

Practitioner's Corner:

The Teeter/Totter of Balance When Facilitating Grief Groups

(based on requests to address maintaining balances when leading grief and/or bereavement groups)

by Ted Bowman

My almost three-year-old granddaughter recently reminded me that balance is key when “riding” a teeter/totter. She pointed out that because I was bigger and heavier than her I either made the ride bumpy, or I kept her up in the air too long. Little did she know that she could also be describing group facilitation, especially in some grief groups.

Grieving is bumpy; hence when grief groups are not well-facilitated, members experience moments that mirror their “bumpy grief rides” elsewhere. Further, grief groups can leave people confused (up in the air) about connections, meanings, and applications for their own lives.

What are some typical balance issues in grief groups? Here are some, two of which I will elaborate.

- ◆ The individual and the group
- ◆ Content and process
- ◆ Present, past or future stories



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- ◆ Grieving and hoping
- ◆ The group member, the dead person or other family members
- ◆ Similarities and differences among group members
- ◆ Working on one's grief and socializing
- ◆ The facilitator and the group

Balancing Individual and Group Needs

Balancing needs does not mean equality of participation or use of time. People participate differently in groups. Balancing rather means that each member has the opportunity to participate.

Balancing the needs of members often requires a time perspective. At a given moment it may appear that someone is dominating—telling a story of struggle, expressing grief, asking for help in a crisis. Such behaviors become a group issue that needs addressing when this becomes typical or on-going behavior. At a given moment in a group, balancing may not be required or appropriate. Look at the whole session or the patterns of interaction over time.

In a recent caregiver group, a woman shared during check-in that she was in crisis. I turned to her after all had introduced themselves and done their brief overview. She, then, began a sorrow-filled account of facing undesired choices for her husband because of new actions and behaviors related to his medical condition. She continued until a pause, when I momentarily interrupted her to say to the group that a member in crisis takes precedent and that all could take advantage of

group support if they too had a crisis. I was, at that time, speaking both to the woman who was embarrassed about the situation and the time she was taking AND to the whole group about what was happening. This was the first time she had reported this sort of crisis. It was important to give her the space she deserved while also checking for others in crisis.

Be also careful to include “positive” behaviors when considering balance. A nice, thoughtful, caring person can dominate a group. It is not only the opinionated, negative, or aversive person who dominates. Interrupt any member who tilts the balance of participation.

Balancing Ways of Grieving and Hoping

When facilitating a grief group, a core principle about grief is that one size does not fit all. Some cry, some move toward tasks; some talk a lot, many talk a little; some are preoccupied with losses, others are moving forward even while also grieving; and so it goes. The reality of differential grieving deserves naming often because there is still an expectation of “proper” ways to do grief and bereavement.

Be aware of your own bias about responses to grieving persons. Do you move quickly to say or do something in response to a sad account that lightens the load, or lifts the burden (both well intentioned) but which may also give a non-permission for anger, wailing, an inability to receive consolation. In a recent article in the journal

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Literature and Medicine, Judy Segal asserted that there is a culture within cancer care programs that emphasizes positive coping. The cancer patient gets praise and support when doing well; less so when the opposite. Segal, a cancer patient herself, forcefully claims that cancer isn't the best thing that ever happened to me (Segal, 2013). Similarly, Dennis Klass, well-known bereavement scholar, started a recent article with this: "Those who study and treat bereavement seem to be biased toward optimism" (Klass, 2013).

Grief groups, at their best, draw on the dual process model that acknowledges the need for times, places, venues (and groups) that allow for grieving of any sort AND the same or different times, places, venues that allow for hope, healing, resiliency examples, and non-grief stories. But, neither emphasis should dominate the other over time. Rather, ensure there is clear room for both as part of grief groups.

Summary

In this brief "Practitioners' Corner" two issues of balance have been highlighted for discussion. For both examples, it can be important to name the tensions in balance. That principle also applies to other group situations where balance is a challenge. Questions or reactions can be directed to Ted Bowman at bowma008@umn.edu.

References

Klass, D.(2013). Sorrow and Solace: Neglected Areas in Bereavement Research. *Death Studies*, 37, 597-616.

Segal, J.Z. (2013). Cancer Experience and Its Narration: An Accidental Study. *Literature and Medicine*, 30(2), 292-318.