Fear of losing it: An auto-ethnographic case study exploring re-triggered loss experiences during psychotherapy training

Karen Bateson, John Lees, Gillian Proctor and Netalie Shloim
School of Healthcare, University of Leeds, Leeds, UK
Email: karen.e.bateson@gmail.com

Notes on Contributors

Karen Bateson is a BACP registered Psychotherapist. She completed an MA in Psychotherapy and Counselling at the University of Leeds in 2018. The topic of her final year research project was informed consent, which she presented at the BACP Research Conference in Belfast in 2019.

John Lees is a psychotherapist and supervisor working in private practice in London and East Sussex. He is registered with the United Kingdom Council for Psychotherapy (UKCP) and accredited with the British Association for Counselling and Psychotherapy (BACP). He is also Associate Professor of Psychotherapy and Counselling at the University of Leeds, course leader for the training in anthroposophic psychotherapy in the UK and a Board member of the International Federation of Anthroposophic Psychotherapy Associations (IFAPA).

Gillian Proctor is the programme leader of the MA in psychotherapy and counselling at the University of Leeds. She has written on the subjects of power, and ethics and values in particular, and is the editor of the journal *Self & Society.*

Netalie Shloim is a psychotherapist and supervisor working in private practice in Leeds and in Israel. She is a registered member of the United Kingdom Council for Psychotherapy (UKCP). Netalie is a lecturer on the MA in counselling and psychotherapy in Leeds University. Her research and publications focus on eating disorders, maternal and infant feeding interactions, maternal well-being, attachment and trauma.

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The aim of this article is to explore loss experiences within a counselling and psychotherapy training arena, an environment that effects individual change. It uses an auto-ethnographic case study format and data in the form of photographs, hybridised client material, journal entries and commentaries in order to reflexively consider loss material. It does this with a view to creating a narrative that enables readers to consider their emotions, thoughts and reactions to the material presented. It concludes that loss and grief can be re-triggered. Loss is inevitable. However, hidden loss affects our ability to manage change and has the potential to create transgenerational patterns.

Keywords: counselling; psychotherapy; training; bereavement; loss; reflexivity

Introduction

Figure 1: Photograph – *Feather and Stones (Grief)*
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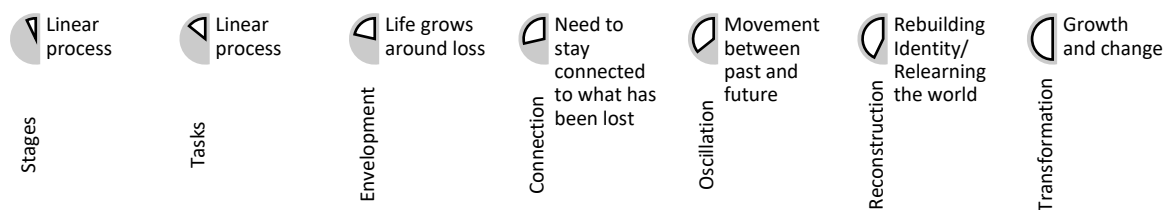(Journal Entry, 26th September 2016)

This article aims to use an auto-ethnographic case-study approach to explore my own loss experiences, as well as the loss experiences of my clients. It will reflexively use a series of photographic images (Dennett, 2009), alongside hybridised client material gathered when working within a cancer support service (PCSP, 2016), material from a personal journal (Etherington, 2004) and commentaries as primary data (McLeod, 2010). Reflexivity is a methodology that enables us to connect the personal with the wider sphere of knowledge, offering the opportunity to link practice and research, as well as providing development in the form of creating alternative "ways of thinking and doing" (Etherington, 2004; Freshwater & Rolfe, 2001, p. 531). I aim to share personal material as a means of helping others find ways to consider their own loss experiences during development as counselling/ psychotherapy practitioners. The creation of a photographic image provides a symbol that can act as a witness. According to Wyman-McGinty (1998), the purpose of a witness is to provide a secure, containing and holding experience that enables unprocessed material to emerge, which can then be reflected upon. In Figure 1, the feather represents the symbol of the soul. Stones represent the body and the world we live in. Life holds the soul; death lets it fly free. However, in doing so, it leaves me stone cold, alone. My loss material includes the death of my maternal grandfather, my mother-in-law, my mother, my father-in-law and experiences of abortion, as well as object-related losses from childhood, such as my father stopping playing with me.

In her sociological exploration of the lived experience of emotions surrounding relationships and loss, Ellis (1995) suggests that more can be communicated about the experience of affect and interactions with others through keeping ourselves in our narratives. She believes that this means encompassing the good and the bad, the public and the private, and what makes us comfortable as well as uncomfortable, in order to uncover the "complexities, ironies, and ambiguities of living" (Ellis, 1995, p.3). She also believes that this enables readers to understand through experiencing their own reactions to our stories. The inclusion of the narrative self has become an essential validity check within qualitative studies (Etherington, 2004; Willig, 2013) and is central to an auto-ethnographic approach (Adams, Holman Jones, & Ellis, 2014; Muncey, 2010). Despite the obvious ethical drawbacks of this research method, which are focused on the merging of the private and the public domain (Gabriel & Casemore, 2009), this way of working is familiar to all counsellors and psychotherapists in the form of supervision, where we explore our clients' disclosures and attempt to identify how our histories have merged in the somatic and verbal story that unfolds (Hawkins & Shohet, 2012; Wosket, 1999).

Permission to publish this case study has been granted by relevant counselling services, family members and commentators (McLeod, 2010; Willig, 2013).

Modelling and masking loss and grief

Figure 2: Changes in conceptualisations of grief

Stages	Tasks	Envelopment	Connection	Oscillation	Reconstruction	Transformation
Linear process	Linear process	Life grows around loss	Need to stay connected to what has been lost	Movement between past and future	Rebuilding Identity/ Relearning the world	Growth and change

There are a number of different models of the grief that follows loss (See Figure 2) (Attig, 2011; Calhoun & Tedeschi, 2001; Hagman, 2001; Klass, Silverman, & Nickman, 1996; Kubler-Ross, 1973; Lendrum & Syme, 1992; Neimeyer, 2001; Schneider, 2006; Stroebe & Schut, 1999; Syme, 2012; Tonkin, 1996; Worden, 1983). Later conceptualisations aim to move away from the linear progress implied by a process model, to a more dynamic understanding of grief that enables social, psychological, biological and spiritual factors to be taken into account (Thompson, 2012). Grief is potentially transformational, dynamic and individual, as well as collective; not working through it may blunt our capacity for growth (Doka, 2016). Bereavement and other forms of loss are also believed to be common factors in the childhood histories of those of us who decide to train as therapists. Our wounds become the source of our empathic aptitudes and can transform us into wounded healers; we lose a part of our childhood, our own inner child and perhaps aim to save a different child, in a way (Barnett, 2007; McLeod, 2003). Unfortunately, the therapeutic process comes with risk for our clients and there is a very real possibility that we can cause harm (Crawford et al., 2016; Lilienfeld, 2007; Parry, Crawford, & Duggan, 2018). Without exploration, our creative and destructive emotional responses to our clients, and the resurfacing of our own pain, can affect our interactions with our clients, reduce our ability to notice and may, ultimately, make us ineffectual, unhelpful or harmful (Parry et al., 2018; Wheeler, 2007).

An eating disorder case study by Rabinor (2002) demonstrates the significance of loss for us as humans. In this case study, the loss of a father, and the subsequent attempt to mask difficult emotions, such as anger, resulted in specific eating behaviours designed to harm the body. This masking of emotions, this disowning of the chemical reactions that are feelings within us, arguably leads to their being trapped in the body, unexpressed and unseen (See Figure 3). The lack of emotional expression may be a precursor to the act of transgenerational transmission. Our first experiences of loss are separation-based – loss of the womb and fear of loss of our primary caregivers. The loss of a father is a loss of a part of the self. Both object-relations theory and attachment theory suggest that we internalise aspects of our relationships with others in infancy. We develop internal objects based on our experiences with our mother and father and internal working models that tell us how relationships work (Bateman, Brown, & Pedder, 2010; Holmes, 2001). At some point, loss arrives with death. We lose our caregivers, our siblings, our children, our friends and our pets. Loss comes with other things, too – relationship breakdown, illness, an operation, failure, ageing, abortion, birth, stillbirth, disability, moving house and changing job (Lendrum & Syme, 1992; Thompson, 2012).

Figure 3: Photograph – *Glass Bottle (Hidden Emotion)*
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(Journal Entry, 3rd July 2016)

During my second year of training as a counsellor and psychotherapist my father-in-law died. A few weeks later my 5-year-old son said: "Mummy, I have cancer wee". He sounded proud of himself… I felt confused, then I realised that he was comparing the colour of his urine with that of his paternal grandfather who was catheterised during the last eight days of his life. The clear plastic bag hung on the side of the bed and as the days passed, more blood mixed with the urine and it got darker and darker until it was the colour of our chocolate Labrador, Mabel. Aspects of this situation enabled me to try to provide my children with an experience of losing a grandparent as a child that was different from mine.

For me, my maternal grandfather just disappeared when I was 7 years old; his stomach cancer was never discussed and I was not enabled to grieve. Kubler-Ross (1973) highlights the potential trauma involved in dealing with children's experiences of death in this way. I did grieve, but not until 30 years later, during psychodynamic therapy undertaken prior to training as a psychotherapist/counsellor. Kouriatis and Brown (2011) highlight the impact of loss in terms of cognition, emotion, and identity and the fact that this is particularly important in therapeutic work

because the central tool is the self. As adults, how we have addressed our earlier losses has the potential to contribute towards our well-being or to mental health difficulties located in experiences of complicated grief where a person becomes stuck, perhaps with a specific emotion (Boelen & Smid, 2017). Within trauma work, the idea of a trigger is used to explain how somatic aspects of an experience can be re-enacted environmentally (Rothschild, 2000). It is possible to consider loss and grief being triggered in a similar manner and that failure to work through losses during the lifecycle may increase the chance of later difficulties with such experiences.

Imprinting loss and grief

Figure 4: Photograph – *Wall Shadow (Unthought Known)*
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(Journal Entry, 7th November 2016)

One of my clients struggled to recover their sense of self after treatment for cancer. What emerged during our exploration was loss: loss of a daughter decades before. The historical loss of this client's daughter through separation was hidden within the current loss experience involved in recovery from cancer. Doka (2016) would consider this disenfranchised grief because the loss can be unacknowledged socially, and is, therefore, harder to mourn. Other examples include change, divorce, separation, adoption, job loss, illness, abortion, disability, places and material objects (Doka, 2016; Doku & Meekums, 2014). This might suggest that experiences in these areas may need to be focused on during therapist training via a range of personal development methods, such as writing, working with images or in therapy (Rose, 2012). During mandatory, training therapy, I wondered about the similarity between how I felt after my father-in-law's death (Shaw, 2003) and how I feel (heavy, sloth-like, numb, hopeless) at particular times of the year (January, February, April, May, June, August). This led me to reconsider the idea of disenfranchised losses in my life through finding dates of abortions and other medical incidents via my doctor's records. I created a loss mind-map. I could see how loss permeated each decade of my life in some way. Awareness of my own losses, my feared losses (my family) and existential loss (death) has the potential to make me a better therapist. It provides an opportunity to reflect on my own grief processes, and what works for me, as well as what I still need to revisit and address (Worden, 1983).

At certain moments pain can be relived just as intensely, which leads me to ponder the idea of the "unthought known" in this context, a sense of something that is known, but that remains unexpressed (Bollas, 1987, p.277). The wall shadow photograph shown in Figure 4, triggers memories of seeing ultrasound scans for me. In one incident, I was shown a scan of an unborn foetus that was about to be aborted. This led to me feeling hope and changing my mind, but it was too late. I then felt despair and numbness. I also felt anger and sadness and guilt. In another, the foetus had died. I think my sadness was deeper because I had chosen to have abortions in the past. I

blamed myself. In another, my happiness at the prospect of a live birth was dampened by the loss of my partner through a relationship breakdown.

I share this in an effort to make it more socially acceptable to talk about these physical, emotional, and difficult-to-acknowledge loss experiences. I think that this is particularly important if the act of hiding of loss experience and affect is the start of a transgenerational loss pattern. It is likely that my experiences are part of a transgenerational loss pattern that is already in play. There is also the thought that some things may have to be re-expressed. Grief may be an environmental conundrum, a contextual issue where some places and some people provide more triggers than others. The obvious example here is therapeutic training and practice. We attempt to become more self-aware (Proctor, 2014; Rose, 2012) and to digest how working with others makes us feel at a bodily level (Shaw, 2003). We try to systematically identify our blind spots through working with others – our supervisors (Dunnett, Jesper, O'Donnell, & Vallance, 2013), our therapists (Chaturvedi, 2013) and our peers, in both group supervision scenarios (Moller & Rance, 2013; Stefano et al., 2007) and personal development groups (Rose, 2008). As Schneider (2006, p.4) noted "inherent in any change" are loss and gain.

Connecting loss and grief

Figure 5: Photograph – *Lichen (Growth)*
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(Journal Entry, 31st August 2016)

A criticism of grief theories in the 20th century is that they have been based on the idea of attachment in terms of having to let go of that attachment to move forwards, rather than on maintaining a connection with what has been lost (Klass et al., 1996; Neimeyer, 2001). This is a central idea in the use of a transitional object – we can potentially cope with separation and loss because we can still feel connected (Doku & Meekums, 2014; Horton, 1981; Winnicott, 1971). Klass et al. (1996) identified that a need to continue relationships with the deceased has historically been a marker of psychological problems within American culture, but that this can actually be a healthy response. Contemporary re-workings of grief theory have, therefore, focused on the wider social sphere, the idea of being able to stay connected to what is lost, the possibility of growth and individual identity change (Neimeyer, 2001). Figure 5 shows how lichen can transform wood, which I

see as a visual metaphor for growth and identity change. Both loss and trauma have the potential to lead to growth (Calhoun & Tedeschi, 2001).

If the loss embedded within a traumatic experience is not mourned it "perpetuates the traumatic reaction" (Herman, 2015, p.69). It may also, therefore, engender transgenerational patterns (Kempson, Conley, & Murdock, 2008; Lieberman, 1979). Grief can be seen as the healing response to loss and we have to look at the past, present and future in order to transform from one point in our lives to another (Schneider, 2006). Underlying this is the premise that all types of change instigate loss and may have the potential to evoke grief. It feels existential. Everything has the potential to create pain, but we can survive this and find personal meaning through our lives (Van Deurzen, 2012). I see this as the spiritual aspect of loss (Nicholls, 2007; Thompson, 2012). It is also the social part of it. Others matter and the way we relate to them can help all of us to grow (Adame & Leitner, 2011). This is particularly relevant during psychotherapy and counselling training because of the group aspect of our development in this context.

Schore (2011) details two self-states that correspond to our brain symmetry; the implicit, unconscious, right brain self that processes procedural, affective and visual information and the explicit, conscious left brain self that deals with verbal communication. Psychological change occurs when implicit information such as feelings are allowed to emerge and are then made explicit, through talking or writing, for example. A range of methods have the capacity to achieve this, including creative art, photography, psychodrama and play. Loss involves the implicit – the way we did things with another person who is no longer there, the feelings that we now experience in their absence, what it feels like to have a breast, or a colon, or an intact throat and what it is like when these body parts have gone or been changed by the touch of a scalpel.

Dynamics of loss and grief

For Stroebe and Schut (1999), grief is dynamic; a person moves from acceptance to denial of their loss in a social context that affects how they deal with it on a moment to moment basis. A client demonstrates this as he describes the details of his loss, his emptiness, his longing to have his wife back (past orientation) and the lift he feels from joining a choir (future orientation). The social aspect of his loss can perhaps be seen in his effort to hide his true feelings of devastation from view:

Client: Yeh, keep me distance, you know... keep me emotions in check...
Counsellor: Yeh, you hold it in... and...
Client: 'Cos I've hardly... up until after Christmas, I've cried more... than I did from August…
Counsellor: Yeh... yeh... so...
Client: Weird...
Counsellor: Something's, something's, something's changed...
Client: Yeh
Counsellor: so there was no tears... Or no, even...
Client: Yeh, I did a little, but not, not...
Counsellor: A little...
Client: I felt like… I had to hold it because if I didn't... I wouldn't be able to stop, I felt, I...
Counsellor: yeh... yeh, so...
Client: I felt like I'd completely go ballistic, you know, if I started...
Counsellor: Yeh, yeh... It sounds like it must have taken a huge effort if you felt like you were... gonna...
Client: yeah I did... yeah I did... I felt like...

Counsellor: holding it in...
Client: I felt like, I felt like... I'd really lose it and I'd scream and carry on, you know, like you see in all the countries where they wail that's how I felt…
Counsellor: you felt like that... but inside...
Client: yeh...
Counsellor: No way of letting it out...
Client: No... but then since Christmas and New Year it just seems every time I talk, if I go and walk with my daughter, with the dogs and we start talking, I get upset...
Counsellor: Mmmm...
Client: And me sister, and I'm very close to me sister, and she'll ring me up, and every time I hear her voice I got upset, 'cos it was her that rang round and said you can see somebody at [the organisation] if you ring up...
Counsellor: Mmm... Mmm...
Client: 'Cos, I think she was getting a bit, 'cos every time I've talked to her... But, you see, everybody thought I was marvellous… [Laughs]...
Counsellor: Yeh...
Client: And it's, it's a show, in't it... put on a show...
Counsellor: It's hard to hold it in for other people…
Client: Yeh, it takes effort, probably, dun't it…
Counsellor: Yeh...
Client: Uh, I don't know… [exhales]
Counsellor: [Blows air out]
Client: [Laughs]
Counsellor: [Blows more air out, laughs]
Client: Well... [sniffs]... I blurted a lot out there, din't I? [Laughs]... my life history... Yeh... I don't know, I just feel like I've got to... it's the pull yourself together bit...

Hayes, Yeh, and Eisenberg (2007) suggest that immersion in grief is potentially detrimental to a therapist's ability to empathise, negatively affects the working alliance and, therefore, the depth of the therapeutic work. It certainly makes it hard to think, and I can see how a recent loss can be very easily triggered through an experience with this client. His description of his loss jolted me towards extremely vivid images of my experience of my father-in-law's death and I was completely unable to stop my tears from escaping from me. This happened twice during the session. I am sure that the session triggered my own fear of losing my partner, which intersected with two loss anniversaries during that week – an abortion, 22 years ago, and my mother, 7 years ago – that I had been discussing in the mandatory, personal therapy that accompanied the course. I had also lost a section of the essay on which this article is based, which had me feeling distraught. I do wonder if there was an element of counter-transference here – he mentioned fear of his emotions flooding out of him later in the session – saying: *"I felt like… I had to hold it because if I didn't... I wouldn't be able to stop"*. Looking further at the transcript suggests more of an explosion; he uses the phrase "ballistic" in the next line. My client's deep exhale of breath at the end of this section may physically demonstrate the need to let go of pent up emotion. Discussing this event (and my fear that I was not containing because I was not able to contain my own emotions in therapy later) led me to consider being good enough (Knox et al., 2017).

According to Syme (2012), the role of the therapist during grief work is that of normalisation, facilitation and identification of factors that instigate chronic, complicated grief. With regards to cancer, loss is not just present after the fact of a person's death from this disease. It is apparent in the physical and cognitive aspects of diagnosis, treatment and survival (Brennan, 2001) where loss of body parts, of future plans and of relationships can be significant aspects of the experience of cancer for clients. I wonder at my mother's experience, losing her father to stomach cancer in her 30s and

her breasts in her 50s. I wonder at my mother-in-law's experience, too, losing her birth mother through adoption, her adoptive family to boarding school and part of her breast in her 50s.

Kempson et al. (2008) articulate the notion of transgenerational grief in relation to sibling loss. I think about the loss of a sibling to boarding school. I am curious and wonder about a wider connection with loss across generations in families. Lieberman (1979) highlights the stress involved in the death of a family member and that avoidant family loss patterns tend to make life changes difficult to manage in the family unit. What I notice when I think about this is age-related. My husband is adopted and was sent to boarding school aged 11. My paternal grandfather was banished from his family unit aged 11. My family and I relocated from the north to the south of England when my son was 11, as a result of my father-in-law's death.

Drawing on Horowitz's (1986, as cited in Stroebe & Schut, 1999, p.207) notion of the stress-related intrusion and avoidance processes that arise from experiences of trauma, Stroebe and Schut (1999) highlight how grief oscillates between poles of loss and restoration, which Figure 6 illustrates, for me, visually because it provides the illusion of movement. My eye flits from the lines and ridges of the front can, to the rear one and back again, over and over, until I look away. Stroebe and Schut (1999, p.213) suggest grief is a process of "waxing and waning" that has "flexibility" and takes place "over time". Thompson (2012) sees dual process theory as embracing difference within grief because the oscillation procedure has the potential to vary. Some people spend little time looking back, others more so. I watched clear examples of this with my father-in-law when he lost his wife to breast cancer. He dealt with his grief socially and found a new partner within a couple of years. When my mother died, my father, on the other hand, withdrew, built shrines (with ceramic birds that could not fly) and stayed more often with the past. Trans-generationally, my father's method feels like another loss. This sits uncomfortably with an early loss experience with him: he stopped playing with me but continued to play with my brother.

Figure 6: Photograph – *Tin Cans (Loss and Restoration)*
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(Journal Entry, 14th October 2016)

Wooster (1998) is sure that patterns emerge in families that relate to the envy and jealousy that can be inherent in sibling dynamics. Both of these emotions feature loss: loss of the object and loss of parts of the self (Elliot, 2011). Psychological defence mechanisms, such as projection, may be built to hide these emotions and the loss (Grant & Crawley, 2002). I have learnt that one simple act

on the part of another (whatever gender) can spiral me into the shoes of a child. This occurred twice with my peers during training. The first time, I would feel rage and indignation that this person was on my course. At times, I could not bear to be in the same room as them. Each week, I hoped that they would not turn up and when they walked in I would feel disappointment, confusion, anger and, I think, shame. How could I not like someone who has been selected for this type of training? What is wrong with me? If there is nothing wrong with me, then my tutors must have got it wrong. How can they have got it wrong? It must be me. I thought about dropping out. I talked about leaving in my mandatory, personal therapy. I could not see any other way to avoid the way I was feeling, which was linked to my loss – stopping playing, stopped from being playing with. I lived like this for months. It was excruciating. Anger helped here; it made me stubborn. In the end, the solution was to admit the way I was feeling – to make my emotions concrete, to share them in a safe, containing space, with my peer.

It is likely that this will affect my client work. I suspect that this means I will find that some of my clients will trigger this reaction in me. I will find myself filled with the loathing and hate that I feel for aspects of myself that I have hidden and that will have attached itself to attributes in another person (projection) (Jacobs, 2012). I think it might also mean that I could miss some emotions in others that I struggle to see in myself. Shame, jealousy and envy may stay hidden in-between the lines that we co-construct (Elliot, 2011). Rothschild and Rand (2006, p.27) highlight how important it is for therapists to be able to separate their own material from their clients' material. Failure to do so can lead to "compassion fatigue, vicarious trauma, unmanageable counter-transference and burnout." On one level this involves systematically working through our own material in whatever way suits us (Johns, 2012). However, if we consider relationships to be intrinsically intersubjective, and therapeutic change as a process of joint meaning-making (Orange, 2002), we ourselves may have to become a client to fully embrace this process of change (Chaturvedi, 2013).

Supervising loss and grief

Supervision spaces also aim to be safe, enabling effective, ethical practice (BACP, 2018; Wosket, 2012). When discussing a client whose story of cancer was particularly distressing, partly because it was terminal, partly because of the relentless onslaught of five different types of it, I found myself crying. *My supervisor asks me if I know why I am crying. I do, I say: "I don't want to leave my partner, my children, my life."* (Diary Entry, 9th January 2017). I am scared of death. Another client I presented for group supervision springs to mind here because she faced death, but to survive had to deal with the possibility of not being able to have children because of the side effects of her treatment. She faced the loss of ability to give life in order to maintain her own life. Working with this client in group supervision at university, after our 12-week contract had ended helped me visualise the layers of feeling, and confusion this client was experiencing and share this with the group. I think that this was only possible because we were using a psychodrama technique (Dayton, 1994). I took part in a "guided dramatic action" in order to reflect on my work with my client, resulting in the creation of a kinetic sculpture representing my client's feelings – anger, loss, disconnection, fear, loneliness, need. Each person was allocated a role as an emotion, the client or an observer. My memory of this is that my peer-client stands in the middle of the room. Her emotions speak, all at the same time, repetitive, insistent, louder and louder. Loneliness literally circles around her. It was helpful because I could 'see' what my client had told me she felt.

Calhoun and Tedeschi (2001) discuss a process of cognitive restructuring that helps us deal with what we lose through loss – relationships, future plans, identities and world-views. Brennan (2001) talks about this in terms of adjustment. Our mental models of the world have to change. I wonder about transgenerational mental models. Do families transmit cognitive loss patterns? In my journal, I wrote*: "[The kinetic sculpture] captured the essence of my client's struggles and intersected*

with our individual histories/experiences too" (Diary Entry, 18th October 2016). My supervisor said "Giving a voice to these parts empowered your ability to see your client. It was as if you were able to look in the eyes of the loss and not fear it anymore." (Commentary, 17th May 2018). Dayton (1994) indicates that the use of psychodrama has the potential to enable healing, make participants conscious of their own feelings and facilitate the making of new connections. I was aware that the ending with this client had affected me, but until this experience, during group supervision, I had not made a clear connection with my own loss experiences of abortion and miscarriage. A blind-peer reviewer of an early version of this paper commented that:

> "Awareness of one's own loss and grief experiences is a very important part of self-awareness, and that how we have dealt with loss and grief in our own lives is a significant element in our own personal growth and capacity to walk safely and effectively alongside others in their loss and grief experiences. A central element to this is not whether we ever experience distress while working with others but whether we have the capacity to recognise who our tears are for when they occur, and to avoid becoming engulfed in reactions that relate to our own experience so that we are unable to stay fully present for our clients"

> (Blind Peer Review, 17th January 2019).

For me, this is the crux of the intersubjective experience that counselling and psychotherapy practice engenders. Our clients affect us, and we affect our clients as we work together towards mutuality and change (Benjamin, 2018; Jaenicke, 2008).

Reactions to our stories

Ellis (1995) is clear that understanding develops through our own reactions to others' stories. On one level, this is the essence of empathy. A commentator states: "I found myself thinking about the loss of your old self, the self of prior to becoming a counsellor. It is as only by losing a part of our old self we can gain new parts which can be integrated to a somehow-new one" (Commentary, 17th May 2018). This highlights the fact that counselling and psychotherapy training involve loss across the change process. This loss needs to be actively worked with and supported by tutors, peers and supervisors because current loss has a tendency to trigger past loss experiences and we have to be able to separate our historical loss material from that of our clients if we are to be effective in our client work. I am sharing my loss material in an effort to provide a resource for others, with a tentative suggestion that transgenerational loss patterns may be a useful avenue of exploration.

Another response from a commentator focused on visual imagery, stating: "I found your use of art work and images an effective way of conveying emotional experiences that enhanced verbal language descriptors and provoked a more direct emotional response in me" (Commentary, 17th May 2018). A creative approach to considering loss experiences during training may enable practitioners to directly access their emotions (and then those of their clients).

Finally, one further comment "you are like a bee who is afraid of its sting […] I say this since the article is mainly about you and your understanding of theory. In so doing you are hiding your skill as a therapist" (Commentary, 17th May 2018). It is not my intention to show my potential skill as a therapist here, although I do think that skill as a therapist is tied up in the amount that we are prepared to change in response to our clients. As all change has the potential for loss as well as gain, and this loss often goes unrecognised, the grief associated with change can often be considered

disenfranchised. The reality of this means continual personal development during training and beyond. This could also means that every client who seeks change may need support with loss.

Conclusion

The narrative I have created leads me towards some tentative conclusions. Loss and grief can be re-triggered. Some environments are likely to create more triggers than others. For example, a place where constant change is taking place physically or mentally is likely to evoke past experiences of loss and grief. This would include counselling and psychotherapy training and engaging with client work. The idea that loss and grief may not recede, and that they can wax and wane throughout our lifetimes, is important. This might mean that we need to find ways to re-express these experiences, particularly if maintaining connections to what is lost helps us manage dynamic, healthy growth and identity change in a way that fits us individually. Loss is inevitable if we consider our biology – loss of the womb, the need for separation and individuation. Every choice we make leads to us leaving something else behind. When choices are made for us, we also have to leave things in the past. Avoiding loss affects our ability to manage change and can affect our behavioural patterns, perhaps leading us unconsciously towards self-harming behaviours. Individual loss reactions may affect us trans-generationally, too. Hidden loss experiences, which might be contained within certain emotions such as envy and jealousy, affect us physically and socially. If we think about loss as an implicit experience, we need to find ways of making it explicit. This is where creativity comes in, helping us to deepen our understanding of our experiences of loss and grief.

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