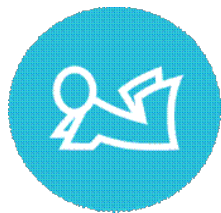


FAMILY BEREAVEMENT SUPPORT PROGRAMME



Social Work Department
Royal Children's Hospital

NEWSLETTER APRIL 2009

Tonight's group was facilitated by Carol Quayle with Leanne Foster, RCH social worker, and our guest speaker, Garret O'Dowd, social worker and counsellor at Mercy Grief Services, an organisation providing bereavement counselling services for people in the western suburbs of Melbourne.

*“From ‘Doona Day’ To Coping With Grief;
Exploring the experience and developing ways to
manage lives changed forever”.*

Garrett commenced the night by acknowledging that most of his wisdom and experience had been gained from listening to his clients' experiences. Garrett explained that he always asks permission of the people he is working with to share from their stories, in the knowledge that sharing helps others to know their grief experience is frequently not a rare one. Tonight's topic *“From ‘Doona Days’ to developing new ways of coping and managing your grief”* came from Garrett's work

with a lady who gave permission to share her thoughts related to her need to have 'doona days' in order to live with her grief and the chaos in her life after the death of her child.

Garrett began by acknowledging the work of many academic theorists, both past and present, and that the evening would provide an opportunity to explore past and current theories in the context of tonight's group's experiences of bereavement.

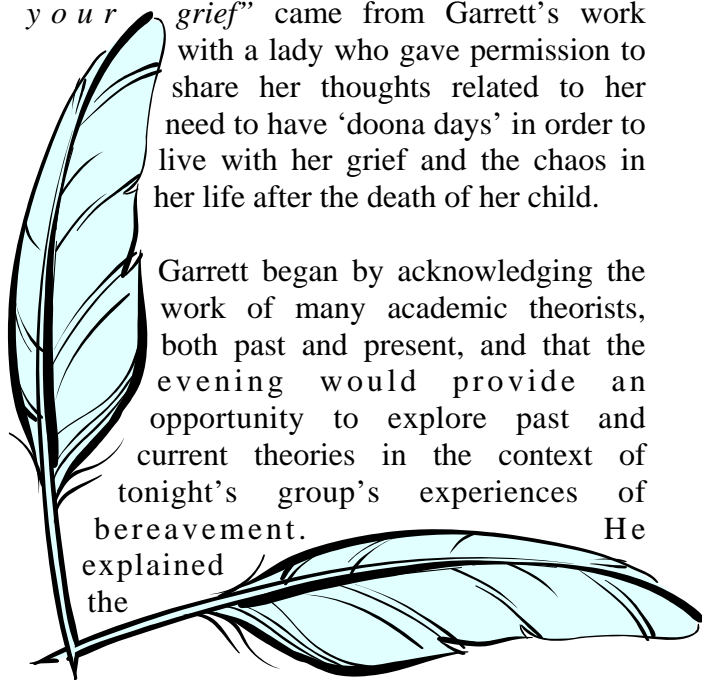
He explained the

earlier theories of Elizabeth Kübler Ross and others where grief was seen to be a set of tasks that were undertaken by the bereaved person with the expectation that the bereaved person would, after completion of the tasks, be 'over it'.

At this point, Garrett invited group members to introduce themselves and their child/ren and families. This helped the group members overtly acknowledge the important place their child has in the family and increased other group member's personal understanding of the different experiences within the group.

Throughout the evening Garrett acknowledged the degree to which grief can feel like an overwhelming experience and noted that *“sometimes grief is an additional emotion or burden to live through on top of coming to terms with the missing of the person”*.

He acknowledged that this may be even more intense when the missing person is a child. Garrett noted that the loss of a child can challenge all our ideas of who we are and can create a space for self-examination.





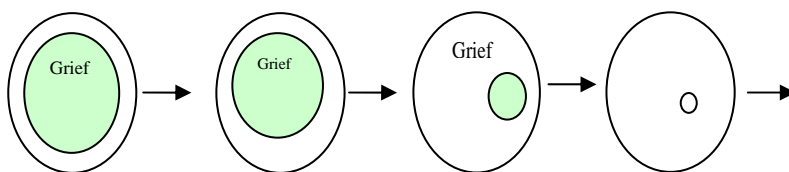
Of grief, Garrett suggested this quote; “*Whether you are ready or not, it’s like taking on a full-time job that makes you take a good hard look at yourself in a new light separate from your loved one*”

(Grief Matters, Summer 2008 Vol 11/Number 3,” Another look at Bereavement Groups in Rural Communities: Using solution focussed brief therapy to foster resilience”, p88, Susan S. Gray and Herb Winkler)

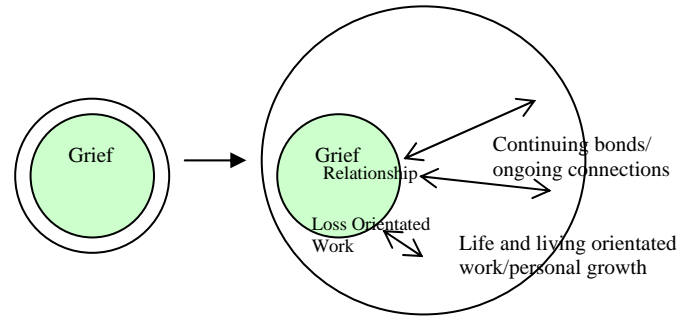
Garrett suggested that “*for some people the old models of grief and loss have the potential to make people feel like they are failing because they have not gone through all the stages*”. Garrett invited group members to share their own experiences of how managing their own grief fitted with any of these ideas throughout the evening.

Garrett provided a handout (see below) which identified some of the ideas about how we work through grief and how grief fits into our lives over time. In the early period following a death, grief seems all consuming and takes up the bereaved person’s whole being, reducing in size over the ensuing days/weeks/months and years. Over time, people find ways to experiment with activities in order to get through the day. One parent said “*I’m better when I’m busy*”, and another said “*I don’t cope with as much as I used to because I have grief as well*”

Garrett said that the old models of grief operated on a belief that in the beginning, grief which felt overwhelming and occupied a person, would and should over the course of time, “shrink” and largely “go away”:



Garrett added that new models of grief may better relate to how the bereaved person approaches his or her grief experience:



Adapted from Stroebe and Stroebe (2000) and Tonkin (1996)

1. Concept of “Continuing Bonds” and “ongoing connections”:

Garrett spoke about the concept of looking at ways of ‘moving with’ rather than ‘moving on’ from grief and the relationship the bereaved person has with the person who has died.

Parents talked about the “*DGI’s*” (*the people who Don’t Get It*) they have come in contact with since their child died. The experience of hearing a local health professional say to a parent “*if it’s not better in 12-18 months then there is something to worry about, but at the moment it’s nothing to be worried about – it’s just grief*”. This comment led to some exploration of how long grief does, in reality, last. Garrett noted that “*continuing relationships is natural and normal, and even though death takes away a life, it doesn’t take away the relationship*”.

There are subtle ways in which we take the person forward with us, leading to the recognition that:

2. Grief is an active process and a part of basic ‘psychological functioning’.

Garrett explained that there exists for the individual both the ‘*potential for growth*’, as well as the ‘*potential for personal deterioration*’. As time moves forward, people ‘*learn to live with the grief and accommodate it into (their) life. The challenges that grief throws at you, helps to*

keep you moving with it'. Grief impacts all aspects of the family's life, especially the other children and, also the nature of the parent/child relationship. Grief is very individualised, and in relationships there can be a clash of the 'emotional place' of each person in a relationship at any given time along the process. This sometimes creates the potential for conflict in the relationship if communication is not kept clear and overt.

Parents attending the group described their experiences of trying to experiment with ways of involving other family members in their journey and, how best to honour the child who had died, the parent's memory and grief and, to respect the space other family members are in. There was particular discussion about this in response to grief experienced by adolescents and young adult children, and the impact on their relationships with both the sibling that died and their parents.

Conversation also centred on the experience of caring for a critically ill child, the bond this created, the *"sense of urgency to the situation (when the child is dying)"*, and the added dimension when *"the dying child knows (he or she) is in a life and death situation"*. This has the effect of creating the need for a 'special' relationship between child and parent, that may result in *'putting the well siblings to the side'* until after death.

Garrett explained that the grief experience results in the development of *"unique and special relationships with other people in your life"* as parents move into the *"futures"* of life. One parent said *"I know a whole lot intellectually but emotionally"*.

While some parents recognised positive growth they had seen in themselves, there was also acknowledgement of the ease with which one can slip into a personal deterioration, but that just having a *'doona day'* doesn't mean a personal decline for the future. *"It is OK to have a doona day"*.

3. Dual Process Model (Loss Orientated Work/Life and Living Orientated Work) (Stroebe and Stroebe 2000)

Garrett went on to say that the oscillation between loss and life is a recognised component of the grief process which involves bereaved people oscillating between these two processes as they 'move with' their experience of grief.

One parent said: *"I keep going under a cloud of sadness"*.

Garrett spoke of a new acronym - the *"S.U.G. events - "Sudden Upsurges of Grief" or Grief Embraces/Love Embraces"*.

The discussion then turned to *"the burden of caring for yourself and having to care for others at the same time"* when others are informed of the death of your child or are expressing their own grief in your company. It was suggested that while grieving, parents may need to *"let go of your expectations of how you might expect people to behave"*.

In living with loss and re-orientating to life, parents expressed their experiences of *"needing to find ways to acknowledge the moment (of grief), and either stay with the feelings or find a space some later time to return to the moment"*. Garrett explained that *"it is important to understand the need to explore both components of the grief process in the future, as life and memory re-orientates itself with your experiences"*.

4. Finally, Garrett considered Lois Tonkin's (1996) approach to *"Growing around Grief" encompassing the choices you can make around how you respond to this choiceless experience"*. Earlier in the evening Garrett had relayed some of the experience of his *'doona day parent'* and her ability to develop new ways of managing her grief which continues to change as time passes. She experiments in both how she copes with her grief and how she is now able to celebrate her child's life and the ongoing relationship. One



parent suggested that growing around grief is somewhat like the *“labyrinth model of spirituality where you might come to a dead-end but you can give yourself permission to turn around and find another way”*.

At the close of the evening parents came together over coffee continuing to support each other and share stories and experiences that highlighted the life experienced with the children who are now held close to their hearts whilst not physically present. We thanked Garrett for his sensitivity to the parents, their children and experiences and for sharing with us his knowledge and expertise in bereavement. He left us with a few final thoughts and quotes to ponder as we move into our lives outside The Royal Children’s Hospital’s Parents Bereavement Support Group until next month’s meeting.

- Grief is a universal and normal and natural reaction where one can expect to experience a range of emotions such as fear, guilt, anger and / or loss of control.

- Grief is a complex process that can be experienced holistically; that is, it is an emotional, intellectual, physical, social and cultural experience. (Victorian Hospice Society, Cairns, Thompson and Wainright, 2003)

- A person can experience a range of symptoms; e.g. irregular or difficulty in breathing, deep sighing and a tightness in the throat, exhaustion, sweating, a feeling of emptiness, changes in eating habits, gastrointestinal disturbances, crying, auditory and visual hallucinations or insomnia

- Working through grief is a very private experience that can increase the mourner’s level of vulnerability.

- Connection in the absence of your child

- Challenge, accommodating profound reactions to loss and being able to move with grief through construction of a new life story that has purpose and meaning.

- Acute grief begins when the shock of the loss has worn off and is considered the most intense

of grief. At this point in the bereavement process, others have returned to the routine of their lives but the mourner is left to struggle with the empty spaces left by the person who has died.

Garrett O’Dowd
Social Worker
Mercy Grief Services

“Healthy grieving involves both avoidance and reminiscence in a balanced interplay”

Donna Schuurman, Dougy Center for Grieving Children

Carol Quayle

DAY TIME GROUP

The next Day Time Group will be held on:

Thursday 4th June

10:00am to 12:00pm

**Mackinnon Collaborative Practice Centre
Room 4,7th Floor, South East Building**



Straight from the Heart

Our sincere thanks to Mrs. Yvonne Enticknap, Alyssa's mother, for this birthday remembrance poem. Written for Alyssa's eighth birthday it is filled with happy imaginings and heart felt wishes. Thank you to the Enticknap family for sharing Alyssa's birthday with us.

Alyssa's 8th Birthday, is included in the newsletter in loving memory of Alyssa Meagan Enticknap
25/4/01 – 13/12/04

Alyssa's 8th Birthday

Getting ready for a birthday is always great
Especially when the birthday girl is going to be eight.
But no matter what fun we plan, or games we play
Your eighth birthday will be had with you far, far away.

Eight years since our hearts, they swelled with pride.
When you were being born, Dad smiling at my side.
A beautiful little girl to make our family complete,
To have a perfect girl meant happiness, nothing could defeat.

But that wasn't true, as we all learnt to know
Our beautiful princess wouldn't be allowed to grow,
Into the great young lady you would have become,
To be a school girl, a teenager, a wife and a Mum.

Though you were taken away after a life 3 years brief
You left us loving memories and that's our relief
We think of our little girl each and every day.
We miss you so much, no words will ever convey.

This year in your memory "Team Alyssa" did run,
We worked hard to raise money, and we did have some fun
We wore your colour purple, so bold and so bright
Through the tunnel, over the Bolte, 14.1km we did it just right.

And then the first "Pie night" in August we had
The amount raised in your memory for Challenge wasn't bad
To help families and beautiful children like you
6000 was raised and lots of fun had too

At the park we will have your party once more,
The fourth year without you, our girl we adore
We will send you best wishes and balloons flying high
I know you're there with them as they fly through the sky.

Happy Birthday our darling and beautiful Liss,
As you fly high with the angels it must be such bliss
We know you are safe and happy and free
We send you hugs and kisses, from your Dad, Mick & Me

Contributions such as responses and reflections on the groups' themes, poems, letters, songs, quotations from parents, grandparents, brothers and sisters and friends are most welcome in the Newsletters. Share your thoughts, experiences and questions with others who are bereaved.

Please forward them to:

The Editor
Family Bereavement Support Programme
Social Work Department
Royal Children's Hospital
Flemington Road
PARKVILLE VIC 3052



Our letter box is waiting!

Phone: 03 9345 6111

Or email: carly.blanche@rch.org.au

The next meeting of the
Parents' Bereavement Support Evening Group
will be held on:

Thursday 21st May

7:30 pm – 9:30 pm

Seminar Room 2, 4th Floor

Front Entry Building

Royal Children's Hospital

The May Group will be joined by Dianne McKiernan and Ray Stowe from
The Compassionate Friends. The topic will be
“For Bereaved Families- What is helpful?”

Please join us in May

The newsletter is always a team effort. Thank you to Garrett O'Dowd, Leanne Foster for co-facilitating the Group, Carol Quayle for writing this month's newsletter, and to our skilled committed Admin Team Carly Blanche, Rebecca Welsh and Sam Harris.



*Vivienne Bateman
Editor*