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Building Capacity from the Crisis: Agencies/Teams

Self-knowledge as a tool for Transforming the experience of Covid 19-related Loss through Facilitated Learning

Introduction

Covid 19 brings the impact of sustained losses on *communities* and *groups* of people organized to respond to it. Grief in this context is not simply as a personal problem but rather as an occupational hazard.

Workers able to incorporate the necessary learning to remain healthy within this challenging context constitute a healthy team response, better able to meet the needs of service users, model strategies for holding steady in the midst of catastrophe, and mobilise the affected communities to regain a healthy sense of themselves.

Working within the agency context, the facilitated group experience incorporates a range of activities and modalities based on research in the area of grief, multiple loss, and learning theory. The following outlines an understanding of the basic premise of the work and provides the rationale for interventions to be introduced.

The Impact of Multiple Loss on Workers

To be a worker in the Covid crisis is to be engaged in the ongoing experience of attaching to and losing individuals in the context of community decimation. The experience of working in a death surround evokes individual patterns of response to loss which act as the filters through which workers and community members make meaning of the experience. These patterns of response are learned as children within the family system. In a culture which may be described as "death-denying" (Kubler-Ross, '69) such learning transmitted through the structure of the family is rarely helpful in aiding an individual to develop mastery in terms of an understanding of what is required for moving through their grief.

Lessons learned as children related to "What is appropriate" when experiencing a loss are rarely challenged in a society where being bereaved carries a stigma (Goffman '63) resulting in general discomfort when the topic is brought up. Ideas about "What to do with Grief" most commonly learned as children are: "Keep it to yourself", "Be strong, don't cry", "Be happy, they are with the Angels", "Just don't think about it", "Focus on something else", "You just have to move on and accept it".

Other beliefs which may form as a child seeks to make meaning of the experience will be dependent on the circumstances of the loss. Often, children are not told what is going on

when a family member dies, and/or are expected to display mourning behaviour for someone to whom they had no attachment (for example, a grandmother they had never met). Adults expect the response of children to mirror their own; otherwise they are "not showing the proper respect". What a child may interpret from these experiences are:

- Everyone is unhappy and not talking to me therefore "*I must have done something bad, the death must be my fault*"

- It's wrong to laugh at funerals therefore "*my feelings makes people uncomfortable I am wrong in how I grieve*"

- Death means I have to kiss a cold body therefore "*Death is scary*"

- Nobody is talking real therefore "*Its not ok to talk about how I feel about death*".

These beliefs formed early in life become internalised. The experience of loss then becomes associated with guilt, shame, sense of wrongness, prohibitions against authentic expression, helplessness and/or fear/discomfort. Without any experiences to counter this early learning, this cognitive set of beliefs and affective learning are carried into adulthood.

In terms of the Covid worker, the response to the death of a client, colleague, volunteer, friend or community member will come with some mix of: "Its my fault, I can't show a response, I must not talk about it, I should not express any feeling about this, there is something wrong with me" etc.

The nature of Covid-related losses can compound these responses, leading to a level of stress that erodes the worker's capacity for a healthy response to the environment and demands of the work.

The negative impact of multiple loss is well-documented and includes (Nord '97):

- Learned helplessness

- Chronic Denial – In order to remain functional and defend against the perceived threat of psychic obliteration and ego disintegration: pervasive emotional shutdown and/or fervent hyperactivity

- Depression – "feelings of hopelessness, helplessness, sadness, cognitive impairment, somatic complaints, and problems falling asleep, staying asleep, and waking early; suicidal ideation, including thoughts about taking one's life, plans for doing so, and actual attempts". (Martin & Dean '93)

- Reactive depression, not accompanied by a fall in self-esteem. Unresolved grief contributes to depressed mood and the threat of the emotional flood encourages avoidance.

- Anhedonia – The complete and pervasive absence of pleasure in life.

- Depersonalisation as the experience of watching one's life without being engaged; sexually, behaviourally, interpersonally.

- Powerlessness – evoking feelings of inadequacy and a mistrust of interpersonal identity.

  - Suicidal and death thoughts – a response to the pervasive "death imprint" and related to:
  - Anxiety
  - Fear of Death
  - Bodily Mutilation
  - Separation
  - Fear of Loneliness
  - Isolation
  - Feelings of disgrace
  - Rejection
  - "I can't take anymore"

- Anxiety – a normal accompaniment to terminal illness, "exacerbated (by) continual change and loss…as part of an unstoppable process" (Nord '97); accompanied by "Who will be next?"

- Alcohol and Drug abuse –Martin ('88) found a "significant dose-response relationship between the number of bereavements and recreational drug and sedative use".

- Social Withdrawal – Kastenbaum ('69) found multiple loss survivors showed "a sense of extreme caution" as each potentially new relationship involves the risk of future losses.

- Survivor Guilt

- Diffuse Anger – while a single loss response is accompanied by anger, multiple grief events bring multiple angers, including:

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- Anger that values and beliefs seem empty and unhelpful
- Anger that losses are beyond any normal expectation
- Anger at being left alone
- Anger at family of choice or origin
- Anger at those dying and deceased for being infected
- Anger at medical personal and caregivers for being ineffectual
- Anger at Covid
- Anger at Government response
- Anger arising from personal helplessnes

The Impact of Multiple Loss on an Agency/Team

Bereavement affects the individual mentally, physically, spiritually and emotionally.

When workers are acting out a loss response, the workplace becomes a strain environment manifesting as: interpersonal tensions, diffuse "free-floating" anger, workers with no motivation, workers who are unable to take time off for self-care, and the classic manifestations of burnout, which Perreault ('95) names as:

- Loss of interest and involvement in the work
- Decrease in productivity and morale
- Increase in workplace absenteeism
- Difficulty in setting limits
- "callused" workers unable to connect with others
- Projection: avoid hearing the horror by interrupting people or distracting them from accounts of pain

And "Responses Similar to Post-Traumatic Stress Disorder"

- Wild swings between numbing and flooding
- Nightmares and flashbacks, distressing, intrusive images of death
- Relentless anxiety, uncertainty over who is next
- Self-neglect, self-destructive behaviours

Facilitated Bereavement in the workplace

The stress of grief and loss are results of the work and, in the absence of societal support, appropriately dealt with or managed in the context of the workplace/within the team which provides a relatively stable environment where mutual support is possible and there may be safety to test out new responses. Workers are responding to loss, our work is to create fundamental change in how people respond to loss; from the experience of being a "victim" to the development of increased, sustainable life-long capacity for accommodation. Inviting this work in a group creates this change both individually and collectively; impacting the agency and the broader community.

Facilitated Bereavement as a re-learning opportunity

Individual responses to loss are learned early in life and remain embedded within a belief system as an integral part of the self-concept. Typically, what has been learned runs counter to the healthy ability to process grief. Facilitated bereavement offers the opportunity to unlearn maladaptive coping strategies, and challenges workers to:

1. Acknowledge the pressure of so many losses
2. Reflect on the roots of their early learning as it relates to loss
3. Examine how that learning is present for them as adults
4. Assess the current efficacy of learned coping styles
5. Explore and learn new alternatives which may be more beneficial to their adult needs
6. Co-create models for a community response

In order to begin to understand the challenge to the individual of the experience of multiple loss, it is necessary to ask the question, "How do I know what I know?" The following, based on the work of Carl Rogers ('51), provides a framework for understanding how difficult is the work of adjusting to the reality of living and working in a death surround.

The experience and perception of 'reality' for an individual situates him/her in the center of a continually changing field of experience. This phenomenal field is the cornerstone of individual security in the world.

Whatever impacts on the individual from the phenomenal field, whether mental, physical, emotional or spiritual in nature, will elicit a response from the whole being, conscious or otherwise.

When new experiences presented to us in life, they are either

> (a) symbolized (i.e. accepted and given internal representation), perceived, and organized into some relationship to the self
> (b) ignored because there is no perceived relationship to the self-structure (i.e. this has no relevance for me)
> (c) denied symbolization or given distorted symbolization because the experience is inconsistent with the structure of the self

Most of the ways of behaving which a person are adopts are those which are consistent with the concept of self. Anything threatening the self-concept, such as the adjustment demanded by intense grief work, is more likely to be denied or distorted.
Psychological maladjustment exists when a person denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure.
Psychological adjustment exists when the concept of the self is such that all the sensory and visceral experiences of the organism are, or may be, assimilated on a symbolic level into a consistent relationship with the concept of the self.

Any experience which is inconsistent with the organization or the structure of the self may be perceived as a threat, and the more of these perceptions there are, the more rigidly the self-structure is organized to maintain itself.

The experience of loss threatens an individuals self concept, part of the stability of which is an understanding of personal identity in terms of relationships with others.

Rogers asserts that under certain conditions, involving primarily complete absence of any threat to the self-structure, experiences which are inconsistent with it may be perceived, and examined, and the structure of self revised to assimilate and include such experiences

As the individual perceives and accepts into the self-structure more of his/her organic experiences, s/he finds that s/he is replacing the present value system with a continuing organismic valuing process. This is the sustained capacity our work is designed to facilitate, in an environment that is co-created and contained by the development of group guidelines for risk-taking/safety and clarity on anything *the group does not want* from the time.

The intent behind creating this container for the work is to minimise the threatening nature of the experience, as well as to acknowledge the risk-taking that is required for new learning to be assimilated.

Freire (1970) states that "knowledge of one's world is created by people and is the result of their ability to reflect upon and to draw meaning from their experiences, from their perception of reality, and from their understanding of their history". The opportunity afforded to reflect on the understanding of personal loss history as part of the group work from the perspective of the adult allows for a reframing of the meaning of those experiences.

Again, Michelson (1996) maintains all knowledge is "situated knowledge", that is "socially and historically situated in the matrix of the social relationships and social activity of the active human groups who create it". Reviewing the situated knowledge about self in relation to loss is the first step in creating the awareness of the origin of present patterns.

The possibility of creating a new knowledge base is supported by the work of Kolb (1984) who understands knowledge to be "continuously created and recreated, not an independent entity to be acquired or transmitted". For Kolb, learning is "a process whereby knowledge is created through the transformation of experience"; such as is made possible by the experiential work of facilitated bereavement.

Incorporating Learning Styles as a component of Facilitated Bereavement

In providing the opportunity to re-learn responses to loss better suited to the current reality, it is helpful to take into account different learning styles. Simply talking about loss together, or attending to theory is not sufficient for the goal of integrating and sustaining new experiences and responses.

Kolb (1984) described two basic structural dimensions of the learning process:

1. "two dialectically opposed modes of *grasping experience*":
   - **direct apprehension** of immediate concrete experience (e.g. "I know s/he's dead, I can see the body")
   - **indirect comprehension** of symbolic representations of experience (e.g. "S/he was the last community leader, my entire community is directionless")
2. "two dialectically opposed modes of *transforming experience*"
   - **intentional reflection** (e.g. "What does this mean for me?")
   - **extensional action** (e.g. "What new strategies/behaviours to I need to adopt as a result of this experience?")

For Kolb, "the learning process at any given moment in time may be governed by one or all of these processes interacting simultaneously…(a) synthesis of which produces higher levels of learning". This synthesis is partly achieved through acknowledging and addressing these two structural dimensions through:
   - encouraging storytelling of the actual circumstances (direct apprehension)
   - asking what else has been lost (symbolic representation as "secondary losses", these may be abstractions such as "My identity as a lover")
   - inviting a deeper reflection on "meaning" (e.g. about prior assumptions of the world)
   - encouraging the development of new behaviours in the world geared toward reinforcing and sustaining new ways of being that support the individual in their grieving (e.g. talking, expressing anger, participating in rituals etc.)

These two structural dimensions allow for the emergence of unique "adaptive processes for learning" in the individual, which will typically "tend to emphasize some adaptive orientations over others" forming a stable and enduring pattern.

Learning style, as defined by Kolb, arises from "consistent patterns of transaction between the individual and his or her environment". When the "four elementary learning modes or strategies are used in combination" there emerges "more powerful and adaptive forms of learning", which better serve individual workers and their agencies.

Multiple Loss: A First Nations Perspective

The First Nations communities in Canada have long been dealing with intergenerational multiple loss and offer great insight into what teaching/learning is required in this area. Hill (1999) states "In Aboriginal thought, the human drive to fulfill the meaning and purpose of one's life leads to the creation of knowledge". Citing Elias and Merriam (1995) on the role of a teacher as one source of knowledge, the work of the teacher is to focus "on helping learners to solve problems and to remove the emotional blocks to learning that confront them. Teachers are viewed as leaders of group activities and as helpers who become learners by sharing their own experiences and insights without imposing their own views".

A teacher is, then, a helper, facilitator and partner in the learning process; placing the emphasis on learning not teaching. Part of the responsibility of the teacher is to create the conditions in which learning can take place and trust the learner to assume the responsibility for the learning.

The Need to Lighten Up

An essential component in working with the resistance to loss work is the incorporation of a sense of play. Melamed (1987) investigating the role of play in adult learning discovered a playful approach could stimulate an integrative and creative energy as "in the sense of wholeness and integration, play and learning are rooted in the same [creative] life force". Incorporating humour into facilitation style and introducing exercises which include drawing and colouring can create an environment which makes possible the acceptance of challenging new insights which may appear less threatening and more amicable to growth and healing.

Bereavement Facilitation as Realignment of a Self out of balance

The experience of loss is profoundly destabilizing as the assumptive world and self-concept are shattered. Experiencing disruption in the emotional, mental, spiritual and cognitive realms of being, individuals experience great confusion; often stated as "I don't know who I am anymore". Part of the construction of the self-concept is in terms of relation to others; when others die, the self-concept becomes unstable.

Facilitated bereavement work encourages the exploration of the question "Who am I" to acknowledge this experience of identity disruption and help bring that awareness into consciousness. From there, it is possible to proceed to further exploration in terms of what is required to derive a sense of being balanced in the experience.
Carmack ('92) uses the term "functional balance" to describe the healthy ability to engage and detach in loss work from a place of being centered in the self; without becoming lost or overwhelmed. She contends that "if adaptive coping strategies can be identified, there is an increased likelihood that an intervention model can be developed to teach adaptive coping strategies". The interventions developed by the Bereavement Project staff are designed to make possible the adoption of adaptive strategies, a process which "takes place over time and occurs within the context of a redefinition of values resulting from the disruption of a previous lifestyle…achieved by a phenomenon of ongoing self-monitoring" (Carmack '92).

According to K.Bell (1991 personal communication) cited in Hill (1999), "Life experiences creating an imbalance in the human being are processed through healing work designed to help individuals to look within themselves – to unmask their true selves by examining the circles of trauma and hurt associated with their life experiences. This inner movement clears blocks, restores balance, and helps people to connect with their spiritual center."

The experience of grief leads to imbalance and security is sought by attempting to frame the experience based on learning from prior loss experiences. Unfortunately, early loss experiences, for most people, resulted in strategies for processing the impact of loss which are less than healthy. These default patterns become activated when attempting to rebalance the self at a time of disruption. Whatever learning is to take place from the experience of loss will be filtered through what Mezirow (1985) calls the "meaning perspective", described as the "structure of cultural and psychological assumptions with which our past experience assimilates and transforms new experience".

A meaning perspective is made up of "meaning schemes", sets of related expectations that "guide the way we experience, feel, understand, judge, and act upon our situation…it selectively orders what we learn and the way in which we learn it". In terms of a learned pattern of loss response; if my early learning was that "its my fault" that a loss occurred; or "I shouldn't feel sad", then bereavement becomes more complicated.

Inviting the bereaved to revisit and identify patterns of response to loss allows for the transformation of a meaning perspective through the process of becoming critically aware of the cultural and psychological assumptions that one carries. Understanding the impact of assumptions facilitate the ability to be "more inclusive and discriminating in the integration of experience" and more "open to discourse with alternative perspectives on disputed claims of validity".

To uncover assumptions, Brookfield (1991) suggests inviting storytelling of critical incidents in peoples' lives. The "fuller picture of participants' assumptive worlds" emerges from descriptions of both positive and negative incidents from one's personal life. From telling the story, it becomes possible to develop insight into the formation of elements of the assumptive world; or in Brookfield's words, it becomes possible "to produce richly detailed accounts of specific events, and then move to a collaborative, inductive analysis of general elements embedded in these particular descriptions".

While it is possible to bring a structure of assumptions into consciousness, where it can be negated in favour of an alternative perspective, or formulated into a synthesis as a way to reconcile elements of contradiction, this is not easy. Mezirow (1985) describes "*such learning as painful because it often involves a comprehensive reassessment of one's self and the very criteria that one has been using to make crucial value judgements about one's life*" (my emphasis). Inviting people into this process requires care and sensitivity with an understanding that we all make sense of the world as we grow in ways that we need to, "We do the best we can with what we know at the time".

Hill (1999) citing Mezirow (1985) states he "claims that the process of socialisation makes us heir to distorting assumptions. He agrees that traumatic childhood events can cause us to learn specific prohibitions such as never confront, never succeed, never express feelings, never be the center of attention…The inhibitory rule fades from consciousness, but it continues to influence adult behaviour by evoking feelings of anxiety when adult action threatens to violate the rule."

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New learning, more appropriate to the adult reality, becomes possible through facilitated awareness of the perceptual filters surrounding the self-concept.

Hill (1999) citing J. Durmont, (1992 personal communication) refers to the Aboriginal "life road" teaching which talks about "the experiences associated with one's changing physical life that may cause a person to abandon his/her true self if healing work to examine these experiences is not done. Thus, in spite of "what you think you are," you can never know "who you are" until you look within."

Holistic Education and Loss work

Holistic learning follows the natural process of human acquisition of knowledge based on: curiousity, interest, and the need to solve the problems encountered through daily living. Young children are motivated in their learning precisely by these precepts; for many they become subject to an internalised prohibition: "curiosity killed the cat", "that's none of your business", "you are not able to (solve that problem) by yourself". Inviting curiosity about an individual's grief process, supporting self-interest and advocating ways of "solving the problem" of re-balancing the self are empowerment strategies which carry weight far beyond the scope of grief-specific work. Resistance will be engendered to the extent these values are in conflict with internalised prohibitions and may nonetheless be modelled by facilitators; setting up cognitive dissonance when it become clear the "sky did *not* fall in".

A note on the Role of the Facilitator

For facilitators, this work of facilitated self-transformation requires facilitators to be "one step ahead" in terms of their personal work of self-transformation. The role of the facilitator in modeling requires: a) that the facilitator has engaged in personal grief work and b) that the facilitator is willing to share of themselves with the individuals. In Hill's words (1999) "If the facilitator has problems in sharing or has not undergone a similar process of self-examination, then the acceptable levels of trust and understanding may be lacking for the facilitation process".

The critical reflection on personal filters related to loss, limiting the individual to functioning at a level of being adequate to a prior self-concept, leads to the opportunity for self(concept)-transcendence; and the ongoing integration of learning that can awaken the ""original instructions" for "how to live one's life with meaning and purpose…(including the) desire to fulfill that which spirit is sent into the world to do"" (J. Dumont, 1993, 1994 cited in Hill, 1999).

> *"Heal the community by healing the individuals*
> *and in this way, resurrect the sense of community*
> *fundamental to the mental health of the individual"*
>
> *Herman Kaal*

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