



## ***“On Being a Compassionate Friend”*** **TCF’s Approach to Helping**

Written by

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The Compassionate Friends is a mutual self-help, peer support organisation. It has a long history of bereaved parents, grandparents and siblings supporting bereaved parents, grandparents and siblings (peers) through telephone and face to face conversations, support groups and written material, including a regular magazine. TCF’s Mission Statement and the Programs and Services that it offers are detailed elsewhere.

### ***What does Peer Support actually involve and what are some of the principles on which it is based?***

Peer support is founded upon the connection and understanding that occurs with people who have had a similar ‘lived experience’, and the help and healing that can occur through that connection and understanding.

While recognising that not all lived experiences are the same, losing a child, grandchild or sibling places people in a similar ‘universe’, one that is often difficult for others, even professional helpers, to fully understand. Many times we hear a bereaved parent say that what they want most, or what has helped them most, is simply being able to connect with, and talk to, someone who has had a similar lived experience.

Peer Support has always been available in different forms. In general, in the Western world, more formalised models of Peer Support can be traced back to the early 1800’s in England and later in the US. Perhaps the best known and best established model is Alcoholics Anonymous, founded in 1935. Peer Support movements cross many boundaries from mental health, to addiction, to bereavement and are, in general, linked with grass roots efforts to give voice to lived experiences, to raise awareness and support others and to initiate change in wider systems.

*“Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are “like” them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of traditional (expert/patient) relationships.”<sup>1</sup>*

Further to this, two elements specific to TCF should be highlighted. One, that it is this deep connection through the lived experience of the loss of a child or sibling that offers a healing quality that is unique; and two, that it is the connection to a community of 'fellow travellers' that empowers, supports and sustains both in the immediate and longer term. For many it is the joining of a common experience community that 'holds' someone through the most difficult times.

In 2012, TCF was part of a group of organisations, including those dealing with mental health and bereavement, who collectively developed a Charter of Peer Support. The Charter distinguished 7 Key Principles that Peer Support offers:

1. *Opportunities to benefit from collective wisdom,*
2. *Opportunities to understand and destigmatise mental health issues*
3. *A renewed sense of self-respect, understanding and belonging through being part of a circle of a caring community,*
4. *Opportunities for people to re-discover and activate their own personal, hidden resources*
5. *Opportunities to receive hope, inspiration and empowerment for recovery,*
6. *Opportunities to give help to others, as equal-to-equal*
7. *A unique pathway to help* (see <http://www.peersupportvic.org> )

TCF offers peer support that is consistent with the definition and principles set out above. It offers specialised training for Peer Volunteers to be involved in facilitating Support Groups and also the Grief Telephone Line. It also offers an Induction Day for any Volunteers who wish to work in the Centre.

On a day to day basis, TCF's peer support *practice* has also grown out of many years of working with the bereaved and in that sense an *experiential knowledge* or *practice wisdom* about what helps has been developed. This knowledge remains firmly embedded in lived experience.

***Being a Compassionate Friend:***

Compassion literally means "to suffer together" and can be defined as the feeling that arises when one is confronted with another's suffering and feels motivated to help relieve that suffering in some way.

TCF's day to day support is based upon being a *Compassionate Friend* (see TCF Handouts where some practical guidelines are available<sup>2</sup>) and the principles that this involves underpins the ethos and practice of the entire organisation. Further to this, it should be noted that some TCF members, who are 'further down the track', feel they wish to take on particular volunteer responsibility in terms of facilitating Support Groups or on the Grief Telephone Support line, or in the Centre, and go through specific Training Programs to learn specific skills, so as to be appropriately equipped for these roles. Being a Compassionate Friend is also foundational in this training.

***So what does being a Compassionate Friend really mean, and what skills or understandings does it involve?***

Being a Compassionate Friend fits broadly within what may be described as a *companioning* approach and has been elaborated by Wolfelt<sup>3</sup>. Companioning is essentially 'walking with' and 'being with' our fellow bereaved in open, non-judgemental and connecting ways. Wolfelt has detailed eleven tenets or principles of this approach which are generally consistent with TCF's philosophy.

In addition to this, many conversations that occur at TCF are between members who have not done Support Group or Grief Telephone line training, but are regularly engaged in supporting their peers nonetheless. In many ways, being a Compassionate Friend is an *awareness* or an *understanding* of the importance of and impact that these conversations can have. We also draw some distinction between

'good' or helpful peer conversations and those that may be less so. We describe the most helpful elements here.

In many ways, the guiding metaphor for helpful, lived experience conversations could be that of the 'wounded helper'<sup>4</sup> as those who have had similar wounds and who have found some avenues towards their own healing can then offer help, guidance and support to others.

Good peer conversations help in fundamentally the same way that *all* 'talk therapy' helps - as when really considered, no matter how much a therapy is driven by technique or purported expertise, it is always, at base, a conversation between two people. Different conversations have different structures, different power dynamics, different understandings of 'expert' and 'non-expert', different levels of formality, different purposes (explicit and non-explicit) and so on, but they remain conversations nonetheless.

In this light, it is very interesting to step back a moment and broadly examine the research on what helps in therapy and what actually works<sup>5</sup>. This literature tells us that generally most techniques and different sorts of therapies help in similar ways - that is, people improve about the same no matter what type of therapy is being offered. It also tells us that the key elements of helping are the *relationship itself* (ie the therapeutic alliance or the therapeutic relationship which includes empathic attunement, feeling heard, understanding, respect, warmth, caring and so on); and *extratherapeutic factors* (client inner resources such as commitment, resilience, courage; as well as outer resources such as new job, positive relationship, supports and so on). Different therapeutic techniques, no matter how well they are 'sold' actually account for only a small part of improvement. There is also further discussion about hope being *the* common factor present in all successful therapeutic change. Good therapists or change agents are able to create/engender hope<sup>6</sup>.

So if the three essential factors for helping in therapy revolve around *empathic connection* with another, a person's own *inner and outer resources* (self-healing) and *hope*, then it becomes clear that good peer conversations are in fact good therapy or, at least, highly therapeutic. And not only are good peer conversations good therapy, for some they are the best, most unique, and most *helpful* conversations and essential in one's own healing.

#### ***Elements of Helpful Peer Conversations:***

Along with the Peer Support Principles and Companionship discussed above, the following is offered as a way of heightening awareness of everyday peer conversations and interactions.

In considering the elements of Peer Conversations, the overriding focus is ***empathic connecting*** and the understanding that comes through shared lived experience. As stated, while it is a conversation between peers, it is often one peer, who is 'further down the track' in their grief, offering a conversation focussed not so much on them, but on the other who is 'newer' in their grief and needing support. And while it is a conversation between equals, it is not necessarily an equal conversation - it is ***purposeful*** in this manner and requires a certain ***awareness*** on the part of the support person.

These peer conversations are underpinned by three key elements:

1. ***presence*** (being 'there', bringing your genuine self, fully attending, self - awareness)
2. ***empathy*** (being 'with', conscious recognition of 'other', non-judgemental, awareness of context)
3. ***dialogue*** through sensitive listening, hearing and speaking (including empathic listening) and sharing.

**Presence:** Any conversation begins with who *we* are and presence or really 'being there' and 'being with' someone, fully, is foundational to a helpful peer conversation.

In this context it also means we all have had to 'do our own work', having an awareness of our own story, where we are in our own grief journey, how embedded or overwhelmed we may still be in this, and our ability to recognise that our story or our needs do not take over. So developing presence also involves developing one's own self-awareness.

Presence is also something more. Breggin captures this in his description of creating a '*healing presence*'. He states: "Healing presence is a way of being that by its very nature tends to reassure and encourage people, to lend them moral and spiritual strength to provide confidence that they can overcome suffering and continue to grow"<sup>7</sup>.

**Empathy:** 'Empathy' comes from translation of the German word 'einführung', which means literally "feeling into" and is derived from the Greek "pathos," meaning a deep and strong feeling akin to suffering. Empathy is the feeling, or thinking, of one personality 'into' another until some state of identification is achieved. In this identification, real understanding between people can take place; without it, in fact, *no* understanding is possible.

*"It is in this profound and somewhat mysterious process of empathy that understanding, influence, and the other significant relations between persons take place. Thus, in discussing empathy we are considering not only the key process in counseling, but also the key to practically all of the work of teachers, preachers, and others whose vocation depends upon influencing people.... Empathy is not a magical process even though it is mysterious. It appears difficult to understand precisely because it is so common and basic."*<sup>8</sup>

Shared lived experience generally creates deep empathic understanding.

**Dialogue:** Dialogue is a two-way conversation between people. Dialogue includes commenting, paraphrasing, summarising, questioning, clarifying, reflecting, sharing - all in the context of better understanding and being fully 'heard'.

*"Dialogue involves the intertwined reciprocal multifaceted processes of listening, hearing and speaking. Each is critical to the other. Each member of a conversation constantly moves back and forth between these processes. They are part of the natural, spontaneous way of conversations; they are neither discrete step ordered methods or techniques"*<sup>9</sup>.

### **In Conclusion:**

On a day to day basis, we have come to see these 'ordinary' conversations that occur at TCF each day as part of an *ordinary magic*<sup>10</sup> that is both therapeutic, resilience enhancing and healing. The above has attempted to 'capture' the qualities of these conversations.

It is reiterated that these elements are not found in courses, degrees or techniques. They can be learned to some extent, and training/awareness is important, but they are inherently present in peer to peer lived experience and support. In this way, bereaved peers can 'be' together in ways that are not found in other relationships or supports and connect to others who are further along in their journey.

In saying this, it is also crucial to recognise the power of connecting to a community. Being part of TCF means connecting to a common experience community, which is a powerful 'extratherapeutic factor' in that social (and psychological) isolation is greatly reduced. It should be noted that social isolation is one of the key factors in poor outcomes following trauma<sup>11</sup>.

It should also be noted that being part of this community, hearing stories from, and meeting with, 'older' bereaved who have not only 'survived' but can also talk of other positive qualities that have come into their lives, often spontaneously generates *hope*, and, as stated, hope is possibly the most fundamental feature of any positive therapeutic encounter<sup>12</sup>.

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<sup>1</sup> Mead, S (2003): Defining Peer Support - *online article from www.mentalhealthpeers.com*

<sup>2</sup> TCF Handout: "How to be a Compassionate Friend to someone who is in Grief"

<sup>3</sup> Wolfelt A. (2006): *Companioning the Bereaved: A Soulful Guide for Caregivers* Companion Press, Canada and Wolfelt, A. (2009): *The Handbook for Companioning the Mourner: Eleven Essential Principles* Companion Press, Canada

<sup>4</sup> Jung, C. (1967): *Memories, Dreams and Reflections* Random House, Great Britain; Nouwen, H. (1979) *The Wounded Healer* Doubleday NY.

<sup>5</sup> Hubble, M., Duncan, B., and Miller, S. (1999): *The Heart and Soul of Change: What Works in Therapy* American Psychological Association, Washington USA.

<sup>6</sup> Ibid, see chapter 6.

<sup>7</sup> Breggin, P (1997): *The Heart of Being Helpful*. Springer Pub. Co. N.Y.

<sup>8</sup> May, R. (1992): *The Art of Counselling* Souvenir Press London.

<sup>9</sup> Anderson, H. and Gehart, D. eds. (2007): *Collaborative Therapy: Relationships and Conversations that Make a Difference* Routledge NY.

<sup>10</sup> Masden, A. (2014): *Ordinary Magic*. Guildford Press, N.Y.

<sup>11</sup> Herman, J. (1992): *Trauma and Recovery: the aftermath of violence –from domestic abuse to political terror*. Basic Books NY

<sup>12</sup> See note 5 above.