Coalition News

Quarterly Newsletter of the Minnesota Coalition for Death Education and Support
P.O. Box 50651 ◆ Minneapolis, MN 55405 ◆ 763-391-3051 ◆ www.mcdes.org ◆ info@mcdes.org

Vol. 31, No. 2 Since 1977 . . . Education and Support for Those Providing Care to Grieving Persons June 2009

MCDES Fall Conference

October 9, 2009 ◆ MCDES Fall Conference, *Families Facing Terminal Illness and End-of-Life Care: Clinical and Ethical Challenges*. The speaker will be John Rolland, M.D., Professor of Psychiatry at the University of Chicago. John is the author of *Families, Illness and Disability: An Integrative Treatment Model* (1994) and co-author of *Individuals, Families, and the New Era of Genetics: Biopsychosocial Perspectives* (2006). **Conference brochures will be available in your mailbox and at www.mcdes.org by late August.**

MCDES Member Directory

An updated MCDES Directory (as of May 2009) is available. Members, to get your copy, please send a 9 x 12 self-addressed stamped ($1.35 postage) envelope to: Verla Johansson, 29937 S. Nicaboyne Lake Rd, Webb Lake, WI 54830. Non-members, please also include a check payable to MCDES in the amount of $40.

In this issue

◆ Spring Conference Review

◆ Touchstones

◆ Movie Review: *The Soloist*

◆ Homelessness and Grief

◆ "I Remember the Boy"

Review of MCDES Spring 2009 Conference

When Professionals Weep: Personal, Professional and Ethical Intersections in Grief, Bereavement and End-of-Life Care

by Charlene V. Follett

A crowd of 200 filled a room at the Crowne Plaza Hotel in Brooklyn Center, on Friday, May 15. The advance registration for the spring conference, sponsored by the Minnesota Coalition for Death Education and Support, was so brisk that "walk-ins" could not be accommodated. We were there to hear Renee Katz, Ph.D., known for her expertise on counter-transference in our work with older adults and those at the end of life. She has worked with the dying, the bereft and those living with life-limiting illnesses for more than 25 years. She has authored numerous articles and chapters on those subjects; she has received many professional awards and honors and is co-editor of two books: *Counter-transference and Older Clients,* and her 2006 book, *When Professionals Weep*. In addition to the Ph.D., she is a Board Diplomate in Clinical Social Work and a fellow in Thanatology.

As I drove home, I realized that I carried with me two major messages: (l) the fact that each of us who work as helpers, in order to be effective, must constantly self-reflect about our reactions to our clients/patients, and (2) the absolute necessity for each of us to listen to feedback from others and specifically share our experiences and feelings with a challenging support network (consultation with people with whom we can be honest) on a regular basis.

A powerful quotation she included (I was not able to track down the author of it) was; "Since we are all partially blind, the best we can do is to support each other so that the vision of one may make up for the myopia of the other..." and, she concluded, this is the major reason for consultation groups, and that "openness to the 'other' is transformative."

Dr. Katz expanded on those points, using wisdom from others and from her own many years of study and clinical practice. She uses a broad definition of counter-transference: the totality of our reactions to clients, not just to their transference. So that would include recognizing that our own losses, past and present life experiences, culture, feelings of powerlessness or grandiosity, and fears of inadequacy all influence our work with the bereaved, the dying and their loved ones. She emphasized that the object is not to eliminate counter-transference (not possible), but to understand it, and make sure that we take responsibility for it so that it does not unduly affect our competence.

Attendees quickly warmed to Dr. Katz's presentation style. She seemed very comfortable in the presenter role; she was not only very knowledgeable; she was transparent, lively, and genuinely seemed to enjoy herself and the attendees.

Conference Review continued on page 7

Conference Review continued from page 1

She kept the interest of the audience throughout the day, using powerpoint, handouts, cases, stories, and involvement from the audience. More than any other presenter I have ever heard, she succeeded in engaging us interactively, even with just one microphone. For instance, when she asked for examples of our own counter-transference issues, or of our reactions to a scenario, or what our initial impulses and then our secondary impulses were, and what we might then do, she asked the audience member's first name, and then repeated or summarized each response quickly, clearly and succinctly for the audience.

Dr. Katz also referred to the ethical standards of the many disciplines represented at the conference. She had prepared copies of different codes of ethics and at one point she asked persons representative of a particular discipline to read excerpts which pertained to the topic even though the code might not use the exact words "counter-transference" (e.g., a nurse read from the code of ethics for nurses, a section which applied to the need for a number of competencies, including awareness of heretofore unconscious reactions to clients.)

In our packets were copies of the powerpoint presentation and questionnaires designed to raise awareness of our own fears of different kinds of loss, our family rules about death and dying, handouts which we could also use with clients. There was also a provocative list of questions aimed at helping us identify our diverse reactions to clients/patients; she used all of the handouts effectively. If you weren't at the conference, you might be able to find a colleague who was and who has the packet. The questionnaires are also included in her books.

Some ways to reflect on counter-transference are to ask ourselves the questions: "What stirs us up? What is my initial reaction to a particular client or to a scenario (mine or of a colleague)? What are the feelings I experience most intensely? And is there a pattern of my reactions, such as over-involvement, avoidance, idealization, etc?. Are there some issues or kinds of clients which "hook" me?

A common example of counter-transference is experiencing intense, unusual feelings, like pity, frustration, outrage, impotence, or helplessness, Other early indicators might include: giving special treatment to a patient or family, using self-disclosure in ways that are unusual for you, experiencing increased self-doubt, promising more than you can deliver, or withdrawing from customary patterns of supervision or consultation. One of her handouts gave a more complete list. In the list of Self-Awareness Questions there was a novel question to help in our reflection: "At what developmental stage of my life do I feel when I am with this patient/family?" Other key points she made were:

◆ how important it is that we examine our professional arrogance – our unrealistic self-expectations and the belief that we have the answers, and that we instead bravely acknowledge our humanness.

◆ in order to be effective, we as helpers need to be able to be touched by our clients, which means we are "often missing our outer layer of skin and we need to renew it." That renewing includes good self-care, re-entering therapy, continuing education, and getting trustworthy support and consultation.

◆ the importance of a ritual at the end of the day like this: "what surprised me today? What touched me today? And what inspired me today?"

The title of the one-day conference was *When Professionals Weep: Personal, Professional and Ethical Intersections in Grief, Bereavement and End-of-Life Care*. Actually, if we applied what we learned, the content of the conference would be very useful no matter what population we work with. A very satisfied audience left the conference full of helpful information, a wealth of "a-ha's" and a commitment to renewing attention to our counter-transference vulnerabilities.

Ted Bowman, MCDES Board Member with Renee Katz, Speaker, Spring 2009 Conference

Home continued from page 2

in one hand, call bell in the other, watching her favorite show, "Deal or No Deal." We couldn't help but smile.

DeSalvo talks about the rituals folks perform when leaving homes they've loved. I've often done that. In my mind, I can mentally still walk through my childhood home with its coal furnace and peer into that root cellar. I can also physically walk through my mother-in-law's house, now quite empty without her. For now, it stays intact, offering her hope, in case of contingencies. But in her head, as in mine, we can still go back. We can still sit on her sunny deck and visit. We can watch the yellow finches at the feeder. We can turn the key and walk back in. A plaque on the door to her room reads, "Home is where Mom is." Thankfully, home abides within each of us in one form or another. Wishing each of you a summer filled with the comforts and contingencies of whatever you best call "home."