on the same page. Knowing that Cordelia was having similar thoughts and feelings about her own grief made me feel less alone.

Toby, 21

When I was 16, I lost my mum to lung cancer. I struggled to understand what had happened, being so young, and over the next few weeks and months, I found that I was experiencing intense sensations of anxiety. Over three years passed until I began a course of talking therapy.

When I began the process, one of the first things I discovered about my therapist was

that only a few months ago, she herself had lost her mother. At first, I didn't know what to make of it, but my therapist immediately explained why she had revealed something that was so personal to me. She explained that, even after all her years of experience and training, such an event is so terrible that it had deeply affected her. She didn't go into great

depth, that wasn't the point. It was to show me that there wasn't anything 'wrong' with the way that I felt; I was a human being and losing a parent is one of the hardest things any of us can go through.

I came away from our first session knowing that this felt right. I had tried to seek help prior to this session in the form of CBT. The practitioner led me through exercises with great sympathy and care, but I never really felt that I made a connection like I now have with my therapist. Being told by a professional to act in a certain way, but without a sort of human honesty, just didn't reach me to the same depth as I have with my therapist today. For me, honesty and trust are the foundations of my talking therapy, and without them I can't feel truly unjudged and nurtured. These concepts don't just run from client to therapist; I have found from my own experience that they are more sincere when they are mutual.

CONCLUSION

So where does all this leave me, 16 months on, both personally and professionally? I am aware that working sometimes feels like a pressure and a strain. I'm also aware that I cannot predict how I will think or feel next week, let alone in a few months' time. I'm also aware it's early days for me – it was only a short while ago that my mother died. I know I need to be vigilant about recognising when I need to take time off. I also know that in order to carry on working, whilst so bereaved, I need to be creative and unconventional in my thinking and practice. However, it pays great dividends for me if I can manage this, as well as it being, of course, a financial necessity! ■

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READER RESPONSE

The author welcomes feedback about this article. To contact Cordelia, please email hcpj.editorial@bacp.co.uk

