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When There Is No Easy Repair

What Therapy Can Still Offer in Death, Illness and Irreversible Loss

A live online existential clinical forum with

Aviva Barnett and Simon Wharne

Zoom Webinar

11 March 2027, Thursday

Times:

6:00 pm – 9:00 pm, London UK

1:00 pm – 4:00 pm, New York, USA

CPD hours: 3

Location: Online streaming only

(all our webinar tickets now include complimentary access to a video recorded version for 1 year or 3 years, depending on the ticket type)

A client has just been told there is nothing more medicine can do. She repeats the sentence back, carefully, as though saying it herself might change its shape. It doesn't. Outside the window, the ordinary world carries on exactly as before - traffic, a delivery van, someone laughing into their phone - indifferent to the fact that her future has just been taken out of her hands.

In the room afterwards, the therapist searches for something to say and comes up empty. No formulation can reverse what has happened; no protocol can provide a reassuring next step. There is a body that will die sooner than she had imagined, and a person who must still, somehow, go on living inside whatever time is left.

Much clinical thinking carries an implicit direction of travel: insight leads somewhere, symptoms ease, and a narrative gradually resolves. **Death, serious illness and profound loss do not cooperate with this arc.** They sit closer to what Yalom named as the givens of human existence — mortality, isolation, meaning made under conditions nobody chooses — and they do not resolve. They have to be lived inside.

What, then, is therapy for when nothing can be restored — and how does the therapist remain useful without manufacturing hope, imposing meaning, or pretending that presence alone makes the reality more bearable?

This clinical territory is often divided between bereavement training, trauma theory and supervision skills. Yet therapists frequently encounter all three at once: an irreversible reality, a client whose future has been radically altered, and their own uncertainty about how to remain useful when the work cannot move towards conventional repair.

Although this is not a training for supervisors, the evening uses an existential supervision lens: stepping back from the immediate pressure to intervene in order to examine what the client's reality is awakening in the therapist, and how this may shape language, timing and presence.

Supervision can falter here just as therapy does. Supervisors reach for reassurance, technique, or a way of making the dilemma more manageable — anything to relieve the discomfort of sitting, unresolved, alongside a colleague's helplessness. The wish to rescue is not only a client-facing problem.

This evening explores what an existential lens can offer when therapists encounter suffering that will not be fixed: how to remain present without retreating into premature reassurance, technique or interpretation.

Participants will develop a more deliberate way of remaining clinically active without pretending to solve what cannot be solved: using language that acknowledges reality without closing down possibility, pacing that does not hurry grief or uncertainty, and a therapeutic stance that can tolerate helplessness without collapsing into passivity.

Drawing on their co-authored book, *Existential Therapy for the Challenge of Living On: Death, Illness and Loss* (Routledge), Aviva Barnett and Simon Wharne will bring existential thinking into dialogue with live clinical dilemmas and the questions they create for therapists. Their combined perspective will explore both the realities facing clients and the responses these realities awaken in therapists: helplessness, urgency, silence, over-identification and the wish to find meaning too soon.

Over the evening, the two threads run together. The session opens with the central existential territory the book addresses — death, serious illness, bereavement, the loss of an imagined future, and the limits of what therapy can repair. This is deliberately not framed as a simplified or prescriptive version of post-traumatic growth, where meaning is expected to arrive on schedule, but as something slower and less certain: what it takes to keep living without pretending the disruption has resolved into anything so tidy as growth.

From there, the evening turns to the therapist's task when there genuinely is no easy answer: **how to sit with suffering without rescuing, retreating into technique,** or offering premature hope — and to the dilemmas that come into view under an existential lens: over-identification, the urge to fix, discomfort with not knowing, and the pull to impose meaning the client has not yet found for themselves.

Participants are invited to submit an anonymised clinical dilemma in advance. Aviva and Simon will work with a selection of this material live — thinking, listening and responding to real clinical questions in the room, rather than illustrating the approach only through prepared case material. The evening closes by drawing the threads back into practice: how language, stance, timing and presence change when the work is no longer about fixing, but about helping a client bear reality with honesty and care.

Learning Objectives

- Understand how an existential reflective lens can help therapists work with death, serious illness and irreversible loss when familiar interventions feel inadequate
- Recognise common dilemmas that arise when working with death, serious illness and irreversible loss — over-identification, the wish to rescue, discomfort with silence and uncertainty
- Explore how a therapist's own responses to mortality and helplessness shape clinical perception, therapeutic presence and the relationship with the client
- Consider what it means to accompany a client for whom there is no repair, resolution, or return to a former future
- Develop more considered ways of responding when cure, recovery or restoration are unavailable, using language, pacing and presence that do not impose hope, acceptance or meaning prematurely

Most therapists carry at least one client like this: the one whose situation nothing in training quite prepared you for, where every intervention you knew how to reach for felt slightly beside the point. This evening exists because that experience is more common than most CPD programmes acknowledge, and because a dedicated forum for it — rather than a brief aside within a broader bereavement or trauma course — is genuinely hard to find. Bring the case that has stayed with you. A limited number of submitted dilemmas can be considered live, so early submission is encouraged

There is no known commercial support for this program.

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