STUDENT HANDOUT The Dance by Elizabeth Causton¹

When we work with a conscious awareness of where we stand in relationship to patients and families, respecting their unique "dance" in response to grief and loss, we are less likely to become over involved or to get lost in our work.

The idea of a family dance is not new, but it works particularly well as an image that reminds us of the importance of paying attention to boundaries as we work with people who are "vulnerable and broken." The image can also be used to describe the sense of continuity of the family dance, which has evolved over generations. It reminds us that every family dance has its own history and that every step taken on the family dance floor has a reason in the context of that shared history.

So, when one member of the family either sits down or lies down on the dance floor because of terminal illness, the dance may look quite clumsy as the family tries to modify their routine to accommodate the changes, but the new steps are not random. They, too, have meaning in the context of what has gone on before.

Still, as we watch families struggle with a difficult dance, to music that always gets faster and louder in a crisis, we may be tempted to get onto their dance floor to try and teach them a new dance, with steps from the dance that we are most familiar with — our own. Of course, this rarely works, for the obvious reason that our dance steps do not have a history or a reason in the context of another family's particular dance. Our valuable and unique perspective is lost the moment we step out onto someone else's dance floor. Regardless of our good intentions, we truly become lost in our work.

The greater value of our role is to stay on the edge of the dance floor and from that vantage point, to observe, comment on, and normalize the process that the family is going through. We may suggest options, new dance steps that the family hasn't thought of, but we do so with the recognition that they can only consider new ideas in the context of their own history. This is what it means to work from a "therapeutic distance," to work with an awareness of where we stand in relation to the people with whom we are working.

However, whereas working with this kind of clarity and respect for boundaries may be our goal, experience tells us that it is not easy to achieve. The edge of the family dance floor is often, in fact, a fluid border as difficult to define as it is to say exactly where the

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sea meets the sand. In addition, each of us has "hooks" – people or situations that may touch us in some deep, unconscious place. Because we have an obligation to do this work with awareness, it is important that we do our "homework", seeking to identify our "hooks" and paying attention to signs that we may have stepped over the line.

The signs that we are losing our perspective are: 1) experiencing an extreme emotional reaction to a person or situation that (perhaps without our knowing it) resonates with an unresolved issue or a difficult relationship on our own dance floor; 2) feeling a sense of ownership as reflected in language such as "my patients" or "my families," or difficulty in letting go or sharing individuals with other team members; and/or 3) experiencing a need to influence or control patients and families by directing their options and choices or by making ourselves indispensable to them.

Despite having identified signs of over-involvement, it is also important to understand the challenges inherent in our work and be gentle with ourselves as we strive to be "good enough." We need to remember that maintaining a therapeutic distance does not preclude strong emotions and deep caring. Two of the great advantages of knowing where we stand and being clear about what we bring to our work are being able both to feel deeply and to act wisely.

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