When the Grief Counselor is Grieving

I’m a Certified Grief Counselor (GC-C), and at any given time I have at least two clients who are experiencing grief. Loss can come in many forms: loss of a relationship, a family, a job, a home, a way of life, and, of course, loss through death. I support people on their journey through processing the losses in their lives. What happens, though, when the grief counselor is grieving?

The month of October was particularly rough: two family members, a childhood friend, and a youth who used to receive services from us all passed away within a 4-week period.. I barely started processing one death when another one occurred…then another…and then another. *That’s a lot of loss to try to process*. I had to take time off from both private practice and my full-time job to do some self-care and provide support to those around me.

Self-care during this time meant something different than during other times when there wasn’t so much loss. My “regular” self-care practices include painting, therapeutic floating, reading, spending time with family, and sometimes binge-watching something on Netflix. However, this time was different; self-care meant taking that time off and, when I did return to work, not accepting any new clients who needed grief counseling due to a death. I didn’t have a problem providing grief counseling for other kinds of losses; I just couldn’t do it when death was the cause of the loss. Self-care also meant reaching out to a therapist so I could have some help processing things.

One of the drawbacks of being a grief counselor, at least for me, is that in the past I have leaned toward intellectualizing my grief instead of allowing myself to feel it. I know full well that this isn’t a good way to deal with grief. I talk to my clients about it all the time: let yourself *feel* your grief. It’s easy to tell yourself, “Yes, that’s a normal grief reaction” or “You know that’s just a phase in the grieving process.” As grief counselors, we need to practice what we preach and let ourselves feel the grief and experience the pain. Intellectualizing it doesn’t help us heal faster and, in fact, can make things worse later on.

This brings me to the “c” word: countertransference. I want to talk about countertransference not in the Freudian sense, but rather in the Oxford dictionary sense: Countertransference is “The emotional reaction of the analyst to the subject's contribution.” If we don’t take the time to process, experience, and heal, we might have a strong emotional reaction to a client’s story of their grief. Countertransference has become a dirty word in therapy – it’s something to be avoided. I agree that we need to be diligent and monitor ourselves for countertransference because it can be detrimental to our clients. I would also argue that we are human beings, and we often feel countertransference outside the therapy office, even though the word refers to the phenomenon when it occurs in therapy. We feel it when friends, family members, and even strangers talk about something that strikes a cord in us and brings up all sorts of feelings that we project back onto those people. It makes sense, then, that it could happen during therapy. That’s why it’s so important to work on our *stuff* before we sit down with other people and help them work through their *stuff.*  We don’t *want* to have any countertransference, but I daresay it might be an inevitable thing in therapy. The important thing here is that we monitor ourselves and learn to recognize when negative countertransference is occurring.

Grief is no different than the other “stuff” we go through. It’s something that is powerful, that can change our lives and perspective, and it can take time to work through. We all make a commitment to not harm our clients, and we need to make a commitment to not harm ourselves either. That means taking the time to experience our own losses and not rush back into doing work that could bring up some countertransference. We need to be practicing self-care, whether that means bubble baths and aroma therapy or making a conscious decision to not provide counseling for a particular issue that we may be going through in our own lives. There is no shame in seeking therapy ourselves. In fact, I think it’s one of the best self-care activities we can do to promote healing. We need to make sure that “do no harm” includes ourselves.

LPC now