

FAMILY BEREAVEMENT SUPPORT PROGRAMME



Social Work Department
Royal Children's Hospital

NEWSLETTER SEPTEMBER 2008

A very warm welcome to the September newsletter of the Family Bereavement Support Programme. Through reading the Programme's newsletters and being a part of the groups we hope that you will find connection with others, information and support that will help to sustain you as you grieve for and love your child.

Will I Ever Laugh Again?: the healing potential of laughter and humour in grief

We greeted and welcomed the parents who came together for the September evening group. More will be said later about the theme, however as had been noted in the August newsletter the theme for the September group was perhaps more appropriate for those who have been bereaved for sometime. This was largely reflected in the *make-up* of the group. Each of the parents has been a part of previous parent bereavement groups and it had been a little time since their child had died. This time ranged from eight months (*which really is not that long*) to almost six years. In the September group the children had been babies or in their early and late childhood when they died. Their lifetimes had ended through congenital conditions, complications of disability or through accident. Two of the parents within the group had experienced the death of two children. Each parent had their own story and yet shared a common bond.

As the evening began parents were *reminded* that the group is a safe place to share what is able to be shared and to respect *what is said and left unsaid*. It is acknowledged that through being in the group and sharing stories parents can be touched very deeply. This experience may mean that parents want to take some time out from the discussion. Carol and Jane are able to be with parents if they want during that time. Parents are invited to come to the group whenever they feel it would be helpful. This may be regularly, once or every now and again. From thinking back after the group's time together and reflecting on the impact and experiences of grief, parents may want to take particular care of themselves. It might be helpful to talk to someone who is trusted. This could include family, friends and workers at the Hospital.

Vivienne Bateman (Bereavement Services Coordinator) and Jane are able to talk with parents in between groups. Viv and Jane can be contacted through the Social Work Department on (03)9345 6111. Through the evening Jane takes notes for the newsletter. The newsletter is a way to reach others who are grieving and the health and welfare professionals who accompany them. It can also act as a record for those who are a part of the group.

Introducing the theme:

Laughter and humour in grief may seem like an unlikely and risky topic for a parent bereavement support group. Where can laughter or happiness be found when a child has died and a parent is grieving for them? There is *nothing funny* about a child's death. Nothing for the subject of jokes. However this particular topic had come from parents' wonderings over the years. They have wondered whether they would ever experience even for the briefest time a moment of happiness, will there come a time when they might smile or laugh. Many parents comment with deep regret on how joyless and colourless life feels after their loved child has died. Could laughter ever fit in the experience of grief and the death of a child? Many, many times we've heard parents say that if they find themselves laughing at something after their child has died or they have a moment of pleasure they can feel incredibly guilty and remorseful. It had also come from an increasing awareness of the therapeutic benefits of laughter. Laughter like love is such a vital experience in life. It was hoped that this group would be an opportunity to explore with our guest presenter the Reverend Howard Langmead the history and theory of laughter therapy, the health benefits of laughter, the ways

humour can be used to support the grieving self and to reduce stress. As part of the preparation for the night Carol and Jane had attended a laughter club that Howard facilitates and have talked with him about his work.

After our words of introduction it was a pleasure to be able to welcome Reverend Howard Langmead to the group. Howard is a person with many roles. He is an Anglican priest, a trained primary teacher, standup comic and trained laughter therapy workshop leader. From the outset it was recognised within the group that this is a very sensitive topic presented thoughtfully by Howard and we hope that this is conveyed through the newsletter. Parents may want to, when the time feels right for them, explore some of the material which Howard presented and maybe even to try out some of the exercises. Some material from other resources has been woven into the newsletter.

To begin this time, Howard shared some of his background with the group. He has been an ordained priest for twenty seven years and is currently the vicar at St John's West Brunswick. He has been in parishes in Prahran and outside of Geelong. Howard grew up in the inner city area and knows the area around the Hospital well. Howard works part time in the parish and amongst his other roles he has been "for ten years a standup comic doing gigs in pubs." Howard has had experience in comedy writing and has been apart of seven Melbourne Comedy Festivals. He found doing comedy "addictive". Howard is also involved in work promoting comedy through the media. In particular he does some radio commentary with 774 looking at etiquette issues. Howard with another *hat on* is also a volunteer at the ABC.

Moving further into the topic Howard noted that as a priest he is interested "in the whole being... in wholeness and how people can be healed to wholeness". Through the night Howard was also to note that as a theologian when he sees laughter and humour amongst people, as people are a reflection of God, then God must have these dimensions. In essence if people laugh, God must laugh.

Howard like so many people has been intrigued by the question what makes people laugh. He is also very aware of the health benefits of laughter having completed laughter workshops, trained as a workshop leader, attended

conferences and read widely on the subject. Howard spoke with parents in the group a little about the history of laughter clubs. Laughter clubs were developed in India in 1995 by Dr Madan Kataria

with "people doing weird things in the street". Amongst other things people *do* exercises based on yogic breathing techniques. In laughter clubs there's "laughter for the sake of laughter... for its health benefits. In laughter therapy" Howard said "people laugh by choice". There are now 5000 laughter clubs throughout the world.

Howard shared his hope for the September P.B.S.G. He said to the parents that he wanted to "respect and hear your views of laughter... and have a general exploration of laughter and learn a little bit more about laughter". Howard said that he was "very open to discussion with the group". He acknowledged the rules and confidentiality of the group.

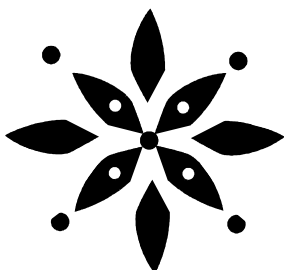
At this point Howard then invited members of the group to try out a little laughter exercise. We hope parents reading the newsletter will have some sense of the night. However exercises are challenges to capture with a written description! We should say that from knowing each other in earlier groups and tonight's time together, parents felt comfortable and at ease with each other. The exercise simulates laughter. Simulated laughter has "the same benefits as real laughter". The brain cannot differentiate between real and simulated laughter. Through the evening Howard would tell us more about the benefits of laughter exercises.

So, this is the first exercise we tried. We stood up and breathed in through our noses and out through our mouths and then we added a 'ha ha ha'. It felt quite good. Other exercises tried out during the group included: small exercises such as when you're stuck in traffic making a wild smiling face or Ha Ha Ha'ing out loud, or in other circumstances walking around pretending to be on the mobile phone and sharing the call with others, making a (Howard said it could be non-alcoholic) cocktail from an imaginary glass in one hand, the shaker in the other, pouring back and forth and then drinking with a ha ha ha, looking at your (imaginary) credit card bill reacting with a laugh- showing others, demonstrating a hippo's mouth or clapping to the beat of ha ha ha, ho ho ho.

"We don't laugh because we're happy. We're happy because we laugh". (William James 1842-1910)

The Healing Power of Laughter

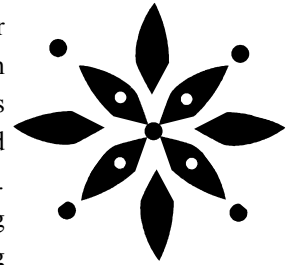
Howard told the group a story about Norman Cousins. In the 1970's Norman who was a large sized (the large sized is important to know for what comes later) journalist in America was diagnosed with a serious illness. "Like so many people" Howard said Norman had an "innate view



that laughter is healing". "Norman" also found, as parents in the PBSG know only too well, that in hospital "it is hard to laugh". "Hospitals" Howard noted "hold grief and pain... it can be felt in a place". Howard told how Norman in response to his situation "took himself out of the hospital and into a motel. He continued to attend the hospital for treatment but he also watched ("remember it was the 1970's so there were videos") videos of the Three Stooges, Candid Camera and other slapstick comedic movies. With these he knew he could have "a good belly laugh". Norman also read things that made him laugh. As Howard said "it was laughing by choice". Howard continued by saying "Norman went into remission for his illness" and while it must be noted that Norman received medical treatment, the contribution to healing made by laughter therapy came to be acknowledged. Norman Cousens wrote about illness as *perceived* by the *patient*. In 1976 a prestigious medical journal in America, The New England Journal of Medicine, published an article written by Norman on his health experiences. Norman also wrote a book called *The Anatomy of Illness (1979)*. Norman Cousen's article in the journal was "criticized as pop psychology and not meeting the journal's standards". However medical science began at this time to look at the physiological impact of laughter. "While the medical community" Howard commented "has studied most diseases it hasn't looked at laughter". Slowly this has changed over time and Howard told the group about a number of studies which have shown benefits from laughter.

Looking back at the first exercise the group participated in Howard explained that in laughter there is a breathing in and out and vocalization. He went on to say that laughter can strengthen the heart and lungs. In a good laugh "everything shakes... all the body's organs are shaken up". We read on a website that this is "like a massage for all the body's organs" (Dr James Welsh). One Scottish study that Howard mentioned has shown that one minute of laughter equals the same aerobic benefits as ten minutes of rowing. "Laughter is a form of cardiovascular exercise, it oxygenates the body, clears the mind, helps people to think better". Howard advised the group of the need to be "very careful with laughter as you would with any exercise". "You need to be careful particularly if you have asthma or cardiac conditions... you need to be careful, to treat with care, just to do a little... sit down (in between) slowly build up as you would with exercise". It is possible "to die laughing but what a way to go" Howard commented with his tongue in cheek. Encouragingly Howard said that laughter can help to burn calories. In laughter "the heart rate increases... heart beats faster". Laughter is a way to keep the mind alert" Howard said. There are strong

memory connections with laughter "we remember better things when associated with laughter". "Pain is often associated with memory and pain too often deepens a memory". The relaxation benefits of laughing described by Howard include "being a way to release muscle tension". Laughter, like yawning can be a sign of feeling relaxed.



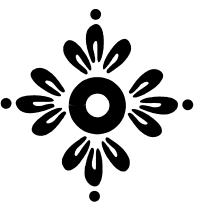
Howard explained that "laughter boosts a sense of well being... the pleasure centre in the brain lights up". This sense of well being can come from the sensation created by the release of biochemicals in the brain (neurotransmitters) endorphins. These are the body's natural pain killers, the "feel good hormones". When endorphins are released through laughter they can alter mood and produce a 'feel good' experience. They give "a natural high... a feeling of being euphoric". Howard went on to share some stories around "gym junkies who become addicted to endorphins". Howard explained endorphins can also be released through eating particular foods such as dark chocolate and chilli and we'd heard from Howard how these things can be combined into chilli ice-cream! Like eating chilli, laughter is a fast way to experience a rush... it's "an explosion". "Laughing out loud" Howard observed "is often experienced more with other people and is a form of social communication". More would be said later about the social dimensions of laughter. Howard said that studies of blood samples show that the immune system is strengthened through laughter. It seems to be boosted by laughter. In psychoneuroimmunology scientists look at how behavior and brain activity effect the immune system. This is a new science and through it much about the mind / body connection is being found. "You can feel more positively if you are feeling healthier". Howard commented how that "after situations of stress people are run down and they often develop a cold. Their immune system is down and their stresses up. For example after a major shock there is often illness". Many bereaved parents have spoken of feeling unwell in the early days after their child's death.

To summarize, after thirty years of research it is agreed that laughter has health benefits. While greeted with "some medical suspicion that it's short lived there is an effect" Howard observed. If it is short lived, Howard suggested "people should keep doing it; it is a part of self healing; a way to increase a sense of well being and viewing the world".

Weeping Alone: Laughing Together

Howard spoke with the group about how research has taken

place on the evolution and history of laughter. Laughter has many dimensions to it. “Laughter is a very social thing”. Howard noticed that every culture has laughter although the humour in each culture varies. “Humans are social beings... We need other people to relate to... Laughter proceeded language”.



According to Victor Borge (the U.S Comedian) “Laughter is the shortest distance between two people”. Connecting with this it was striking to hear from parents in the group how they thought their pain, tears and lack of laughter distanced others from them. It seems that laughing draws people together while crying may push people away.

As had been mentioned that laughter is a stress release a nervous laugh often emerges at times of tension and distress. It acts like a “circuit breaker”. To extend this thought, Howard explained how “comedians often build a tension... they push things to the edge, (touch) taboo subjects, they push people out of their comfort zone and then finally they release the tension with a punch line. Indeed tonight’s topic of laughter and grief and the exercises could be viewed as pushing the boundaries. Howard emphasized that he is interested in “clean humour”. The presence of a priest in a pub doing comedy builds a tension” which then he is able to break through words in an enormous release. “It’s reversal of what is usual... the expected”. Of course there are other sides to humour and laughter. Laughter at something “rude or crass or that’s negative for you or for others this is not the type of laughter” that Howard was *recommending*. “Recreational humour is ok it can provide a few laughs”. A few laughs may give a brief experience of feeling good. Laughter does not always have “a punch line”. “Humour and laughter sometimes go together” Howard explained that he wanted “to separate out humour from laughter”. In saying more about humour Howard spoke about the many uses of humour and again not all may be positive. With his *workshop hat on* Howard has worked with the Victorian Police Force, nurses and many other groups. He observed that often in particular working environments there can be “black humour”. It takes the tension out of a situation. But it can be “very, very edgy stuff and wrong” Howard cautioned. Such humour is best kept in-house as it could seem unfeeling and misconstrued. However it does serve an important purpose. Some humour is as Louis Kronenberger American critic, author and theatre arts professor, summarizes humour “wounds, heals, indicts, pardons, diminishes and enlarges”. Humour can be cruel and unkind. Howard suggested that you “don’t always have to have humour to have laughter”. When he attended an international conference in Copenhagen on humour and laughter one presentation was a study of humour in palliative care

nursing by Dr. Mary McCready. The study examined the conversations between patients and palliative care nursing. It looked at the types of patterns and content of the communication. Through transcripts of conversation it was seen patients and nurses often used humour “to introduce a serious topic, to test out the painful stuff... the topic can be picked up or brushed aside... a line said in humour can be picked up and explored or could shut down a conversation”. With topics that can be “too hard to talk about” humour can be used. Using humour to make a subject can provide “a protective mechanism or be a defense to lessen the risk being taken by speaking about emotionally laden topics such as death or funerals”. “Anxieties such as fear, loss and death are often revealed in humour” Howard said. He noted that often “laughter is a part of the experience it doesn’t mean there is no grief even when there’s tears there can be laughter”. He continued by again highlighting the difference between humour and laughter saying “trying to make jokes can seem like an imposition on grief it is not appropriate”. To illustrate how humour can be used with a risky topic, Howard gave the example of an exchange about dating. The line may be couched like this “You wouldn’t go out with someone like me- would you?” If the answer is no way, then you can always say “oh I was only joking”.

“Laughter is a natural process” Howard reflected “we know we can use it consciously”. For example after a *heavy day* at work Howard shared how he may choose “to watch something light, something where you know you can laugh out loud, something out there you can laugh at, it’s cathartic”. In situations of profound emotional impact such as loss “you use everything you can” Howard suggested. He emphasized that “laughter is a component in healing...” Importantly Howard reflected that “it is an element not the whole”. “It’s one thing amongst others like music, hot baths, yoga there are other things” Howard commented.

When You’re Smiling...

In our discussion a little time was spent talking about smiling. Smiling *works* in a similar way to laughter. Howard said to the group that “scientists have worked out there are many different types of smiles... (a genuine smile known as a Duchenne after the nineteenth century french neurologist Duchenne de Boulogne) open mouth, wide eyed type shows warmth. (With smiling) there is a mind body connection... they are in sync”. A smile can connect people, it too is a form of communication. Howard tries to “smile at people and not to worry if they don’t smile back... while laughter can be confrontational smile is less confrontational”. With smiling and laughing “you use many more facial muscles (than you normally use)... screwing up

your face can help to preserve the shape of your face". Smiling gives the face a "work out".

Howard gave this example of mind body connection. "If you are feeling flat and worn out it shows in the body stance shoulders might be slumped forward, head bowed etc". "A smile" he proposed can be used to "shift (the feel of) a situation". One everyday illustration is smiling before answering the phone. A "tiny chuckle can change the mind set... just a smile can work. It's tough to do (especially) when you're in touch with how you're feeling" Howard suggested to parents. There are many situations during the day when stress needs to be released to alter what is being felt. One brief technique to reduce stress can be in the mirror to get up in the morning and laugh. Howard reiterated "It's a choice something I can take control of how I am feeling. It's a choosing it's not being jollied up it respects the autonomy of the person" Howard observed.

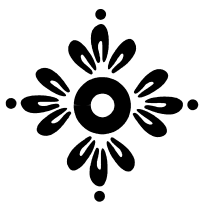
If and when it's right for you

Howard emphasised that the aim of the information that he had given and the exercises that were tried out was "to have some control over how you're feeling in daily life... over little things". He acknowledged that parents "had little control over some of the most important things imaginable. You cannot control what's going on around you... but I (you) can control my (your) response". Howard's hope that from the material he was exploring with the group, group members may find some strategies to bring some of the healing benefits of laughter.

During the evening we returned to the subject of Laughter Clubs. In Laughter Therapy Clubs, all over the world people get in touch with "a playfulness". Howard acknowledged that playfulness for grieving parents can be very hard to find. He told us that children under the age of five laugh on about average four hundred times a day, where as adults laugh about fifteen times a day. Howard believes that as we grow up "it's socialized out of us". It is helpful to reconnect with this attribute.

"The comic and the tragic lie inseparably close, like light and shadow"- Socrates.

Extending thoughts about grief and healing, Howard spoke a little about an aspect of his ministry with bereaved people. When Howard meets with those who are grieving to offer support and to prepare them for the funeral he has learnt that frequently in telling stories about the person who has died that there will be laughter. A story may be funny and bring some unexpected laughs. The laughter produces all



the stress release and mood benefits that we had spoken of. Grieving families may share an anecdote that may point "to frailties not every person who dies is an angel not everyone deserves the perfect eulogy" Howard remarked. "People reflect the reality of being human". With the permission of his mother and without disclosing identifying details Howard shared with the group the story of a young man. He was eleven and had cystic fibrosis and was asking questions about what happens after you die and about the nature of heaven. In particular what's there? These are "topics that are too hard for any of us to deal with". In such circumstances "it's not right to tell jokes... it's crass and inappropriate". The story highlighted the need for careful listening, creativity and imagination.

Howard then asked the group "what's your experience of the place of laughter and grief". A father talked about the "first thing that came to (my) mind". It was a story about the viewing of his daughter who had died. A "surreal" story from the unexpected contribution by the funeral director interrupting the viewing by the couple to search for a lost mobile phone. His partner commented "**it took us away from the situation for a second**". "**You remember spontaneous, funny things like that... funny memories pop up... It's always with a laugh** (the memory of his daughter) **who wants to remember any of all that negative**" the father reflected. While one mother commented from her experience with her daughter "**a funny story... it was a part of who she was... there are funny things to remember... to look back on. People might look at me... a grieving mother and say how can she be doing that but it was her** (her daughter)". She talked too about child friendly music at the end of her daughter's funeral service "**to rock out to... it created a joyful celebration down right fun, I'm so glad**". Another mother in the group told how in a photo of her daughter displayed at the funeral service she was eating an ice-cream. Her daughter's young friend went and looked under the coffin for the ice-cream!

Howard commented on how those who are grieving may "feel guilty" if they laugh at something or enjoy something. In responding a mother said "**that's very much my experience...**" She went on to reflect "**with older children you have memories... (but) with babies** (who will ill and in hospital for their short lives) **where did the laughter fit...** (laughter) **not when it's raw... you catch a moment a laugh a smile... I'm still faced with that** (feeling bad for being happy) **it's a transition you don't feel as guilty** (overtime)... **it's ok doing something enjoyable... it's ok again... there's a realization they wouldn't want you to**

be like that. It's a long process it's good to come out the other end". As thoughts flowed a mother reflected **"with other people if you can laugh have some fun it's more normal, you're more accessible otherwise you're too hard to relate to"**. Howard added that it can be difficult for others to relate to a parents' grief and a mother then commented that if you did laugh others often looked **"askance at you"**. One member of the group then shared her experiences of **"smiling to make them feel more at ease"**. In response Howard remarked "so you were taking on the responsibility for others rather than this is me at that time". From thinking about what the parents had shared the old adage *"laugh and the world laughs with you. Cry and you cry alone"* seems so true.

In our conversation Howard asked the group about their experiences with the Clown Doctors in the Hospital. He acknowledged the positive note they can play in a children's hospital while again underscoring the difference between humour and laughter. One mother shared her experiences from her time with her son in ICU **"I use to get offended when they came in at the beginning... I wished that they would leave I couldn't stand them it's a bit different in ICU than in a ward with a child getting better. You're on a precipe waiting for the moment but then later on (still while her son was gravely ill in Intensive Care Unit) there was a time when he came in and just performed a little piece of music... It was wonderful. I wrote to him afterwards and told him"**. The comment was made **"your space is invaded... in ICU life is fragile and they seem to invade your space"** with some hospital admissions. Howard commented that "sometimes clowns are not right for the situation". Howard continued by saying that in some situations of stress and pain "the jokes and high energy won't work... just go with the eye contact and the playfulness". Howard suggested "Perhaps a smile can change a mood. It's less of an intrusion or imposition". Howard shared a personal experience of when he was in hospital for a long period of time. He was confronted with the question "what can I find humour in?" In his mind Howard knew "I need to take myself out of the situation for a bit". "You can process experiences through humour" he told the group. It's very personal. "The humour" Howard said "had to come out of me it's not ok to come from someone else... that's bad taste. It's interesting a nun regularly tweaked his toe brightened Howard's days.

Howard told a little of the story of Dr Patch Adams. Dr Adams works very sensitively and slowly with children who he regularly visits in Russian orphanages. His interactions may involve just a smile or a mirroring of child's expression. They are gentle and called "love strategies" by

Dr Adams. "In hospital you can feel like public property" Howard said "you need sensitivity to what is happening".

Linking with these comments, we heard of a mother who on the fifth anniversary of her son's death had had such a hard and difficult day. **"I gave myself a slap and went (with someone she loved and respected) to see Mama Mia... at Gold Class... We laughed so much... We were singing and waving"** she said **"I felt ten years younger"**. The mother even wanted to see it again, straight away. In hearing the mother's story Howard said "it is the point of the journey that you allowed yourself to laugh... you've given permission". The mother observed she **"wished it happened on all days"**.

We spent a little time through the evening talking about laughter and tears. "Laughter and tears are very close together and related" Howard remarked. "Both let things out. Both laughter and tears have biochemicals which have a natural narcotic. We thought about how we say a good laugh or a good cry not one has a bad cry or laugh". Howard emphasized to the PBSG "it's when you feel like it you can't force it... it's about having some information for the journey... to feel less tied down in the grief".

Laughter and the group

We reflected back on the experience of the evening. **"I wouldn't have stayed in here before (if she came to a PBS group on laughter early in her grief) it would have been insulting but I am so glad I came. I was hesitant about coming I wasn't sure"**. Another parent said **"I think in terms of bereavement with two children the situation is more taboo maybe if there is more laughter (with) myself it is more accessible... people take our lead our cues then it is ok"**. Howard encouraged the mother to only give those cues when she is ready. As a mother reflected **"I don't laugh as heartily (as I did)... You can't until one day it happens"**.

As we looked back over the evening we noted how there had been laughter and energy and loudness! For parents at this point in their journeying with grief the occasional laugh no matter how small was a good support. Our sincere thanks to Howard for all the information that he gave to the group and for the careful way in which he enabled some smiles and laughter to be enjoyed. Howard also thanked the group for their openness and sharing. Over supper for those who were able to stay there were some more stories and some more laughter.



Straight from the Heart

This month we don't have any written contributions for parents or family members so we have included this poem by Ms. Mary Havran. Mary's words seem to connect with the September group. We look forward to sharing families' words next month.

Small Mourning Pieces

No time to prepare
Shoved over cliff by sorrows
Float down now, gently

Grief comes as strong waves
Tide that never seems to ebb
Let it wash your soul

Nasty Opponent
Grief punches all breath away
Never a fair fight

No time for Heroes
Pain strips away a brave face
Wear no mask for now

Heavy stones of grief
Lighten them with memories
Friendships ease the load

Recipe for grief
Fold laughter into sorrow
Make a grief soufflé

Someone, unseen, cares
Patting shoulder from afar
Dwell in gentle thoughts

Some point you forward
Others put words in your mouth
Follow your own voice

Walking in grief's field
Plant dark flowers in the ground
Teardrops are the rains

Morning light is harsh
Wander away from sadness
Dreams infuse the night

Mary Havran (America)

As a bereaved parent, I often refrain from talking about my son's death. It makes others uncomfortable and puts a heavy burden on me to allay their fears and maintain a friendly bond. People become very distant when they are at a loss for words. Is it because it is too sad and too hard to talk about losing a child if you haven't been touched by it too? Is it because we're supposed to 'get on with it' because we're modern and forward thinking and we aren't supposed to sit around and cry?

In order to stimulate a more supportive environment, we need to talk about the heartache and why 'being there' is so important.

*From- Expressions of Grief by
Gail Andrews & in Melbourne's
Child September 2008.*



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:

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Social Work Department
Royal Children's Hospital
Flemington Road
PARKVILLE VIC 3052



Our letter box is waiting!

Or email Jane on: jane.sullivan@rch.org.au

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

Thursday 16th October
7:30 pm – 9:30 pm
Seminar Room 2, 4th Floor
Front Entry Building
Royal Children's Hospital

The October group will be joined by Ms. Puchi Dunne, Family Support Worker from Very Special Kids. The theme Puchi will explore with the group is **'She Cries, He Sighs: gender relationships and grief'**.

Please join us at the October group.

The newsletter is always a team effort. Thank you to Reverend Howard Langmead, the parents of the Parents' Bereavement Support Group, Carol Quayle, Vivienne Bateman and to our skilled, committed Administration Team- Carly Blanche, Rebecca Welsh and Sam Harris for their work with the newsletter.



Jane Sullivan
Author & Editor