



Podcast Transcript

Online Professional Development for Mental Health Practitioners

Book Club: Understanding Grief from 'Practice to Theory and Back Again'

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Host (00:01):

Hi there. Welcome to Mental Health Professionals' Network podcast series. MHPN's aim is to promote and celebrate interdisciplinary, collaborative mental health care.

Christopher Hall (00:18):

Hello, and welcome to the Book Club. My name is Christopher Hall. I'm a psychologist and the CEO of the Australian Centre for Grief and Bereavement. So, today we'll be discussing a paper called "From practice to theory and back again: A personal perspective on grief and bereavement in a changing world". My co-host is actually the author of this paper, Dr. Phyllis Kosminsky. Hi, Phyllis. I wonder if you could just tell us a little bit about your background and who you are?

Dr Phyllis Kosminsky (00:48):

Sure. So, I am a clinical social worker, and I've been working in the field of grief and loss for 25 years. Prior to my being a clinical social worker, I worked in areas of policy development and program evaluation, but I shifted my career to do direct clinical work, and that's what I have been doing. And I've also, over the course of the last 25 years, written a couple of books, and last couple of years have returned to teaching in the social work school at Fordham University.

Christopher Hall (01:27):

Fantastic. Look, one of the reasons I chose this paper, well, there was a couple of reasons. One is because it really talks about your own personal background, your history and what brought you to the field. And I think that's something that we perhaps don't hear about. The private often is kept private, both in terms of discourse in books and journals, but also I think to some extent in the therapeutic setting. But it also talks about your work in attachment theory, and I look forward to spending some time with you exploring what attachment theory is, and as well as something of your own background. In terms of our history, we're friends, colleagues, we've known each other for, gosh, I don't know how many years it would be, probably at least a decade. Well, it feels like a decade. You actually wrote this paper as part of a conference, a conference that never happened. So, you were invited as a keynote speaker?

Dr Phyllis Kosminsky (02:22):

Yes. This is actually one of two papers that I wrote for you, as we reflected back and forth. And this one, in particular, was written with the intention of presenting it as a keynote at a conference that was to have been held in Australia.

Christopher Hall (02:40):

Yeah, so that was the 2020 International Conference on Grief and Bereavement in Contemporary Society, and of course, due to Covid that was cancelled. So, it's nice in a sense to resuscitate life back into this piece of writing. We both served on the board of the Association for Death Education and Counselling, both been presidents of that organisation.

Dr Phyllis Kosminsky (03:05):

And we both serve on the international work group. And it was, I think at the meeting of the international work group, that you and I were both on the same working group. It was after that that you invited me for the first time, in 2014, to Melbourne.

Christopher Hall (03:24):

Yeah. Now, one of the first things that strikes me about this paper is you talking about your early experience. And I've always been fascinated with this idea of do we choose the work or does the work choose us, and how our own early experiences of loss and love influence our world. Could you talk a little bit about that, and how you kind of arrived at this work?

Dr Phyllis Kosminsky (03:48):

Well, yeah, what's interesting to me always when I think about how I arrived at this work, is how many years I spent avoiding it. And this is one of the things that I talk about, which is that most of the work that I did throughout my twenties and thirties was really on a macro level. It was about policy, it was about program. And it was after, let's see, after I was teaching for a while in a political science department, I had been teaching for a while and I felt that I had kind of reached the end of my shelf life, in terms of teaching things that I had been doing for previous years, but I wasn't still doing those things.

I wasn't still working in program development and policy evaluation. And I also started to feel that there was a real pull for me to doing direct clinical work.

(04:45):

And right around this time, I became pregnant with my first child. I went back to school to advance my understanding and knowledge of doing direct service work, doing clinical work. And during that time, I avoided any kind of involvement with things that had to do with grief and loss. When I did my field placements, my request was that I not have any involvement with, well, particularly with mothers with cancer. I should back up and say that my mother died when I was nine, and was ill for much of my childhood. So, when I came to social work school, I was very clear on not wanting to work with women with cancer, and also not wanting to work with children who had lost their mothers. And I managed to avoid those situations while I was in graduate school, I came out of graduate school and went for an interview at an organisation called The Centre for Hope.

(05:56):

And I walked in, and by this time I had two children, I walked in and the entire organisation was devoted to providing bereavement care, and all of the groups, and all of the books and everything, was about grief and loss. It was all about grief and loss. And while I waited for my interview, I looked at the books, and I looked at the schedule of groups, and I knew without a doubt that this is where I was supposed to be. And for the next 25 years, that is where I have been. And it was funny, Chris, because at the time, people who know me and care a great deal about me, worried about my choice. They were concerned that I was immersing myself in something that was, for all practical purposes, really the most painful event in my life, but it was also the most impactful. And I think that within a very short time of working at the Centre for Hope, I really came to appreciate something that I believe, which is that our most vulnerable places, very often, are the places where we're most able to connect with other people. And I think that was something that I felt right from the beginning.

Christopher Hall (07:25):

When I read the paper, I guess one of the thoughts I had was, why that shift? I mean, you'd in a sense been quite deliberately avoiding this, not wanting to have these experiences in your graduate training, and then all of a sudden you find yourself in a waiting room surrounded by books on grief and bereavement.

Dr Phyllis Kosminsky (07:43):

It's true, isn't it? You would think that I would go in there and I would feel like, oh, get me out of here.

Christopher Hall (07:49):

Run screaming, yeah.

Dr Phyllis Kosminsky (07:49):

But there was something about it. It was like, I don't know, what can I compare it to? It was like sometimes you meet a person, and your initial reaction to them is that you just want to get away from

them. And then you realise that the person is really compelling. And that maybe the pulling away is because you know at some level, if I ever get close to this, it's going to pull me in and I'm never going to pull myself out of it. Do you know what I mean? And the other thing about that is that I think I was at an age where I was ready to do it. I was ready to do it. And the final part of that is that I should say that when I started working at the Centre for Hope, I was very good with parents who were dying. I was very good with children of parents who were dying. I was not good with parents whose children were dying. And it was about 20 years before I really, not quite that long. But I guess what I'm saying is that, we all have areas that we can, things that we can do and things that are beyond what we can do. And I think it's important for us as helpers to recognise that, and those things can change over time.

Christopher Hall (09:16):

Yeah. Another thought I had was, you were an older, more mature clinician, if you like, and to what extent having a framework for understanding prevents you from being kind of engulfed by the grief of others? Is it a kind of a double-sided coin in a sense, that perhaps to the untrained you are consumed by that story without a way of processing it? And perhaps, as a more experienced clinician, you've at least, see some reason for the pain? Does that make sense?

Dr Phyllis Kosminsky (09:53):

Yeah. Well, yeah. It's interesting. I mean, there are a couple of things. I mean, one thing, people say to me, how do you immerse yourself in this and feel this pain? And clients have asked me that. And I think that, and perhaps this is because of, I mean, it's a lot of things. In terms of clinical experience, what I think I've really come to feel is that when I'm sitting with someone who's in pain, the idea is not for me to take on their pain and take in their pain, but to create a space between us that we both enter into. So, I enter into this space, they enter into this space, and it lightens their pain, and I'm able to hold their pain because after all, it's not my pain. But we enter this space together, it's like a common meeting ground. And then we both leave, and their grief is lightened a little bit.

(10:53):

And maybe I take a little bit of that with me, but I'm never absorbing the whole of what they feel. I think the other part of that though, is that having been through it at an early age, I'm very aware of my own capacity to withstand this kind of pain. I know it's not going to knock the wind out of me. It's not going to break me. And I think that's also something that I share, not verbally, but that I think I share energetically with people, because I think that fear is a very big part of grief. And I think that for people to be able to sit with me, and to pick up on the fact that I'm not afraid, and they can say whatever they need to say to me, I hope that that's responsive to your question. But it's a combination of things. It's a combination of experience, of knowing myself.

Christopher Hall (11:52):

I'm interested in your comment you made about your friends having some anxiety about you moving into this work, and we've both worked in this field for 25 years, and I'm sure you get the response from some people that it must be so difficult, or you must be such a saintly person for doing this work.

Dr Phyllis Kosminsky (12:16):

Oh, yes. Do you get that too? You must get that too. It's funny actually, what's funny is that we've both been in it for very similar periods of time, although our work is very different. But yeah, it's a funny thing, getting that thing about the saints, because no, I really don't consider myself a saint. And what I think is that in fact, doing this work is actually much better suited to me than doing many other kinds of therapy. Because to be honest, I think as a child who lost a parent at an early age, and I've had many conversations with people about this, I'm not always very tolerant of what seemed like really petty complaints. I realised early on that I was not going to be a good therapist for someone who was upset because her husband wouldn't let her build a second room onto the summer home.

(13:22):

Just, I do best, I am my most empathic, my most conscious, my most engaged with people who are genuinely suffering, who are suffering from something real. And also people who are grieving, I find, I don't know about you, but when someone is grieving, they really are looking for someone to help them. They're not just showing up with the idea that, well, maybe some therapy, maybe I'll work on this, maybe I won't work on it. When somebody is grieving, they're coming to work, they're coming for the most part for help. They're ready for help. A lot of them have never been in therapy before. A lot of them have really rejected the idea of therapy in the past. So, this is something new for them.

Christopher Hall (14:20):

In the paper, you provided a 30th century quote from Rumi, which I really love: "All day I think about it, then at night I say it. Where did I come from, and what am I supposed to be doing?" It's kind of a really interesting thought about how we find our way. And in the paper you talk about, obviously, the impact of your mother's death on this, both perhaps then avoidance, and then confronting of that. I think back to a time, I think we may have had dinner, and you made a comment which has really struck to me, and that was the response that, to people's question, how sad this work must be. And your statement was something along the lines of, well, it's a job where I spend much of my time listening to love stories. And I think that's a really interesting, this relationship between love and loss. One of our common friends, Colin Murray Parkes says, if you want to be an expert in loss, then become an expert in love. So yeah, which is just a lovely idea. Can you maybe speak about the place that love takes?

Dr Phyllis Kosminsky (15:32):

Yes. Well, I mean, as you say, the truth is that, again, is that to be creatures who love, we have to be creatures who are ready to recognise that there's always the possibility for loss, and that the only way to avoid it is, really, to avoid love. And I think for me, the idea of avoiding love as a way of avoiding loss is something that's really never been a possibility for me. I think it's half a life. And so, people will sometimes say that when you have an early loss, that you tend then to shy away from having subsequent close attachments, because once you've been hurt that way, you don't want to be hurt again. And I've certainly seen that happen with people, but when I say that I hear love stories, it's because the vast majority of times when someone comes to talk to me about their loss, what they're talking about is the absence from their life of someone who was a sanctuary for them.

(16:56):

I always think of the world as the world is too big for us, and we need places where we can rest, and where we can feel safe, and where we can feel welcome. And this is what our relationships, our love relationships, our attachments, this is what they offer us. And when we lose an attachment, we're going to feel dislocated. We're going to feel dysregulated, we're going to feel afraid. We're going to feel lonely. But it's because attachments are what make us feel grounded and safe. And we're born, we're born to form attachments. It's literally what we're made for.

Christopher Hall (17:46):

We'll come back to that a little bit later. I just want to return for a minute to this idea of your personal experience. When I was reading the paper, of course, I started to think about my own experiences, which were very different from yours. My father died in his mid eighties of dementia, my mother died a year or two ago just after a 90th birthday. So, I didn't have that kind of seismic experience of loss in childhood that you did. What I did have is, I had a father who was a minister of religion. I had a grandfather who was a Methodist missionary. So I was, in a sense, poached in a world of, I guess, dealing with large questions of life and death, and perhaps having hearses drive up outside my bedroom window, as we live next to the church, and seeing the caskets carried in and out.

(18:40):

But I think for me, one experience was when I, and it's really interesting how I remember this, when I had just moved to Victoria from New South Wales and went into grade six, and I have this very strong memory of a classmate having died over the weekend from electrocution, and nothing being said. It's a very, very strong memory, that, what is it that's so unspeakable about this? And I guess as a curious child, that really was something I struggled with for some time. And, somewhat unrelated to the story, but recently, I actually, and I can distinctly remember this kid's name, and I recently looked up to find his grave site, to discover he'd in fact died years later than I'd remembered, which is kind of really interesting. So, whether that's misremembering, or a different experience, but it's one that really influenced me. And I've kind of recently discovered that that memory is actually not as factually as accurate as perhaps I might've recalled. And I think having experiences of somebody having a cardiac arrest and dying in front of me, and CPR, there's been this kind of very strong sense of the finiteness of life. I sometimes can't quite appreciate how people lead their lives, as if there's an endless supply of tomorrows.

Dr Phyllis Kosminsky (20:06):

Isn't it true?

Christopher Hall (20:07):

Yeah.

Dr Phyllis Kosminsky (20:08):

Isn't it so true.

Christopher Hall (20:11):

And linked to that, the extent to which this has changed me as a parent, and I wonder, I remember my daughter who's now married and in her late twenties, talking about going out one night in a car to a party, and me feeling this anxiety, and saying that when you've sat with a parent whose child has died in a car accident, things don't look as safe as they are. I'm wondering whether this work has changed the way you parented, or the way you've kind of lived your life, or is that just my own personal neurosis and anxiety?

Dr Phyllis Kosminsky (20:47):

It's interesting, isn't it? I mean, it is, it's interesting. Certainly my children would say that it had a big effect on their lives, because they always say their friends will talk about how nobody ever talked about death in their house. And of course, my children, every time they got in the car to go to an afterschool activity, the backseat was full of books about death. My husband would always say, only you would consider this vacation reading. There was just a lot of it, always. And two things I want to say about that. I mean one, in relation to my work, which is that it's definitely influenced my feelings about being honest with children about what's going on. Well, I mean, at work and at home about being honest with children, about what's going on with a parent who's ill. Because a lot of times people imagine that children don't know what's going on, or a parent dies, and a lot of questions that come up are, should we take them to the funeral?

(21:55):

I wasn't taken to my mother's funeral, and I understand why that was done at the time, but I think it's certainly not how I dealt with death when my children were growing up. I don't know, it's interesting, it's hard to say how much of my parenting was influenced, but I know that my thinking about my children was influenced by the amount of time that I spent talking to people who had lost children. And so, sometimes, I remember one time in particular, Chris, standing by my son's bed and trying to imagine, and I've talked to other mothers and they've done something similar, trying to imagine how I would feel if something happened to him. And we try to do this. It's like sometimes people will say to me, I tried to imagine how I'll feel when my father dies, or I'll try to imagine. And I say to people, it's kind of trying to imagine how it feels to punch yourself in the face really hard.

(23:08):

You really can't imagine it, but you try, because you want to convince yourself that you could survive it. And so, I would stand there and look at Eli and think, okay, imagine that something has happened to him and see if you can stand it. And of course, even imagining it, I couldn't stand it. And so, what that taught me, what I came to was really, kind of goes back to something that we were talking about a moment ago about love, and really something along the lines of what Colin Murray Parkes said. The only way to prepare for someone's death is to love them well while they're there. And so, I think what it did for me, more than anything, was to really make me want to just drink in the joy of their childhood, of their adolescence, every stage of their lives. My father once said to me after my mother died, he said, you can have a lot of joy in this life once you accept the fact that there are some things that you just can't change. And I think that attitude has stayed with me, and has taught me really that you have to grab the joy and the happiness and the love, and you have to risk the pain of loss in order to live fully, because you don't want to get to the end and feel that you missed out on the richest part of life. What about you? I mean, do you think that it's influenced the way that you raised your children?

Christopher Hall (25:05):

I think it has. In fact, in your paper, you talk about this idea of the assumptive world. We've got a personal assumptive world, which is a set of, well, how about you describe it? You describe it far more eloquently in your paper than I could.

Dr Phyllis Kosminsky (25:18):

Oh, well, the assumptive world is kind of the constellation of everything that keeps us feeling that our feet are grounded, that we have some map of, some set of expectations about how things are going to be, that you and I can have this talk, and we assume that we will go to sleep, or I'll go to sleep. I'll wake up, I'll do what I'm doing, I'll have my breakfast. That tomorrow will be more or less like today, populated by the same people, and that none of my most closely held beliefs about other people and about events will be violated.

Christopher Hall (26:01):

I think part of that too is this idea that's often held, is that bad things happen to other people, that we are somehow special, that we're somehow set aside. And I think for me, that the work has changed that. That the world is, for me, more unreliable perhaps, it's more risky. And I know that's partly distortion, because of the work I do. But when my daughter was born, I was doing a lot of work with parents who'd had children with profound disabilities, and part of me was genuinely shocked when my daughter was born without a disability. There's kind of this sense, yeah.

Dr Phyllis Kosminsky (26:46):

Wow, it was a break in your assumptive world.

Christopher Hall (26:49):

Well, yeah, but I'm not special, and I'm no different from the people that I sit across from. So I think, yeah, there's no question I think for me, that the work has done that. Although I said to my daughter, if I was a bricklayer, perhaps I'd be just as a neurotic and anxious parent.

Dr Phyllis Kosminsky (27:09):

It's quite possible, it's quite possible.

Christopher Hall (27:10):

It is quite possible, I'm open to that possibility. So I think, yeah, the work does change us.

Dr Phyllis Kosminsky (27:21):

I do think that, one thing that I've certainly come to appreciate and come to really talk to my clients about, is tolerance for uncertainty, which is kind of in a sense, the antithesis of the assumptive world. The assumptive world being all about what we can trust, what we expect to be. Whereas so much of what happens is not what we expect. And if we're too strictly dependent on the certainty of our

assumptive world, then when things don't go according to plan, I think our suffering is going to be really that much more intense. So, I think that becoming comfortable with uncertainty is really the work of a lifetime, in a sense.

Christopher Hall (28:17):

Well, we've kind of transitioned like your paper does, moved from this kind of personal reflection into more conceptual theoretical discussion. And so, you're certainly well-known internationally for your work around attachment-informed grief therapy. And I wonder if we could talk a little bit about that. Many people, perhaps, would be very familiar with some other models. Kubler-Ross's models, for example, is one that's still very well known. And you mentioned earlier about this idea of, as human beings, being hardwired to form these emotional bonds. But how does that play out in terms of grief therapy more generally?

Dr Phyllis Kosminsky (28:59):

Well, the thing that really brought me into this interest in attachment theory goes back to, I think, my earliest years in doing this work, and my realisation that the people who were coming to see me really weren't matching up with the model of adaptation to loss that I had been taught in school, and the Kubler-Ross models. And this was a little bit, made that less helpful for me. But more importantly, what I was finding was that the people who came to see me were really distressed by what they saw as their lack of conformity to the model of adaptation to loss. A lot of people just felt like they were doing it wrong, or they would come in and they would say, I really thought I was done with denial. But then today I went into the supermarket and I thought, oh, I should buy some of those oranges for my mother.

(30:01):

So, does that mean I'm back at the beginning? And there was just a lot of this feeling of, how is it that I'm back at the beginning? How is it that I can't get past this anger? How is it that I can't believe that I'm ever going to be able to live without this person who's died? All kinds of powerful feelings and fears that really, I felt were not being addressed in the way that people talked about grief and loss. So, I became interested in the kinds of obstacles, really, what is it that makes grief hard for the people who are coming to see me? So, I got interested in complications in grief, and I was trying to understand what it is that interferes with the resolution of grief. And so along the way, I started learning about the development of the brain, in terms of how brain development affects emotion regulatory capacity.

(31:14):

And I started to think that the way that people's brains develop, and the way that they manage emotion has a lot to do with the quality of their early attachments, their early relationships. So, I started really focusing on how, in the case of adverse early relationships, neglectful abusive relationships, and just relationships generally where people did not have a secure bond with a caregiver, that there were deficits in emotion regulation. And that where there were secure relationships early in life, that there was a real advantage in terms of the development of a capacity to manage emotion. It just made sense to me that emotion regulatory capacity is so important in coping with loss. So, that was one way in which it was so important. And then there were other ways in which it was so important, because people who had secure relationships grieved in a different way than people who had conflictual relationships.

(32:27):

People with conflictual relationships had a lot more ambivalence about the person who had died. So, I know I'm sort of jumping around a bit, but there are many different ways of looking this. One of them is if you look at people who have insecure attachment, there are different beliefs about the value of therapy. There are different beliefs about how trustworthy people are. You put all of these things together, the emotion regulatory capacity, the internal models that people carry about other people, the kinds of relationships that people have. You put all of that together and what you get, essentially, is an attachment-informed understanding of how early relationships and the formation of these early attachment orientations, which persist into adulthood, influence people's adaptation to loss.

Christopher Hall (33:26):

And one of my thoughts where you're talking about this kind of conceptual model was, what are the extensions beyond grief bereavement. If you're not a, see yourself as a grief and bereavement practitioner, especially in this field, to what extent is this transferable to other kind of clinical issues that people might have?

Dr Phyllis Kosminsky (33:45):

Yes, I think a lot of the work that's been done, our book was in 2016. I'm actually working right now on collecting research that's been done since then. And a lot of it, well before and after, takes the position that when you look at something like emotion regulatory capacity and its relationship to attachment, that you're really looking at something which constitutes a common factor in a lot of the psychological difficulties that people have. So, we talk about stress as it affects adaptation to loss, but the way that people are or are not able to manage stress, of course, influences a whole host of adaptations in life, and can create a whole host of problems in functioning. And so, I would say that understanding attachment and understanding, I mean, the fact of the matter is that early relational security bestows a host of advantages, and many of those advantages are expressed in better mental health, better physical health, better relationships, which also tend to be, I mean, it's a two point, it goes back both ways.

(35:23):

If you're more mentally healthy, you're more likely to have a good relationship. If you have a good relationship, it enhances your mental health. So yeah, I don't think there's any question. And of course, some aspects of attachment theory, which have kind of been extended into areas like research into what's called epistemic trust, which is the ability to, or the openness to taking in information from other people. Somebody with low epistemic trust is disinclined to take information from other people. Well, what happens there is that if you have an internal distorted view of other people, or of your own, of yourself, or of what life has to offer, right, it's going to be a lot harder for you to take in the information that's going to allow you to make a correction in that distorted view, so there's less of an opportunity for healing. Does that answer your question?

Christopher Hall (36:37):

Yeah. I mean, it also raises interesting questions of a political nature, how you deal with, but that's a whole other conversation. You know, the extent to which you trust and use other sources, but yeah.

Dr Phyllis Kosminsky (36:53):

Oh yes. Interesting. Oh, yes, yes, yes.

Christopher Hall (36:56):

So, as we come to the final minutes of our time together, the paper kind of finishes with this, really, reflection of the state of the world as it was then, and sadly still is. And that's the impact of course, of covid. And as I talk to you we're just starting what's been called a one week circuit breaker, which means we're staying at home for the next week as cases increase in Victoria. So, I was really interested in your kind of reflections there, and how you've experienced that, as you described, this confinement and the sense of the world both shrinking. So, do you have any perhaps further thoughts on pandemic grief?

Dr Phyllis Kosminsky (37:44):

Yes, well.

Christopher Hall (37:45):

Some people are now calling it pandemic grief.

Dr Phyllis Kosminsky (37:47):

It's funny, isn't it? Because all of these things, of course, you get these waves of, right, and I said, for a while everything was about pandemic grief. Now, everything is about how people feel about the pandemic ending, and particularly for some people, the panic of having to go back into the world. I think that the thing about the pandemic for me, as I did say in the paper, the thing about the pandemic for me was that in one sense, it was the first time in my life when I felt like, okay, so there's this saying we're all in the same, we're all in the same boat. Well, yeah, we're all on the same ocean, certainly. We're in different size boats, all of our boats are not the same. But I did feel that during the pandemic, more than at any other time in my life, there was a shared experience.

(38:56):

Suddenly, the news of the world was the same news all over the world. I've just never experienced anything like that. So, in one sense, it made me feel connected to all these people all around the world, but of course, on a micro level, it made me feel incredibly isolated. And it produced such profound despair, especially for people who, you had this situation where people were dying at an abnormal rate, and the people who would be with them if they were dying couldn't be with them. I mean, it was really the worst of all possible situations. So, I think the outgrowth of that, I think the consequences of that, Chris, are going to be with us for a long time, because when you talk to somebody who wasn't there for their loved one's death, who couldn't be there for the loved one's funeral, just in normal times, you talk about that and people feel very bad.

(40:08):

And now, there are just hundreds of thousands of people who couldn't be there. The other thing that I think is very much a problem in terms of pandemic grief, is what it's done to helping professionals.

Because I work with a number of clinicians, and they all have felt, really over the last year, kind of crushed under the weight of people's grief. So, there's no question that this is something that's not, this is something, this is something that's going to persist. And I hope that we're able to sustain our attention to the needs of people who are grieving. I know that you will in Australia, because in Australia you do these things very well. I worry about how they're going to be managed here, but I do have confidence that they'll be handled well there.

Christopher Hall (41:16):

I think also, talking to international colleagues, it's such a different experience depending on where you are in the world.

Dr Phyllis Kosminsky (41:21):

Well, you have 15 people. I mean, if we ever get to a point where we have 15, or 30, or less than a hundred people dying in a day, it's going to be pronounced a miracle. So yeah, it's a very different thing. But all of that aside, I mean, I think I told you, or maybe I told you, that long before I met you, I was impressed and kind of mystified by the amount of literature and research and programs in Australia related to grief and bereavement. Little did I know at that time, that I would subsequently become acquainted with the man who was largely responsible for overseeing a lot of that work.

Christopher Hall (42:19):

Well, we'd better finish up soon. Thank you, Phyllis. This has been great. I think for me, having the opportunity to kind of reread your paper, reacquaint me with that relationship between me, the individual, and me as the bereavement practitioner, and that very kind of complex relationship. It's not something we talk about very often, our own personal world, and even, we haven't had a chance to talk about it today, but the extent to which the personal is present in the therapeutic relationship. To what extent do we disclose who we are, and what our experience has been.

Dr Phyllis Kosminsky (42:57):

And I think, if I can just say something very quickly about that, because what I would say about that is that for me, it's not so much about sharing the details of my experience as it is bringing the awareness and the experience of loss into how I speak to people, how I look at people, in my tone of voice. It informs the way that I connect with people.

Christopher Hall (43:23):

And just also speaks to that general understanding of self-awareness, and the extent to which we're both in the room and those times where we might, at least psychologically, remove ourselves from the room because of what's being discussed or explored. So, a really, very rich, really rich discussion.

Dr Phyllis Kosminsky (43:42):

I hope so. I hope I've answered.

Christopher Hall (43:46):

Let me reassure you. I've really enjoyed it.

Dr Phyllis Kosminsky (43:48):

Ditto, yeah.

Christopher Hall (43:49):

And we'll certainly provide a link to the article, and also a link to your and Jack's work on attachment-informed grief.

Dr Phyllis Kosminsky (43:56):

And the other article too. You can also, yeah, the reflection article, if you want to give people a link to that, absolutely.

Christopher Hall (44:04):

We'll do that as well. But really, that's all we have time for on this episode of the Book Club. You've been listening to Chris Hall from the Australian Centre for Grief and Bereavement, and Phyllis Kosminsky from New York. And we'd really like to hear about your thoughts on this particular episode, as well as any ideas you might have for future content, future episodes, and for any information on what we've discussed in this episode you can check the show notes, and be sure to listen to the next episode of the Book Club when that's released. So, thanks for listening. It's goodbye from me, Chris Hall, and from...

Dr Phyllis Kosminsky (44:35):

Phyllis Kosminsky. Thank you for joining us.

Host (44:39):

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