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In McAlister M (ed) (2006) Solution focused nursing

CHAPTER 14

End of Life: Facilitating family, friends and community transition through the experience of loss

Author: Professor Paul Morrison

'Dealing with our grief, with all the losses we have experienced, is not about moving on and forgetting. It's about remembering our people and bringing them with us wherever we go'
(Wingard, 2001)

Overview

Death is another life transition, wherein nurses have a key role in facilitating peoples' adaptation, acceptance and successful resolution. Even though it may seem obvious that during this time many problems such as pain, immobility, fear, and discomfort need to be managed, a solution orientation can also offer nurses skills in being person-focused, motivating, connecting and life-affirming. There are many interpersonal and technical skills that need to be mastered. The author provides stories of sudden loss and expected loss and discusses how the nurse's approach within it was solution focused.

Introduction

The therapeutic practice of nurses has never been clearly articulated and this facet of nursing has, I fear, been more imagined than real except in a most rudimentary sense. These days there is a great need to expand the therapeutic role of the nurse,. There may be many ways to do this but I believe that some of the ideas outlined in this chapter offer a very interesting path; a path that can lead to the creation of a brighter landscape for nursing by expanding the helping focus in our work.

The chapter starts with a story about the grief and loss experienced by Orla and Fergus and at the same time tells the story of some of the therapy choices, paths and considerations that have influenced my own work as a nurse and a psychologist. Instead of advocating the merits of a particular school or approach, I have found it more helpful to focus on the aspects and ideas in my own work that I revisit constantly. These help me to work with people to find solutions to the difficulties in their lives.

The chapter will therefore include some discussion on the need to place our work in a particular historical context, to strive for enhanced self-awareness, to be clear about our beliefs about people and helping and to work in ways that feel right for you and me. As the chapter unfolds, I hope that you will see how these ideas may be used to help people like Orla and Fergus.

The Story

At the age of 33, Orla who is now 48 moved to Australia from Ireland. She had a successful nursing career and was very happy, although having been raised in a catholic Irish community, yearned to meet a man and begin a family. Five years earlier, Fergus , who is now 50, had also emigrated to Australia from Ireland. He worked as a carpenter, and he too longed to make a family. But being hard working folk they did not have much time for relationships and marriage and had begun to feel resigned to the idea that they might never marry or have children.

But as luck would have it, Orla and Fergus were introduced at a mutual friend's BBQ and immediately struck up a rapport. They fell in love and married. They were obviously 'made for each other' and rekindled their shared hope of having children. Their sisters and brothers on both sides of the family had each produced a number of children. Then, after two years of trying, Orla and Fergus were about to give up on the idea of babies, when Orla found herself pregnant. Kilian's birth was the realization of a dream for both Orla and Fergus and they lived happily in Brisbane, Queensland.

At eight years of age Kilian was doing well at school, he had a group of very good friends and followed the Brisbane Broncos with fanatical zeal. He had a season ticket and went to all the home games with his parents. He and his parents were planning a trip to Ireland during the summer break to coincide with Kilian's ninth birthday and they were all looking forward to meeting up with their extended family and the 'craic' in Ireland during the northern hemisphere Christmas. But Kilian did not make it to Ireland that year. He died two weeks before Christmas Day after a short period in hospital for the treatment of a high-grade astrocytoma (brain tumour).

Ten months after Kilian's death Orla and Fergus were still heartbroken and in great pain – so much so that they felt they could not continue to live in this state of 'constant heartache'. Their friends and families were a great support initially and reassured them that 'time would heal their hearts' but it didn't seem to make any real difference in their lives. Kilian was gone and the happiness they found together which was cemented with the arrival of Kilian was ruptured irretrievably and they feared now that their own relationship might come asunder...

The context of grief- work

When we think about the word solution or having a solution focus in our work as professional helpers there may well be a tendency to slip into 'fix-it' mode. Many professional helpers and nurses in particular, have an inclination to want to fix things including peoples' pain following traumatic life events and illnesses. The desire to help and to fix is an admirable one and one

which needs to be acknowledged. However, it places the helper in a position of power and expertise that is not warranted nor is it likely to be helpful.

A solution-focused approach can also be considered as a process of helping others to find *their own* answers, responses, or ways of acknowledging the realities of their lives. It can also mean that people find an acceptable interpretation of life events that fits with their preferred identities and values or that they find a sense of completion with these events and happenings. Adapting a solution-focused approach in your work can mean much more than applying a quick fix.

However, in the traditional and current climate of health care, many health professionals tend to focus on the goals of the institution rather than the goals and needs of those who seek their help. A major emphasis of this orientation is driven by the discipline of medicine and this is not all that surprising given that medicine has had a pre-eminent role in the development of health services and the hierarchical structures that can be found within and across settings.

Moreover, the hub of much nursing work has been aligned with the achievement of institutional and medically driven goals and this has curtailed the potential therapeutic role of nurses. It has limited their capacity to shape their work towards the needs of patients and families in creative and non-pathologising ways. This is not to say that what has occurred historically is wrong; but I think it is time to look towards other ways of working with people that have a non-medical emphasis.

Consider for a moment how death, loss and grief have been treated in the professional health literature. In a commentary on the prevailing attitudes to death and dying in Western societies, Kübler-Ross (1981) stated that: 'the more we are achieving advances in science, the more we seem to fear and deny the reality of death' (p. 6). This is clear from the language we use when talking about death and dying as it conveys our attitudes and cultural mores on the matter and often attempts to negate the reality of death.

This is not so in other societies where death is accepted as part of the natural cycle of life. Nevertheless, Worden (1991) argues that despite cultural differences, and individual reactions to death and dying, a common theme is that we all wish to regain the lost person and a belief that we will meet the dead person in some form of afterlife.

Thus the professional context of care provides a setting for our practice that is, in the main, somewhat austere and traditional. It is important to reflect on this context of care from time to time to be clear about your preferred position and ways of working with people and to limit some of the negative aspects of this care context.

Reader activity

Take a moment or two and reflect on the ways in which dying people and their families have been cared for in some of the clinical areas you have worked. Share these in class with fellow students. What conclusions emerge?

Reader activity

Consider the following questions and your reactions to these events:

Have you ever been to a funeral or a wake?

Have you seen a dead person in your clinical work?

Have any of your friends lost a close relative?

Has someone close to you died in the last couple of years?

How have any of these experiences influenced your views or values?

First things first – do your own work

The approaches I tend to use have been influenced by my personal history and professional experience and this is something that a good professional helper can use in their work. However, it requires self-awareness, which needs to be developed and nurtured constantly and conscientiously (Burnard, 2002). You need to become more aware of your strengths, weaknesses, wishes, intentions, values and so on.

I am reminded all the time, how my work experience in nursing, psychology, and education, in Ireland, UK, and Australia and my exposure to diverse cultures and peoples, has helped me to become more accepting of diversity and change. These experiences have, I believe, helped to make me a more effective professional.

Striving for enhanced self-awareness reminds me that I belong to a particular race with a particular social history (strong Irish Catholic upbringing) and speak English with a particular type of accent. It also helps me to be aware that every client will have his or her own cultural and personal history just like me. However, the process of developing self-awareness is an ongoing one as the challenges in life and work are forever changing, but it is essential to be able to tune in to the other person's world in a non-judgemental way.

Reader activity

Identify three facets of your own make-up that might limit your capacity to be non-judgemental when caring for recently bereaved people.

The person-centred approach as a basis for helping

The person-centred approach to helping was greatly influenced by Carl Rogers (1961). I think this approach to helping provides a very sound basis and orientation for any form of helping or specific approach to therapy. The optimistic outlook of human nature within this approach means that the beneficial process of change that occurs is fashioned by the client not the nurse.

A positive atmosphere may be developed when the nurse displays three key attributes:

- (1) Congruence, or genuineness
- (2) unconditional positive regard, meaning provision of acceptance and care and,
- (3) empathic understanding of the subjective world and experience of the client (Corey, 1996).

The assumption is that everyone has the potential to resolve his or her worries. The nurse's role primarily is one of supporting the person to do this by enabling them to renew their knowledge and appreciation for abilities and competencies that they may have lost sight of.

The nurse may help the client to detect their own goals in therapy by establishing a trusting helping relationship with clients and creates a climate in which the client feels safe to explore their self-perceptions and experience a range of feelings. Person-centred helping emphasises development and in various ways takes some of the obscurity from therapeutic interactions. Rogers stated that: 'psychotherapy is the releasing of an already existing capacity in a potentially competent individual' (1959, p.221). Hence the client holds the keys to solving their struggles while the helper's role is one of assisting in this venture with support and understanding.

In terms of Orla and Fergus, we can make use of a person-centred approach to build a good rapport by listening attentively with an empathic and respectful manner and exploring the significant personal loss in their lives, a type of loss all of us must face at some point in our lives. The death of a person we know and love is perhaps the most painful loss that most people will experience and can be quite devastating.

Being there for Orla and Fergus -- spending time with them and helping to talk about the role that Kilian played in their lives, will help them to express strong and painful emotions. This may

be a very emotional time for us as nurses too, with awkward feelings of not knowing what to say.

However, being there and listening carefully will be of great value; trying to be a 'companion' and 'walk alongside' Orla and Fergus in a 'meaningful relationship' (Geldard, 1998) as they recount the awful sadness in their lives. The person-centred ideas are I believe, quite indispensable for the approaches I will cover next. I mention them here to ensure that they are not forgotten.

Group activity

Take a few moments to think about someone in your family (or social network) who has been a positive influence in your life but who has passed away (it could be a teacher, friend, grandparent and so on). In what ways did they change your life? What was it about your relationship with them that you want to take with you into your future life and work? Discuss in the group.

Narrative Therapy meets Solution Focused Nursing

An approach that I have found increasingly valuable is narrative therapy; it is more a philosophy or belief system than a set of techniques that can be learned and honed with experience (White & Epston, 1990). My interest in narrative ideas grew from a general sense of dissatisfaction with a lot of things I'd learned and experienced in nursing and psychology, together with a growing interest in people and the social context of their lives. When I came across narrative practice I immediately felt at home. The ideas resonated with me as a person and a professional helper.

After attending a number of intensive training programs at the Dulwich Centre in Adelaide, which were facilitated by Michael White, who is one of the leading writers in this area, and meeting with participants from all over the world, I was helped to shape my preferred ways of working with people and the problems they experience. Narrative practice focuses on listening to, and encouraging, stories from people and the problems in their lives. It uses a conversational format and aims to help people shape new realities and identities for themselves.

This orientation, like solution-focused nursing, is founded on a number of important beliefs. To begin with, the person is not the problem, the problem is the problem. This can be quite a tricky notion to work with as much of our training and experience as nurses encourages us to locate problems within individuals. Working with a problem as separate and externalised from the

person (for example, exploring the impact of the grief, the pain, the heartache on peoples' lives) opens up spaces to clients to see the problem differently.

Next, people construct meaning around the dominant storylines or narratives in their lives and live their lives accordingly. The role of the therapist is one of helping clients to explore the meanings in their life and helping them to tell a different story of themselves. Clients are the 'experts' on their own lives, the therapist is not.

The helper adopts a stance of genuine curiosity about the client's life, which entails asking questions you (the nurse) do not know the answer to. Detailed and very readable accounts of narrative ideas can be found elsewhere (see for example Morgan, 2000).

Re-storying lives is of value not just for individuals, but also for groups in society. Wingard (2001) described how 'talking together' and sharing stories of family losses within an Aboriginal context highlights some of the cultural aspects of grief and loss that may go unrecognised:

'A lot of Aboriginal people also experience signs from loved ones who have passed away. Seeing particular birds, for example, is often experienced as having ongoing contact with people who have died, ongoing contact with their spirits' (p. 2).

It's worth noting too that those who don't understand the cultural context, could perceive such signs as examples of pathology.

Rethinking Grief Work

The application of narrative ideas in relation to grief has been beautifully illustrated in the book 'Remembering Practices' (Hedkte & Winslade, 2004). The authors note that in Western settings many of the conversations we have about death and dying use language, which emphasises the finality of death and the end of relationships by seeking closure, moving on, saying goodbye and letting go. These are all examples of the widespread view this is what occurs in a normal grieving process.

However they argue that these sorts of conversations may well render the grieving process more painful and unbearable. Hedke & Winslade (2004) go on to suggest that our memories of the lost loved ones often rekindle their role in our current and futures lives and the influence they have had and may continue to have when we invite them into our lives. This view forms the basis of remembering conversations, which can provide great comfort to grieving people.

Remembering conversations makes it possible to provide comfort and add to peoples' lives, not by dwelling on their pain, but by embracing the dead in the lives of the living. The focus is on honouring their contributions to the lives of others. This notion helps people to deal with the

death of someone close in a very non-traditional way by bringing new hope to those grieving. Hopes that help sustain them now and into the future by ensuring that the dead person continues to be an important part of their lives and identities.

There is a wonderfully moving account of similar narrative work with a family who lost their daughter through suicide in Michael White's book on folk psychology (2001). Drawing on aspects of this account we might begin the following conversation with Orla and Fergus:

"I am curious to learn more about how your lives are changed for having Kilian as a son. I have a sense that it made your lives different in terms of how you yourselves think and act today that are a testimony to his short life. Perhaps you might share with me some of those life-changing stories".

This kind of invitation provides a basis for generating new accounts or conversations about Kilian's contribution to their lives. It might help Orla and Fergus to talk about the gifts that Kilian gave them: fun, excitement, energy, exuberance, joy and deep, unconditional love. Remembering these gifts are his legacy to Orla and Fergus and indeed to others who knew and were touched by him.

These conversations can evoke, crystallise and capture memories that grieving people will want to take with them and cherish in their own future lives. They can help ensure that Kilian continues to play a critical role in Fergus and Orla's lives in ways that are sustaining and enriching of their lives.

Similarly, Wingard (2001) described how "gatherings" within Aboriginal communities provide ways of helping people remember the lost loved one in ways that make the participants in the gathering stronger in their own lives. Hedtke & Winslade (2004) argue that this type of remembering practice has a healing and inspiring effect on those grieving.

Orla and Fergus need to feel heard and understood and their great loss acknowledged and validated. A little later we could ask questions like: How did you get through this last month, or year? How did you manage to keep going? Where did you get the strength to make it though this? These questions will generate ideas about coping and surviving. They may also open up opportunities for conversations, which include Kilian and how he has helped them to get through this awful time in their lives.

Possibilities for the future can be explored when a basis for coping has been established. This future focus can help Orla and Fergus to "construct their own solutions, which is a key to being brief and successful with any presenting problem" (Butler & Powers, 1996, p. 231).

Another approach here is to look for exceptions that emphasise coping: 'How do you keep it from getting worse? How do you keep it together and go to work everyday?' These sorts of

questions will acknowledge the struggle that Orla and Fergus have been through and reinforce the actions they have taken or the strengths they found within themselves and used to keep things from getting worse.

There is another facet of the solution-focused approach that may be used effectively here which raises possibilities for the future. You could use scaling questions as these may have the effect of focusing Orla and Fergus onto specific actions they might take in the near future (Butler & Powers, 1996): "On a scale of one to ten, where one is the worst this has been, and ten is the best things could ever be, where are things today?" (O'Hanlon & Weiner-Davis, 1989).

If Orla and Fergus indicated that they were at two on the scale, then this could be followed up with a question on the signs that might indicate that they were moving towards two and a half or a three. Their answers can then be expanded on and in so doing Orla and Fergus could map out the specific ways in which they can move in a preferred direction. Even small increments of movements along a preferred direction can be expanded on in conversation and help move the couple towards some form of resolution for their grief.

The process of story-telling, identifying gifts left behind, using rituals or gatherings, and questions that search for exceptions and scale change may help sustain the relationship and foster hope rather than prematurely stop them. These strategies can assist people to deal with grief in quite different and life enhancing ways (Hedkte & Winsalde, 2004).

Group activity

Divide into pairs (A and B) and take turns with this exercise. 'A' briefly describes a time in their life when things were difficult. It does not have to be too draining emotionally and could include times when you failed an assignment and thought about leaving the course, or the budgie died or a time when you were so broke you could not afford to pay the telephone bill. 'B' listens attentively, demonstrates curiosity and encourages 'A' to tell the story fully and then asks 'How did you keep it from getting worse? How did you keep it together and go to work everyday?'. B encourages A to expand on these.

Reverse the roles.

Feedback to the larger group on the experience of completing the exercise.

Conclusion

Dealing with death, dying and caring for those who are grieving is a normal part of life for all of us. As a nurse however, you will have to face this area of work and its repercussions frequently and as you get older in your personal life too. Sometimes nursing presents the personal

heartache and distress that occurs in other peoples' lives to very young students. When it does, it can occur in a forceful and shocking manner and at the most unexpected times.

At the end of the day, you will need to manage the emotional turmoil and responses to these life events in yourself and others. If you don't, your work may become unbearable instead of challenging, revitalizing and rewarding. Learning to deal effectively with these inevitable aspects of life and respond confidently through enhanced self-awareness, the development of specialist counselling skills and increased cultural sensitivity, will enhance your professional functionality and help you remain fit and well personally.

If applied sensibly and thoughtfully, the approaches mentioned here have the potential to endow nurses with some very powerful ideas for practice no matter where they work. Many nurses with a desire to become more therapeutic in their practice will tend to take an eclectic approach or one that is influenced by a few schools or theories instead of relying on just one framework. Such an approach is very sensible.

However, the key to unlocking your real potential as a professional helper is to find a way of working that fits with the person you are and strive to be, one that is closely aligned with the values and beliefs you hold dear. The ideas sketched in this chapter could become a rich and rewarding vein of discovery for the intrepid explorer.

Teacher notes

The following exercise should raise some thoughtful perspectives in the classroom. The first little exercise is from Owen, N. (2001) *The magic of metaphor. 77 stories for teachers, trainers & thinkers*. Carmarthen, Wales, Crowne House Publishing. It's called 'Walking the talk':

One time, a woman came to Gandhi and asked him to tell her overweight son to stop eating sugar.

"Madam," he replied, "come back in three weeks' time."

Surprised at this request, she nevertheless returned with her son three weeks later.

Gandhi looked at the boy and said. "Stop eating sugar."

When the boy had left the room, the mother turned to Gandhi and asked why he hadn't said this three weeks ago.

Gandhi replied, "Madam, three weeks ago I myself was eating sugar"

Does this tale have any messages for us as nurses?

Group activity

Homework: Get the students to visit these websites and make some notes on the approaches being advocated:

<http://www.rememberingpractices.com/>

<http://www.dulwichcentre.com.au/>

<http://www.pctscotland.co.uk/>

<http://www.brieftherapy.org.uk/index.php>

In class ask them to report back about which approaches seemed to fit with their personal view and provide some indication about why this is so.

Group activity

Butler & Powers (1996) concluded that solution-focused brief therapy works:

‘with grief, relationships, depression, and many other kinds of problems. But it is not the model or the techniques that really matter. It is the attitude of the therapist and the interchange between the client and the therapist that is the real key’ (p. 245)

Discuss this claim and its significance for nursing practice.

Suggested further reading

Hedtke, L. & Winslade, J. (2004). *Re-membering lives: conversations with the dying and the bereaved*. New York: Baywood, Amityville.

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