



# **BIOGRAPHY TRAINING MANUAL**

**Every life is a story...**

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**'...a person's past is protected  
from the ravages of illness ...  
a life story that ends well casts a positive light  
on all that has preceded'.**

Ira Byock

*The Nature of Suffering and the  
Nature of Opportunity  
at the End of Life*

1996

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# INTRODUCTION

As someone approaches the end of their life questions start to arise. Decisions are reviewed, life stories are rehashed, old conflicts are revisited, joyous memories are explored. Perhaps the biggest question that hovers over all the rest is: Will I be remembered and how?

It is into this space that the biography process moves.

Because of you, clients will be able to reflect, talk and share in a safe, confidential space. Because of you, they will be able to document their lives and who they are for family, friends and the generations to come.

*Whose story will you hear next?*

## About this manual

This manual is for beginners wanting to learn to write biographies for people in palliative care. It is assumed you will have resources and support from a palliative care organisation to help you and your clients. Operating without the systems of support from an organisation will make the process far more difficult and leave you, the biographer, without critical means of debriefing.

This manual is a collaborative effort from many staff and volunteers at Eastern Palliative Care (EPC) in Melbourne, Australia. They have taught and worked with many hundreds of volunteer biographers and published thousands of client stories. Because of their experience, this manual exists and now provides you with a great opportunity to learn.

## Assumptions

As we wrote this manual, we made some assumptions about you and your needs:

- You do not know, or you want to expand on your knowledge of the processes needed to create a biography for people in palliative care.
- You and your clients are part of a palliative care organisation.
- You want to master the relevant skills.
- You want to make a real difference for your clients.

If you tick these boxes, then this manual is for you.

## Learning style

To help you be a great biographer we want you to learn in your own way and at your own pace. As you begin your journey, please be active in your learning. Write down your thoughts and talk about the ideas as you go. Reflection is an important part of your learning.

Your trainers/coordinators are there to support you on your journey. As you work through the materials, it would be valuable to remember or to write down any issues you want to understand better or have questions about so you can discuss these when you meet with your trainers/coordinators. Your learning and support for you are the focus.

It is intended that support from your organisation will continue when you are doing biographies.

# HOW THIS MANUAL IS ORGANISED

We have organised this manual into nine chapters so you can easily work your way through.

## **1 Background and theory**

This will set the foundation for your work. We explain why assisting people who are dying, to record their stories is important and what it can achieve.

## **2 The process**

In this chapter we will describe the journey you will be on – from the first visit through to the final delivery. We will look at techniques to get the story flowing as well as potential difficult story content you need to be on the lookout for.

## **3 Managing the relationships, boundaries and self-care**

This chapter aims to help you think about the important protective boundaries between yourself and your client, and to be aware of the organisational supports for you. It also focuses on the beginning, the middle and the end of your relationship with your client.

## **g The biography client: Role-plays**

This chapter provides you with some scenarios for you to practise your communication and related skills.

## Appendices

A Policies/Process maps

B Forms and brochures used in biographyC

Biography and proofreading guide

D Working on the words - grammar guide

### Icons used in this manual

The following icons appear throughout this manual:



This will draw attention to important information for your biography work.



Next to this icon we will explore some additional helpful suggestions.



This icon highlights when it is time to practise your skills.





# Chapter 1

## BACKGROUND & THEORY

- Q Discover the background to biography in palliative care
- Q Learn about the Language and theory
- Q Explore the healing process



## WHERE DID IT ALL BEGIN?

### Ivan Lichter: Pioneer of biography in palliative care

Dr Ivan Lichter (1918-2009) was the head of Te Omanga Hospice in New Zealand and began its client biography service in 1990. He had noticed that many of his patients approaching the end of their lives felt hopeless, helpless and depressed. They suffered from low self-esteem and believed their lives had no meaning.

All these feelings contributed to a difficult, sometimes lingering, death. Wanting a more peaceful end for his patients, he came up with the idea of a biography service. Very quickly it became clear that this new service was affirming to patients that their lives did have meaning and that they were valued.

As a result, most experienced a much greater quality of life and a more peaceful death.



Central to his philosophy was that telling the story was secondary.

What happened to the patients through the telling of the story was first and foremost.

The following story illustrates the power of the process:

#### A REAL LIFE STORY: **A BIOGRAPHY IN ONE WEEK**

On my first visit to Nalla she asked me, 'Can we complete my biography today?' I understood she was saying that the end of her life was very near. She had prepared everything in advance, but she just needed to record her history and some special thoughts for her son and friends. Over the next hour and a half, (which seemed like only 10 minutes) I was completely engrossed in her life story.

'I am ready [to die]', she said. Her peace and serenity radiated and enveloped both of us, so that I felt like I had a glimpse into how I imagine heaven to be – it was a lovely experience sharing some of her precious time.

It was also very pleasing that EPC enabled her to receive her completed biography in time; her 'Biography in One Week'.

*Carmel - EPC Biographer*



Reflect on why you think it is valuable for people who are in palliative care to tell their story.

Share your thoughts with someone.

Handwriting practice lines consisting of multiple rows of dashed lines on a light blue background, intended for writing practice.

# WHAT DO WE MEAN BY 'BIOGRAPHY'?

A biography service provides an opportunity for clients to record their life's stories for themselves and their families – verbal histories, captured for future generations.

The client's biography is published in written form which becomes a permanent record of reflections, events, memories, beliefs, values etc.

In palliative care, client biography combines some or all of the following elements:

- **Life story**

An account of the series of events making up a person's life which often has a physical outcome i.e. a book.

- **Reminiscences**

These can be vocal or silent recollections of life events delivered in a spontaneous manner. Reminiscences help restore a sense of identity even if a person does not have that active role any longer. For example: 'Once a nurse, always a nurse'. Reminiscing can also be a relaxing, pleasurable activity.

- **Life review**

This approach follows a timeline, noting basic events but not necessarily fleshing out events or relationships. The process of life review both validates life for the client and can be an opportunity to visit unresolved conflicts. It can also provide an assurance of continuity (a legacy of values – of being loved, having loved and how to love), or an acceptance of loss.

Life review has long played a therapeutic part in palliative care, and has been used by family support workers (psychologists, social workers, pastoral care workers) and by music and art therapists.

The biography can be anything the client wishes it to be: a story of their life, a specific time or event, a great hobby or interest, reflections, reminiscences, tributes, or a mixture of everything.

With the help of a trained volunteer, the first-person narrative is recorded and transcribed. The client is always in charge of its focus and direction – they may start their story one way and end up taking a completely different path. They are the driver!

The biographer, together with the organisation, publishes the final approved draft, often with additional material such as photos, poems, artwork, song lyrics (whatever is significant and meaningful for the client).





Take a moment to watch Pentatonix 'The Evolution of Music'  
<https://www.youtube.com/watch?v=IExW80sXsHs>  
As you are watching it take note of the following:

**When did you start to strongly engage with the music?**

**What memories were elicited?**

**How did it all make you feel?**

This exercise helps to demonstrate two things:

- The power of music to release memories and put us back into a different part of our lives.
- The emotions we feel as we revisit different parts of our life.



If your client is struggling to tell their story,  
suggest putting on some music from when they  
were younger and talking about that.  
From that point memories will flow.



Time yourself for 1 minute and write down all the things you would want to put into your story.

This exercise is to show you how simple it is to find the themes/stories that a client would want to include.

## THE IMPORTANCE OF LIFE REVIEW IN PALLIATIVE CARE

### Role theory

Role theory tells us that life-roles fulfil a person's self-identity. In other words, many people see themselves in terms of what they do. Their roles determine the values/beliefs they hold and how they interact with the world.

Immobility, pain and reduced independence all impact upon how palliative clients may see themselves. A once active person may have to deal with a sudden and severe loss of the roles that they have held in life.

Moreover, the void created by significant role losses may be filled partly by new ones: patient, dependant spouse/parent, client, welfare recipient, etc.

The process of life review through biography can divert clients from defining themselves in terms of roles by reconnecting them with the essence of who they are - characteristics that challenge and extend beyond role theory. People are ongoing. Despite their diminished roles, those inner qualities remain the same: spiritual, creative, practical, giving, serving, intuitive, affirming, insightful, fun-loving, positive, optimistic, resilient, determined etc.



**The biography process allows the person to get in touch with who they really are beyond the roles they fulfilled. It draws out the character and personality of a person.**



Take some time to list all the roles you hold in life.

Imagine you have been given a diagnosis that confines you to the home and your only outings are to medical appointments - up to four a week. What happens to these listed roles?

How would you feel?

How would the people around you feel?

Share your reflections with someone.



# THE HEALING PROCESS IN PALLIATIVE CARE

People coming into palliative care have generally been told that nothing more can be done to cure their illness.

When healing is defined in purely physical terms of cure and restoration, failure is certain. No human being has ever been successfully healed and cured forever. At the end of life, healing must be redefined. Where there is no longer hope for a cure, healing still transpires. It is healing of a different kind - the healing of the spirit, the healing of the self, and the healing of relationships.

*West Virginia Medical Journal* May/June 2002

First and foremost, client biography is a healing therapy. Biography can play a part in reviewing clients' lives in order to see the bigger picture, reminding them that what they have done and who they are has made a difference, and that their lives have been meaningful.



It is what happens to the client through the telling of the story that makes biography such a valuable and unique process.

The story becomes secondary and the published biography is a delightful end-product of an important healing process.

Biography can be used in a variety of ways as a tool in the healing process. These include:

- A reminder of what has been achieved
- A way of bringing finality (I'm really going to die.)
- A chance for identifying areas that need further work and healing: self and relationships
- A chance to be able to look at this stage of life in the context of the whole
- A way of leaving messages/tributes
- A way to pass on ideas, values, philosophies and information
- A recording of something to be passed on through generations of family - a verbal/cultural history
- A chance to feel purposeful and productive right to the end
- An alternative, one-step-removed means of personal reflection
- An opportunity to focus away from illness, doctors, nurses and medication
- A chance to indulge in having a captive, interested audience to hear one's story
- A chance to off-load (sometimes with the recorder off)
- An opportunity to express feelings about mortality and spirituality
- The comfort of knowing people won't forget them
- An opportunity to set the record straight



Reflect on why you feel that biography for people who are in palliative care is particularly powerful for healing.

What do you think it means to be healing when doing a biography?

Share your reflections with someone.

Handwriting practice lines for the reflection exercise.

# Chapter 6

## MANAGING THE RELATIONSHIP, BOUNDARIES & SELF-CARE

- Manage your client- biographer relationship
- How to set and maintain boundaries
- Learn about self-care



Although most volunteers possess special characteristics that allow them to be with the dying and grieving people, in all likelihood they will be personally affected by what they do, both emotionally and spiritually. Palliative care volunteers enter situations that many people try to avoid at all costs. They bring themselves to loss through their willingness to accompany another person on their final journey.

Stephen Claxton-Oldfield, *American Journal of Hospice & Palliative Medicine*  
Vol. 23, No. 6

The above quote directly relates to palliative care volunteers, but the potential emotional cost to any biographer would be the same. The intimate nature of the biography experience can surprise and challenge.

In order to care for themselves and be present to the needs of the clients, effective biographers recognise the importance of the protective boundaries inherent in organisational policies and procedures, accessing supervision and attending to their own inner needs/concerns.

## RELATIONSHIPS

Many of the relationships we all have in our lives have a tendency to be endless or they can often ebb into nothingness or naturally run their course. We don't always choose to end a relationship; for example, they can be ended by an unexpected death, or by a colleague changing employment.



As humans we don't plan for the end of a relationship, but in biography work it is a necessary and important part of the process.

There are three main phases to biography volunteer/client relationships: the beginning, the journey, and the end.

To fully grasp the developing relationship, it is important to discover just what it is that the biographer wishes to achieve from the relationship. We are going to start by exploring the end of the relationship first.



## The end

Relationships with the client are often not exclusive of other relationships that may develop with the caregiver and/or family members. This adds complexity to the end of relationships.

Links with biography clients can cease for a number of reasons, some of which are listed below:

- End of biography work - client and caregiver still alive
- Death of the client - caregiver still alive
- Discharge - client and caregiver still alive
- At client request - no longer wants a biographer - client and caregiver still alive
- Biography support no longer viable - client and caregiver still alive
- Biographer can no longer support the client - client and caregiver still alive
- Biography program coordinator ceases the link - client and caregiver still alive

It is vital that biographers be aware of the policies in place around what happens when the volunteer role is finished.



EPC 's policy is that relationships with clients or their carers/family is not permitted beyond the cessation of the link. This is to protect the client/carer and the volunteer. The client/carer have engaged with the biographer as a biographer, and the relationship must be kept in that professional zone.



To assist the biographer with navigating this issue, it is important that the biographer reflects on these questions with each biography.

Take some time now to answer these questions:

How do you want the end of the relationship with your client to look?

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What do you want to walk away feeling?

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What do you want the impact of your support to be?

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Who else in the team will be caring for this client?

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## The beginning

One of the best ways of clarifying everyone's expectation of the new relationship is to start discussing the end, right from beginning. We encourage our biographers to actively raise this concept with their client using phrases such as:

'When I move on to the next client'

'Before we finish up together'

This reminds the biographer and the client that this relationship is only for a time and is for a very specific purpose. The volunteer coordinator will have discussed the role of the volunteer with the client/carer prior to the initial contact.

At the beginning of all new relationships, both sides are likely to be cautious and nervous. It is the biographer's job to put the client at ease. Experience has shown us that within 15 minutes of meeting the biographer, the client tends to relax and start to engage positively with the project. **Refer to notes on page 29 on 'How to run the first session'.**

## The journey

Now that the biographer is aware of how they would like the end of the process to look like, it is important to look at how this can be achieved. We provide structures that biographers may follow to support the 'end' from the beginning and throughout the journey, such as:

### Mindfulness of the journey

Set periodic times to review the relationship knowing that it will end at the completion of the project. The following questions need to be reflected on:

- Are boundaries being blurred by either party?
- What is the biographer's emotional connection to the client/carer – does it still sit in an appropriate place?
- What is the client/carer's emotional connection to the biographer – does it still sit in an appropriate place?
- How did the biographer plan to end this relationship with the client/carer once the biography work has been completed?

### ADVICE FOR BIOGRAPHERS



- Set strong and clear boundaries from the start. This will make the ending easier.
- Debrief with Coordinator of Volunteers.
- Email a report to your coordinator after each visit. This will assist you with accountability. Engage with other biographers for peer support.
- Periodically ask the questions listed above in relation to the biographer/client/carer relationship.
- Utilise professional support debrief opportunities.

It is the responsibility of the volunteer biographer to drive and manage the relationship, and provide the space and means to safeguard the integrity of the relationship that is being built.

# BOUNDARIES

The *Oxford Dictionary* defines a boundary as:

'a line which marks the limits of an area; a dividing line: (often a boundary) is a **limit** of something abstract, especially a subject or sphere of activity'

Below we discuss the different boundaries that biographers have experienced when supporting clients, their carers and families. We suggest ways of managing those boundaries to maintain and continue both physical and emotional wellbeing.

## Organisational boundaries

During training biographers have already spent time understanding that Eastern Palliative Care has a series of policies and process maps that are designed to create boundaries or rules around what they can and can't do when working within the EPC governance.

***For further clarification see Appendix A which contains relevant EPC policies and process maps (current as at October 2019).***



**List why policies and processes are enforced by an organisation:**

Below are some examples using EPC boundary lines:

### **Money**

- No handling of client money
- No accepting money as a gift

This avoids any confusion as to who owes whom money. It protects the client from being taken advantage of, protects the volunteer from false or misleading accusations, and protects the organisation from a disparaging outcome.

Family members supporting and watching their loved ones die are often processing a range of emotions. Seeing their loved one so vulnerable often leads to behaviours we may not usually see. There are emotions such as fear, frustration and grief that can all present as anger. There is the potential for carers to focus on an aspect where they feel their loved one has been taken advantage of, e.g. financial issues. Finances are often stretched throughout this phase of people's lives. Our policies aim to protect all parties from any concerns that may arise.



## ***Shopping***

- No shopping is to be done on a client's behalf, including picking up milk and bread or the paper on the way to the client's home.

This refers back to no handling of client money. Organisations such as EPC have other means to assist clients in this area, such as local council workers going shopping for clients etc.

## ***Medications***

- No dispensing of client medications is to be done by a volunteer, including altering of client medications.

Biographers are not in the client's home as a trained professional and therefore they are not able to handle medication. This includes adjusting oxygen cylinders. They are able to pass pre-prepared medication to the client, as per EPC's Handling of Medication Policy.

## ***Transport***

- No transporting of a client in an acute medical situation is allowed.

Call an ambulance and EPC.

- No transporting of a client in the client's vehicle is allowed.

Client vehicles are not covered by EPC policy.

## ***Personal property***

Volunteers are not permitted to safeguard a client's property (with the exception of biographers taking home photos/certificates etc. to scan – we suggest they do that in a secure receptacle and return it to the client as soon as possible)

This blurs the boundaries similar to that of handling and safeguarding of money.

## ***Personal phone numbers/ email addresses***

We strongly suggest that volunteers do not hand out personal numbers or email addresses.

Biographers do not know how the client may use these contact details, and we have faced times where clients have rung the volunteers in an emergency rather than EPC. This is not a responsibility we wish volunteers to have. Be aware that if you call a client from a mobile or non-private number, they may have access to it in future.

If you need to use an email address it is suggested that the biographer creates a generic email address which includes the organisation's name, e.g. [DaffyEPC@gmail.com](mailto:DaffyEPC@gmail.com)

## ***High fire risk days***

Volunteers are not allowed to travel to fire prone areas on days of Severe, Extreme, and Code Red Days or on days of Total Fire Ban.

## ***Other issues***

Organisational boundaries are also placed on the clients, their carers and families.

Clients and family members are not to smoke in the presence of an EPC staff member or volunteer.

No threatening or abusive behaviour is tolerated by EPC towards any EPC staff member or volunteer.

## Personal boundaries

Personal boundaries include the physical (e.g. personal space) and emotional (e.g. personal disclosure).



### PERSONAL SPACE

Take some time to reflect on the following:

Imagine you are in a bubble, and the size of that bubble denotes how close someone can stand next to you, if they can touch you or if they can lean in to whisper to you. Everyone's bubble is different. How big is yours?

When you fall and hurt your knee, does the bubble shift and for what reason?

What if you are sick? Does the bubble change? Would you let someone inside the bubble to hug you, hold your hand and rub your back? Who would this person be? Would it be a loved one? A friend? A stranger? Would that stranger have to be someone that can dispense compassion and empathy professionally, for example, a nurse, a doctor, a minister or a friendly volunteer?

Personal space is an instinct, often not thought about, unless it is invaded. Consider your own personal space requirements and how it affects your body language, and the manner in which you present yourself. It is about being self-aware.



Now that you have thought about your own personal space, consider that of your client. They are in the final phase of their life, dealing with an illness/disability, treatments or medications and may not be the people they once were. What would their personal space requirements be?

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There is no correct answer to these questions. It is posed to you for the consideration of the client and their carers or family who you will be meeting. It is important to be mindful of all of their personal space requirements.

#### PERSONAL DISCLOSURE

Take some time to reflect on the following:



How much of your own personal information are you comfortable divulging to a client and/or their carers? This is a question that cannot be answered by anyone but you. It is important to remember that the client isn't your friend. They are a client of EPC who you are engaged to work with on a biography project. Keeping this in mind, would you discuss as openly your feelings and emotions as you would with a friend you made through a book club, for example?

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Personal disclosure in any relationship is an art form. It happens quite naturally when developing relationships with friends, colleagues or companies that require your information, doctors and other allied health staff. It is about giving information to others in the appropriate manner, appropriate time, and with the appropriate communication forms.

The relationships that are developed in a palliative care setting are vastly different from those that the biographer may be used to. It is an offer of support to a person in their final phase of life – not a friendship. A type of friendship often occurs through this relationship, and some emotional involvement is necessary, however, it is important to be mindful of the manner and reason the biographer has entered the client's life.



**What are the benefits and pitfalls that you can identify regarding personal disclosure?**

**Benefits**

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**Pitfalls**

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Below are some questions for the biographer to ponder that may create an avenue for further self-awareness regarding personal disclosure:

- Is disclosing this information in my client's best interest?
- Whose needs are being served here?
- How would disclosing this be viewed by the client's family or significant other?
- Does this client mean something special to me?
- Does this action benefit me more than the client?
- Am I comfortable documenting this decision/behaviour in a client file?
- Will I have any regrets about disclosing this information knowing that once that has happened I can't pull it back?

# BEING PRESENT

Being present is exactly that - being present in the here and now. Not thinking about what to have for dinner, not wondering if your kids are making the right choices, not wondering how you can improve your tennis game.

It is about sharing time with someone who is vulnerable, being affected by illness/treatments/medication. They may not look like they did a year ago. They may not be able to access the community anymore; their friends may not be able to overcome their own challenges with the illness and may have stopped visiting. Loss of independence, loss of identity and loss of the life they once knew, are all a part of the journey they are now on.

EPC clients are dying. The majority of them know that. The emotional rollercoaster that they have been on takes its toll. Many feel like a burden; many suffer bouts of depression. Many struggle with the pressure their illness places on their loved ones. With all of the complexities they are facing in their life, they at least deserve the respect of the volunteer who is present with them.

To be truly present to another we must learn the art of effective communication.

There are many forms of communication that come into play in relationship building.

To be 'fully present' the forms of communication we shall concentrate on are:

- listening
- hearing
- judging/evaluating

What does listening mean? The *Oxford Dictionary* defines listening as giving your complete attention to a sound. There are many forms of listening. For the purpose of this training we will concentrate on three types of listening: active, silent and emotional.

## Active listening <sup>1</sup>

Active listening requires a conscious effort to hear not only the words that are being said, but the message behind the words. The key to doing this is to try and eradicate all of the other distractions from your mind, not allow yourself to lose focus on the conversation, become bored or let your mind wander. The hardest distractions to manage are the conversations you have with yourself in your own head.

Please be aware that we often filter what we hear through our own values which can change the meaning behind what a person is saying.

Listening actively aims to reduce the filter so we can listen without judgements.

## Silent listening <sup>2</sup>

The letters of listen, when rearranged, spell silent. One could suggest that to remain silent could speak volumes in its own right. Remaining silent, and being comfortable in silence, is not how most of us are conditioned. And yet, to sit with someone in comfortable silence can sometimes have the most profound impact on a person.

Many of our clients are tired. They cannot bridge the gap where they might try to entertain you and be a suitable host. Many are just too unwell. To sit with them and be a welcoming and comforting presence is sometimes all that is required. Allowing space and silence will also encourage the client to reminisce and potentially unlock some more aspects of their story.

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<sup>1</sup> University of Colorado USA Conflict Research Consortium

<sup>2</sup> University of Minnesota Duluth; Counselling applications in Communication Disorders

## Emotional listening<sup>3</sup>

Emotional listening is hearing beyond the words and tuning in to the emotion that is attached to it.

Similar to active listening where you are listening for the message in its entirety; emotional listening is listening to the pitch, tone, inflections in someone's voice to pick up a deeper meaning in the message being delivered.

EPC clients just want you to be with them wherever they are on their journey - to be present to where they are - to listen, to chat, to be silent. Not to judge, not to take for granted. Each of these forms of listening is done naturally by all of us, to a certain extent.

We recommend that you practise your listening skills to further develop them and to become comfortable with utilising them.

## VALUES

Values are the unique factors that make us who we are. They are our moral compasses that direct all the choices that we make - that intrinsic knowing that, to you, it is right. How do we recognise what our values are?

It is very important for biographers to understand this as they will be asked to work with people who have very different values to their own.

In order to do this with authenticity and a posture of being non-judgemental, we take our biographers through the following exercises:

### A REAL LIFE STORY: **DISCOVERING SHARED VALUES**

I have just completed my first biography and it has been quite a journey.

My client's passion for cars is something I had no interest in whatsoever, so talking to him over the last few months has forced me to think about a topic I have given scant attention to in the past.

For that I am grateful. I believe he has found the process beneficial and I have noticed he has opened up more as we have gone along, so I think we have learnt to understand each other.

When I first met him I didn't think we had that much in common, but as you drill down you find shared values which help to establish a productive relationship.

*Brian - EPC Biographer*

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<sup>3</sup> Skills you need.com/ips/listening-skills.htm





## VALUES AWARENESS

This exercise aims to support the biographer to determine what their highest values are. It is a series of questions that make you look around to see what it is you hold most dear.<sup>4</sup>

What fills the spaces in your home? Mentally walk around each room in your home to see what it is that you have adorned the walls with, filled the shelves and cupboards with, etc. List these:

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How do you spend your time? Is it centered around sport, volunteering or family? List as many as you can:

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What is your expenditure? Aside from bills and necessities - where does your money go? List as many areas as you can think of:

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What do you most like to talk about when chatting with friends, family and colleagues? List the main topics:

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4 This exercise is based on the teachings of Dr John Demartini *The Values Factor* Penguin Publishing 2013

*What and who inspires you?*

**What are the traits that you enjoy the most about being you?**

**When people reflect on the responses to the questions above, trends will begin to surface. What is it that links all these responses together?  
What is it that becomes apparent? List the trends that you see.**

These are some of your highest values. The basis of this exercise is to have you become more self-aware of who you are, and what is important to you. This sets the basis for the types of relationships you build.

Consider the people closest to you. Can you see that they have similar values to you? Generally people attract other people whose values match their own.

Now that you have an understanding of what is important to you, you will begin to see the impact it has on the relationships you choose to build and how you build them.



## When our values are challenged

Biography work is unique with many emotional triggers and challenges that may occur for staff and volunteers alike.

How does the biographer manage these challenges? It is important to understand why we are challenged. Challenges are felt when a situation or information does not align with our values. For example, you may value honesty very highly, and yet you are linked with a client who speaks often about the way she/he got extra Centrelink payments. How do you continue to support a person or situations that go against your values? How do you manage the challenge?

Often when we are challenged we are seeing an unbalanced or one-sided view of a situation. The trick is to try to see if there is another perspective on the situation that you are feeling challenged about.

Once you have understanding and awareness around what value has been challenged and why, the challenge often lessens or is dispelled. Within the framework of relationship, building this is vital. The biographer's primary role is to support the client. If the biographer experiences challenges with little or no awareness, it creates a space for judgement that may, in turn, cause resentment.



### WHOSE PERSPECTIVE IS RIGHT?

A client talks about his wife as the 'little woman' and how she is the only one allowed to make him dinner. He refuses to give her access to the bank account and says she doesn't need to bother her head with the money. Instead he gives her an allowance each week to spend on the household. The biographer walks away feeling very uncomfortable about this interaction.

**What** are the values that are being challenged?

How could she encompass another perspective so that the challenge is no longer as great or is dispelled?

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Using the charts below, try to balance the perspective the biographer holds.

Her values that are challenged	Her emotions she would be feeling

Client's point of view	Learnings for the volunteer

Possible responses the volunteer could make

# BACK TO THE END AGAIN

All of a sudden we are back at the end.

The relationship has ended. It is important for biographers to reflect on whether it was a good end. Did it match the lists they made about how they would like the end to look?



Work through the following case studies.

## Case Study 1

Your journey with your allocated client is drawing to a close. Your client begins to deteriorate noticeably. The carer's burden is increasing, mixed with anticipatory grief, fear, sadness, exhaustion and numbness. The client is actively dying. You want to do more – be more of a support. Can you? Should you?:

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## Case Study 2

Your client is being discharged at the end of the biography process – but you get on so well - you are friends now. The organisation has no right to stop this! It's not fair. You want to keep the friendship going. Can you?

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## Case Study 3

Your volunteer coordinator rings you and tells you that you are no longer linked with that client as they would prefer a different volunteer. This upsets you. What can you do?

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At the end of the link with the client, if biographers are feeling any of the emotions identified above in the case studies, then they, and their coordinator, need to re-visit how they wanted the relationship to look at the end, and understand where, in the journey, it went down a different path.

It can be helpful for the following tough questions to be discussed:

- Do you want to keep the connection for you - or for the carer/client?
- What needs are these emotions fulfilling for you?
- What is this triggering for you?

The biographer's emotions are there, and they are not wrong. The aim is to use the learned tools to separate emotion from fact; create balanced emotions that allow awareness and understanding of thoughts and feelings.

A biographer will possibly be sad, feel grief and experience loss, and may not understand what it is they are feeling.

***EPC explores this scenario further in our Grief and Loss training module.***



## REFLECTION EXERCISE

The following exercise is help ful in exploring whoseneeds are being met in a scenario .

### THE SIXTH TUESDAY WE TALK ABOUT EMOTIONS

'Morrie's having a bit of a hard time today,' she said.

She stared over my shoulder for a moment then moved towards the kitchen.

'I'm sorry', I said.

'No, no, he'll be happy to see you,' she said quickly, 'I'm sure.. '

She stopped in the middle of the sentence, turning her head slightly, listening for something. Then she continued. 'I'm sure he'll feel better when he knows you're here.'

I lifted up the bags from the market – 'My normal food supply', I said jokingly and she seemed to smile and fret at the same time.

'There's already so much food. He hasn't eaten any from the last time.'

This took me by surprise.

'He hasn't eaten any?' I asked.

She opened the refrigerator and I saw familiar containers of chicken salad, vermicelli, vegetables, stuff to squash, all things I had brought for Morrie. She opened the freezer and there was even more.

'Morrie can't eat most of this food. It's too hard for him to swallow. He has to eat soft things and liquid drinks now.'

'But he never said anything', I said.

Charlotte smiled. 'He doesn't want to hurt your feelings'

'It wouldn't have hurt my feelings. I just want to help in some way. I mean, I just wanted to bring him something.. '

'You are bringing him something. He looks forward to your visits. He talks about having to do this project with you, how he has to concentrate and put the time aside. I think it's giving him a great sense of purpose...'

Mitch Albarn, *Tuesdays with Morrie*,  
Harper, 1998

Whose needs were being met in this scen rio?



Biographers ne ed to always makesure the client'sneeds are at the centre of every decision and action theytake.  
Their own needs must be secondary.

## SELF-CARE

*The link with the client has ceased. So what does the biographer do now?*

*Self-care in this stage of the relationship is very important. They need to identify what they need to do for themselves. The coordinator of volunteers should be there to listen, support and guide, and aid in putting in place any necessary measures.*

*Some volunteers have rituals or tributes they do after the end of links such as writing a reflective piece on what working with that client has taught them.*

*Some volunteers like to attend funerals as a closure to the relationship.*

*Some volunteers like to write and send a card, provided by the organisation, to the family to say goodbye. In the case of a death, some volunteers like one last visit with the carer to create closure.*

*It is helpful for biographers to take some time, before they start their work as a biographer, to reflect on the following issues:*

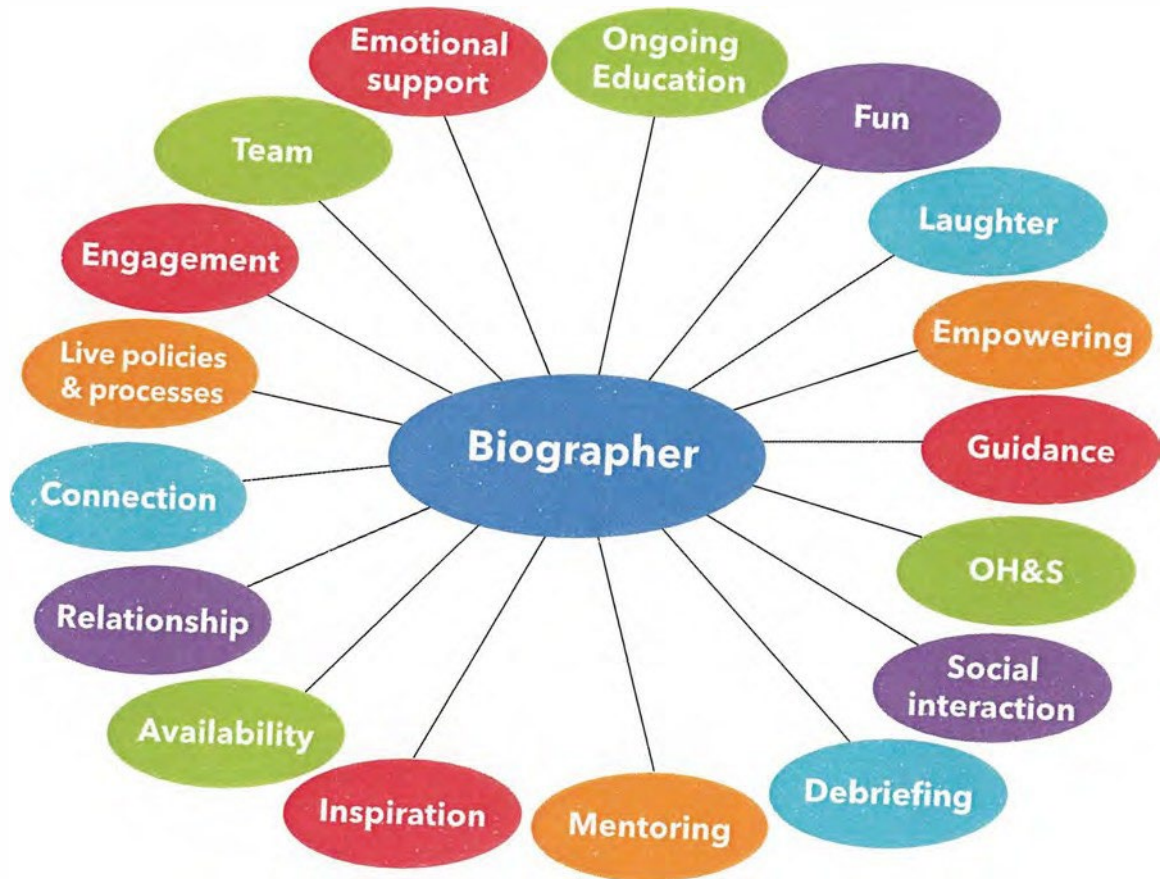
- *Identify personal areas of vulnerability as a biographer.*
- *Work at developing some strategies to help manage them.*

*Reflection is an important skill to develop in biography work. Palliative care is a highly emotional industry that at times can be taxing. Acknowledgement of the relationship and the impact is important. Being aware of the relationship that was developed and the impact that has had for the client, and their family, is also important. At the end of each biography project it is good for biographers to take some time to answer the following questions:*

- *What did I learn about myself from my client?*
- *What did I enjoy the most?*
- *What did I not enjoy?*
- *What would I do differently?*
- *What was the most challenging part?*
- *Did I overcome the challenge?*
- *What did I give to my client?*
- *What did my client give to me?*
- *What difference did I make?*



At EPC Volunteer Services, staff work off the following model of support for their biographers:



Volunteers are the primary focus of the Volunteer Services Team staff.  
Our passion is to provide the foundations of support for them to do the work that they do.

**If you want to go fast, go alone.  
If you want to go far, go together.**

*African proverb*