

**BEREAVEMENT SUPPORT GROUP FOR PARENTS
WHO HAVE EXPERIENCED THE DEATH OF AN ADULT CHILD
TO CANCER**

BY

CONSTANCE A. MAGNUSSON SCHIMNOWSKI

A PRACTICUM REPORT

**Submitted to the Faculty of Graduate Studies
In Partial Fulfillment of the Requirements
For the Degree of**

MASTER OF SOCIAL WORK

**Faculty of Social Work
University of Manitoba
Winnipeg, Manitoba**

2001



**National Library
of Canada**

**Acquisitions and
Bibliographic Services**

**395 Wellington Street
Ottawa ON K1A 0N4
Canada**

**Bibliothèque nationale
du Canada**

**Acquisitions et
services bibliographiques**

**395, rue Wellington
Ottawa ON K1A 0N4
Canada**

Your file Votre référence

Our file Notre référence

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-63830-8

Canada

**THE UNIVERSITY OF MANITOBA
FACULTY OF GRADUATE STUDIES

COPYRIGHT PERMISSION PAGE**

**Bereavement Support Group for Parents who have Experienced the Death of an Adult
Child to Cancer**

BY

Constance A. Magnusson Schimnowski

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University
of Manitoba in partial fulfillment of the requirements of the degree
of
Master of Social Work**

CONSTANCE A. MAGNUSSON SCHIMNOWSKI ©2001

Permission has been granted to the Library of The University of Manitoba to lend or sell copies of this thesis/practicum, to the National Library of Canada to microfilm this thesis and to lend or sell copies of the film, and to University Microfilm Inc. to publish an abstract of this thesis/practicum.

The author reserves other publication rights, and neither this thesis/practicum nor extensive extracts from it may be printed or otherwise reproduced without the author's written permission.

Table of Contents

	<u>Page</u>
Abstract.....	v
Acknowledgements.....	vi
CHAPTER ONE	
Introduction.....	1
Objectives and Rationale for the Practicum.....	2
CHAPTER TWO	
Literature Review.....	6
Introduction.....	6
Bereavement Group Therapy.....	7
Death and the Family Life Cycles.....	10
Four Tasks of Mourning.....	11
Cultural Factors in Dying and Bereavement.....	15
Parental Grief: Unique Features.....	16
The Influence of the Parent-Adult Child Relationship on Grieving.....	19
Limiting Factors in Grieving an Adult Child' Death.....	20
Summary.....	22
CHAPTER THREE	
Group Process.....	25
Format.....	25
Overview.....	26
Criteria for Membership and Recruitment Process.....	26

The Group Members.....	30
CHAPTER FOUR	
Introduction.....	33
Group Intervention.....	33
Bereavement Support Group Process and Structure.....	35
Group Composition and Setting.....	35
Supervision.....	36
Method of Intervention	
Initial Screening Interview.....	37
The Group Sessions.....	38
Session 1: Getting Acquainted and Goal Setting.....	38
Summary of session 1.....	40
Session 2: Understanding the Multiple Perspectives of Grief.....	42
Summary of session 2.....	44
Session 3: Identifying and Expressing Feelings.....	48
Summary of session 3.....	48
Session 4: Remembering.....	51
Summary of session 4.....	52
Session 5: Role Changes and Changes in Family Relationships.....	54
Summary of session 5.....	56
Session 6: Cancelled.....	57
Session 7: Stress and Coping.....	58
Summary of session 7.....	59

Session 8: Assessing Support Systems; Closure; Final Evaluation.....	61
Summary of session 8.....	63
Climate and Cohesion.....	66
Culture.....	67
Roles and Leadership.....	68
Group Development.....	69
Recurring Themes.....	73
Summary of Intervention.....	75
CHAPTER FIVE	
Evaluation of the Group Process.....	78
Outcomes of the Evaluation.....	82
Results from the Initial Screening Interview Questionnaire.....	82
Bereavement Support Group Matrix.....	83
Results of the Mid-Session Evaluation Questionnaire.....	84
Results of the Final Evaluation Questionnaire.....	88
Achievement of Practicum Learning Goals.....	94
Conclusion.....	96
References.....	100
Appendices.....	102
Appendix 1: Memorandum: Masters of Social Work Practicum	
Appendix 2: Poster; Bereavement Support Group	
Appendix 3: Initial Screening Interview Questions	
Appendix 4: Mid-Session Questionnaire	

Appendix 5: Final Evaluation Questionnaire

Appendix 6: Letter of Consent

Appendix 7: Caring for Yourself

Appendix 8: Available Reading

Appendices 9 (a) & 9 (b): Resource and Support Groups

Appendix 10: Coping with the Holidays

Table

Bereavement Support Group Composition Matrix.....83

ABSTRACT

The focus of this practicum was to provide a safe, supportive place where parents, whose adult children had died of cancer, could share their feelings with other parents who had experienced the same kind of loss. The theoretical approach taken was one of a combined support group and psycho/educational format.

The goal of the bereavement support group was to promote the supportive atmosphere of the group while at the same time provide an educational component. The educational component was an important one in the sense that the participants learned that grief was a process which they could share with others. They learned that they were not alone in their journey. Group members met other parents whose child had died of cancer and who were experiencing the same grief reactions.

The evaluation of the group's progress included mid-point and final questionnaires completed by members of the group and a structured practitioner log.

The bereavement support group experience provided me the opportunity to achieve a number of educational goals which included developing an increased awareness of what parents experience when their adult child dies of cancer, enhancing skills in interviewing about loss, exploring grief and loss issues with parent survivors in a support group setting, building skills in assessment and evaluation, honing my skills as a bereavement support group facilitator and evaluating the support group intervention process, learning how this process contributed to grief resolution.

ACKNOWLEDGEMENTS

There are many people in my life who have shown me support and encouragement along this educational journey. My sisters and brothers made me feel proud of my accomplishments with their words of support and praise. My children, John, Jacquie, Stefan and Stefanie have been the wind beneath my wings and I love them for this. I thank my beloved grandchildren Samantha, Christine, Rebecca and Jordy, for being so forgiving of their absent “Amma”. Our time together became even more special because of the commitment I had taken on. I want to thank my dear friend, Arlene, who was always available to listen to me no matter what was happening in her own life. It was comforting to know that my personal sounding board was only a phone call away. I want to also thank Chief Warrant Officer John O’Neal for his skilled computer assistance. Thank you to Les who was always there for me.

Two people who were very instrumental in my life died a number of years ago. My mother Ellen Magnusson, was a teacher and instilled in me the value of education. I felt her guidance throughout this process. My husband, John, was a pillar of strength and commitment. His love and encouragement was felt in anything I decided to do.

I would like to take this opportunity to thank the members of my committee, Dr. Tuula Heinonen, Geri McGrath, and Fred Nelson. Tuula’s patient and understanding guidance through this period was very much appreciated.

A very special thank you goes to the parents of the support group who allowed me into their lives to share this part of their grief journey. I admire their courage and strength to come together as strangers to share their painful memories and leave the group as friends.

CHAPTER ONE

Introduction

Much has been researched, studied and written about the loss of a spouse and the loss of an infant or young child but little has been written about the grief experienced by parents when their adult child dies. Parents are living longer because of improved medical technology. More elderly parents will experience the death of an adult child. According to Shanfield, Benjamin and Swain, although the death of an older child may be the most distressing of all causes of grief, information about the psychosocial outcome of such a loss is incomplete (1984). As we age we experience personal, social and economic losses which are seen as minor deaths. However, the most significant losses are losses of people. These are losses that are most damaging (Garrett, 1987). Older people may experience multiple losses with little time in between for separate grieving, which can result in "bereavement overload". These losses can include a change in residence and friends, reduction in income, loss of transportation and the loss of social identity (Garrett, 1987). When the losses begin to accumulate, an older parent can experience a sense of general illness, confusion and disorientation. They may even withdraw from society. Consequently, the loss of an adult child at this time tends to compound the older parent's anxiety.

Parents assume a number of roles with their children. These roles include protector, provider, problem solver and advisor. When an adult child dies, the guilt felt by parents can be great because of the feeling of failure on the parents' part to fulfil some unrealistic expectations (Rando, 1988). These expectations may include protecting their child from this disease that caused his or her death. Another expectation may include the

loss of what that child could have provided in old age such as financial support; someone to care for them when it is their turn to die; someone to bury them; someone to leave a legacy with.

When an adult child dies, the natural life cycle is interrupted by an “unnatural” occurrence. Older parents are prepared, for the most part, to die before their offspring so that when this does not happen the grief experience can be overwhelming.

Objectives and Rationale for the Practicum

The objectives of the Master of Social Work practicum were, firstly, to learn how to conduct a bereavement support group that provided a place where parents whose adult child had died of cancer could share their feelings in an atmosphere of understanding and support. Secondly, practice learning involved an educational component that was introduced by offering topics concerning grief at each session, showing parents that grief was a process that is experienced like a journey. Thirdly, new coping skills were developed by members through listening to other parents’ methods of coping with their loss and by discussing material introduced about methods of coping.

There is a definite need for grief and bereavement work to be done with parents whose adult child has died of cancer. As the population ages and new, improved technology is developed in order to prolong life, there will be more older parents alive to experience the death of their adult children. Societal expectations for success and our changing, hazardous environment can cause heart attacks and cancers among adult children. There are different stresses and diseases that kill young and middle-aged adults

today than ever before. The older parent is experiencing many losses at this time in his or her life, but the most distressing loss can be that of an adult child.

I have experienced, first hand, the effect of the loss of an adult child on an older parent. My husband, John, passed away at the age of 41. His father, who had lost his wife only two years previously, had been experiencing poor health for years and was “looking forward” to his own death. My father-in-law owned a family business, which he was beginning to let go of for his elder son, John. He knew John would run the business well and love it, as he had loved it. Dad put a lot of faith on John’s shoulders knowing that everything would be okay. His dad was able to stay home more to take care of himself. When John died suddenly of a heart attack, his father was in complete shock. His well thought out world was thrown into chaos. He kept on saying, “it should have been me, it should have been me”. He was very unhappy and confused but still went back to work so that the business would not be lost. He was 75 years old. He died 5 years later. When John died, his father’s doctor did not refer him to a grief therapist and when he subsequently died, he had never worked through the grieving process. This experience had shown me, in retrospect, how important it is to have understanding and professional support available to older parents. The support and sympathy was given to me, the young widow and my children. People, for the most part, thought that this gruff old man was all right and could handle the loss of his son, after all, he himself had been wishing for death for years. His good friends had passed away. The only person he could rely on at this stage in his life was his son John, and now he was gone. My father-in-law would have benefited from professional help if it had been available to him.

The educational goals for me as the facilitator of the support group intervention included:

1. Developing an increased awareness of what parents experience when their adult child dies of cancer.
2. Enhancing skills in interviewing about loss during the initial screening of this unique population.
3. Exploring grief and loss issues with parent survivors in a support group setting.
4. Building skill in qualitative assessment and evaluation
5. Developing the skill to facilitate a full range of appropriate interventions with this particular population.
6. Honing my skills as a facilitator of a bereavement support group.
7. Evaluating the support group intervention process and learning how this affected grief resolution.

There were parents in the group who were experiencing complicated grief. The complicated grief was the result of a breakdown in the relationship between one or both parents and a surviving spouse. Other kinds of complicated grief could have been due to an extended period of time that the parent and adult child had been apart because of location, health or other circumstances. I learned how these parents had coped or tried to cope with their particular grief.

As the facilitator, I came away from the bereavement group experience with a greater awareness of what parents experience when their adult child dies of cancer. Journal writing assisted in this process as did the supervision by the clinical supervisor and faculty advisor. I developed skill in interviewing prospective group members, assessing

their needs and wants and evaluating the bereavement group members' progress, individually and as a group. I also developed the skill of facilitating this unique group and offering a full range of interventions in the context of different session topics. These topics acted as an introduction to other themes which arose as a result of sharing individual experiences.

CHAPTER TWO

Literature Review

Introduction

The literature demonstrates how healing can begin as the result of people supporting others who have experienced similar losses. There is life after the death of an adult child. Grief, historically, is believed to be a very private emotion. Consequently some people experience a lot of difficulty in coping because they feel that they cannot share or talk about their grief. To grieve is a very natural process that can be understood in a family context. For many, grief can be viewed as a family process, involving the roles each member has and the relationships among family members.

Groups have different stages; beginning, middle and termination. Each stage has tasks that must be completed before the group can proceed successfully to the next stage. The outcome of group intervention requires a process of evaluation in order to determine how group members benefited from participation.

Much has been written about the grief that parents experience when a young child dies, but very little research had been conducted on the issue of older parents whose adult child had died. People experience many losses throughout their lifetime but the most significant losses are losses of people close to them. People can lose spouses and experience the grief that comes from that loss. The grief experienced when a child dies is overwhelming and, in many cases, takes a lifetime to adjust to. Klass, Silverman, and Nickman agree that the loss of a son or daughter is often considered more painful, more engrossing and more likely to require psychological intervention than the loss of a spouse (1996). The loss of a child signifies the loss of many things. To many parents the death

of a child means the loss of a future. It means, “who will see that I am buried in a seemly way when my turn comes”? (Jones, 1995, p.42).

Bereavement Group Therapy

A bereavement support group (BSG) delivers help that alleviates pain but is not intrusive (Hughes, 1995). Group therapy serves to legitimize the older parent’s experience, helps them feel less alone in their pain, and offers guidance in coping with the pain. There is a special value in help offered by others who have experienced the same thing. Groups provide a sense of hope for members that cannot be duplicated in individual treatment (Yalom, 1985). As group members share feelings and experiences with one another, there is a feeling of hope generated for them when related to the growth of others. A process occurs within the format of a group that is not possible in individual therapy (Humphrey & Zimpfer, 1996). There are more people to relate to and common issues emerge that promote sharing and exploring personal issues.

From the first session, the group is structured to foster the environment and atmosphere that ensures the members that their needs will be met. Those in grief together begin to rely on each other and experience diminished pain and assurance that there is a new future after the death of an adult child. Members know, after the first session, who is in the group and the process of building trust and cohesiveness begins. The members begin to share with one another their experiences, how they feel and how they cope. The sharing of these experiences works to promote group strength. As this occurs, members begin to support each other, thereby experiencing further healing through their effort of altruism.

People who attend a bereavement support group find that they do not have to grieve alone and that grief does not have to be suffered in silence. Bereavement support groups often include an educational component. Members learn that grief is a process, that certain experiences are common among other members and that there are techniques that they can use to help themselves (Osmond & McFarlane, 1988). The support group also gives the members a safe place to experience the pain of loss, accept the loss, adjust to the loss, and to a small degree learn how to reinvest their energy into other relationships and activities. Interpersonal skills are developed among the group members. Members learn how to listen to others, and relate personal experiences instead of giving advice (Hughes, 1995). A very important feature of bereavement support groups is the feeling of acceptance of each person's experiences. They do not have to worry about crying too much, talking too much or expressing anger, which are all accepted by the group members. The support group members help each other review past values, which include how they viewed life before the death of their adult child and how those values can be enhanced to help them live in a world without their child (Hughes, 1995). Helping each other in this way lessens feelings of helplessness and inadequacy. Being heard in a nonjudgmental way is very uncommon in today's society. Being heard and accepted, no matter what, is a wonderful gift (Hughes, 1995).

Group process is generally described in three stages (Toseland & Rivas, 1997). The first phase of group is the orientation phase or the beginning of the process (Corder, 1994; Shulman, 1979; Yalom, 1985). The goal of this phase is to define the purpose of the group and develop group cohesion and trust. The second stage or middle phase of a group can be the challenging phase during which the facilitator may be challenged and

members challenge one another. Eventually the group members become more comfortable in the group setting and individual roles may emerge. Possible roles suggested by Shulman (1979) include: the deviant member, the scapegoat, the internal leader, the gatekeeper, the defensive member, the quiet member and the overly talkative member. The third stage is the working phase. By this time the members have usually developed a feeling of trust and cohesion. At this stage, members share openly with one another and emotional intimacy develops. Members strongly identify with the group and feel good about their participation in the group. The facilitator acts as the gatekeeper to ensure that individual members in the group are involved and are receiving adequate support in the group environment.

Termination of the group is regarded as a stage of its own. Yalom (1985), Corder (1994) and Shulman (1979), however, regard termination as an on-going part of the group process that begins with the first session and culminates in the last session. Termination offers opportunities for planned farewells and celebration of successes. It is a time to evaluate individual and group growth (Croll, 1998).

In an eight week group, for example, the beginning stage can last over a period of three sessions, when the group members develop a sense of trust with each other, while the middle stage or working stage begins developing in the fourth session and lasts into the seventh session. Plans for the termination or ending stage usually begins in the seventh session and ends with the last session. However, the termination stage is planned for on an ongoing basis throughout the life of the group, so that when the end arrives group members will not feel abandoned. After the group has ended the facilitator contacts group members as a means of follow up to see how they are doing.

The facilitator must be culturally sensitive and remember that culture influences group behavior. Toseland and Rivas (1995) suggest that culture affects how people feel about themselves, their belonging to a group and their feeling about society in general. Culture influences gender roles and power in group settings and can affect an individual's ability to relate to other group members and the group leader (Croll, 1998). Spiritual and cultural beliefs provide the foundation for grieving traditions and rituals (Shapiro, 1994). There has to be a climate of acceptance and sensitivity in the group to allow diversity in cultural beliefs and practices in the area of grief and loss (Croll, 1998). It is very important that each member feel valued and that their beliefs are respected so that they can actively participate in the group and work through the loss in their lives.

Death and the Family Life Cycle

Rando (1988) explains that the age of a deceased child is irrelevant to the degree of loss experienced. Yet in some ways age does influence one's grief, because the age of a child relates to the developmental issues that were occurring at the time of the death, which must be dealt with afterwards. The age of a child colors every parent's grief because it is related to the issues that were present in the parent-child relationship at the time of the death (Rando, 1998).

Rosen suggests that at every stage of the family life cycle, both centrifugal and centripetal forces are at work, although one side or the other of the push-pull dichotomy tends to dominate (1998). A crisis in the family, like the death of a child, produces a powerful centripetal force regardless of the stage of the family's life cycle (Rosen, 1998). At this time, families tend to draw together and inward, sometimes limiting the access to

others, such as professionals. When this occurs the grief process may take longer.

Shanfield, Benjamin and Swain (1984), who conducted a study on personal and familial change, reported results of a bereavement questionnaire completed by parents of adult children who died of cancer. The study determined that the death of a child resulted, for many parents, in a greater closeness among the surviving members of the immediate family, including their spouses, their other children, their grandchildren and their deceased child's spouse. The same study showed that many parents developed an increased sense of spirituality, and at the same time felt relieved when their child died thereby ending his or her suffering.

A variety of factors combine to affect how a family faces illness and death. These factors include a family's values and beliefs, the nature of the illness, whether the loss is sudden or expected, the role played by the dying person in the family, the emotional functioning of the family before the illness, and many others (Rosen, 1998). Rosen concludes that the death of a person in middle age brings his or her life story to a premature conclusion (1998).

The Four Tasks of Mourning

Mourning a loss is a very necessary process. Worden explains that there are four tasks that a person in mourning must complete in order to begin to live their life in a healthy way without their loved one in it (1991). How well the mourning person accomplishes one task before approaching another determines how successful they will be in their journey through grief.

Worden's four tasks of mourning include: accepting the reality of the loss; working through to the pain of grief; adjusting to an environment in which the deceased is missing and, finally, emotionally relocating the deceased and moving on with life (1991).

The first task of grieving is to come to the full realization that the loved one is dead and will never return. This is a time that is also characterized as the first stage of grief where the parent may be in shock and experiencing numbness or denial. According to Blank (1998) this numbing or denial is the narcotic that helps parents go through the necessary business of death; choosing the coffin, purchasing the burial plot, notifying friends and relatives, and getting through the funeral. At this time parents may be operating in a kind of fog. This denial period may find a parent believing that their child will call as usual on a Friday, or come for Sunday dinner. Many people who have lost someone very close to them may walk through a shopping center or down a busy street and catch a glimpse of someone that reminds them of their deceased loved one. A sign that people are accomplishing this first task is seen when the bereaved parent tells himself or herself, "no, that is not him or her, he or she is dead". Some people at this stage are in denial of the fact that the death has actually occurred. They may save clothing, or set the same place setting at the dinner table, believing that the loved one will return. According to Worden (1991), some bereaved people will be in a hurry to get rid of the possessions of the deceased thereby minimizing the meaning of the loss. Others may share that the relationship with the deceased was strained or that the person who died was not a good son or daughter, again diminishing the meaning of the loss. Some people will further slow down the completion of the first task by refusing to believe that the death is

irreversible. Completion of this task takes time since it involves intellectual as well as emotional acceptance of the loss of a loved one. The author goes on to say that, although the first task takes time to complete there are traditional rituals such as the funeral that help move people toward acceptance (Worden, 1991).

The second task involves working through the pain of grief. The word “pain” is used because bereaved people actually experience literal pain including physical, emotional, and behavioral pain, after the death of a loved one. This is also a time where bereaved parents may feel anger and guilt. It is particularly true when a child has been murdered or has died as a result of an accident. The risk here is that parents may get “stuck” in their anger and fail to deal with the sadness and subsequent phases of grief, putting off the completion of the next stages of grief that they must travel through (Blank, 1998)

The second task may be difficult to accomplish because of society’s attitude toward bereavement after the death of an adult child. For an example, older parents whose adult child has died may be expected to “get over” their grief quickly because their child has been away from home for a time, or the child may have been married and leaves a grieving widow and children who are “more entitled” to grieve. Another view is that the older parent is closer to their own death so should be more accepting of death in general.

Some people may hamper the accomplishment of this task by “cutting off” their feelings and denying the pain exists. They may also re-locate or go on trips in an attempt to find relief from their emotions. The negative result of denying the pain of loss may be emotional or physical breakdown. It is at this stage that grief counseling for depression

may be needed. If help is not received at this stage more intense counseling will be needed before the next task can be accomplished.

The third task involves adjusting to an environment in which the deceased person is missing. At this stage the “novocaine effect” of denial and numbness is beginning to wear off and intense sadness accompanied by yearning, searching and, in some cases, illness takes over. The surviving parents are faced with the painful truth that their child is dead (Blank, 1998). They finally realize that their deceased child is not away at school or on a trip. They realize that they must learn to live a life without their child in it. This is the most difficult stage of grief where some parents have difficulty. Adjustment at this stage is determined by a number of factors. These factors include the role the deceased played in the parents’ lives and the kind of relationship that existed with the deceased. Worden (1991), explains that the loss of a loved one can mean not only the loss of that person from one’s life but also the loss of a sense of self. This loss can make a bereaved person feel inadequate and helpless. A good example of this would be a parent who watches an adult child die of cancer and wants desperately to save them from their pain, but cannot. Worden (1991), explains that the death of a loved one can affect the way a person perceives his or her world. A person’s values and beliefs can be affected and he or she may try to find meaning in the death. If bereaved people do not adapt to the loss and instead promote their own helplessness, then accomplishment of the third task is delayed. Most people do accomplish this task, however, fulfilling the roles in their lives without their child in it and developing skills they never had before.

The fourth and final task includes emotionally relocating the deceased and moving on with life. This does not mean giving up the relationship with the deceased but

helping the bereaved find an appropriate place for the dead person in their emotional lives. This would enable the bereaved to go on living effectively in the world (Worden, 1991). This is the stage where parents accept that their child has died. Reaching the point where the death of the child is accepted may take many years, and progress is forward and then back but never direct (Blank, 1998). This task can be very difficult to accomplish. Some bereaved may get stuck at this point in their grief journey, however, this task can be accomplished. The length of time it takes to accomplish all the tasks, or in other words, to mourn, is difficult to determine. Worden (1991), feels that a benchmark of completed grief is when the person is able to think of the deceased without pain as well as when the person is able to reinvest his or her emotions back into life and living. For some people there is a sense that mourning is never finished.

Cultural Factors in Dying and Bereavement

In some cultures, professionals may be looked upon with suspicion. An example of this is given by Rosen (1998) who describes how a nurse came into a parent's home to care for a dying son, and his widowed mother did not feel that her son's needs were understood or addressed. The nurses, who were getting impatient with the mother, began speaking only to the dying son which made the mother feel useless and unappreciated. Professionals must be aware and sympathetic of the cultural beliefs and traditions of their clients when administering health care. This would help make less traumatic the mother's transition from having a son to losing that son. Many Afro-American families, among others, have traditionally relied on their kinship network, particularly the women, to provide physical and emotional support in times of stress. If there is any suggestion

that the family cannot take care of its own, this may be perceived as an insult. The identity of mothers as caregivers is very important. On the whole, women from all cultures have been socialized to assume the second-order care taking role (Rosen, 1998).

Parental Grief: Unique Features

The relationship between parents and children can be the most intense of all human relationships (Rando, 1988). A person has attachments with others in every relationship, but a child is from the parent, a part of the parent, therefore when a child dies that means a part of the parent dies also.

Parental grief is different from all other grief because with the death of a child, one loses not only that particular child but also one's specific hopes, dreams, expectations, fantasies, and wishes for that child. A parent loses part of herself or himself, a part of their partner, parts of the family and part of the future. Blank (1998) states that the death of a child of any age is akin to a physical assault. Parents cannot think of anything else during the immediacy of the ordeal as their grief is all consuming. The death of an adult child can act as a shock wave which sends a family hurtling in different directions, unable to connect or function as before. When a child dies, the world of those parents changes in a very subtle way. Outwardly things appear unchanged for the parents; however, on the inside they may feel like they are on another planet. The parents of an adult child who died experience the same feelings as parents of younger children with one exception; they are at a different place in their journey through life than those parents whose young child has died. Most of their living and striving are behind

them. “The victory represented by their having raised their child to adulthood has turned into defeat with his or her death” (Blank, 1998, p. 18).

There are a number of variables that affect older parents’ response to the death of an adult child. These variables include the older parents’ formal support system, their knowledge of available resources and access to them, the informal support system, which includes family, friends, and neighbours as well as church members; and the older parents’ personal attributes and how they have coped with losses in the past (Brubaker, 1985). There are other variables that interact to intensify the older parents’ responses to the death of their child. An older parent may be shielded from news of the adult child’s death by someone who intends to protect him or her from the pain. This may cause the older parent to feel vulnerable in that they feel isolated from others who believe they are protecting them from grief (Brubaker, 1985). The loss of an adult child could mean the loss of instrumental support such as housework, yard-work, transportation to doctor’s appointments, and financial support which helps an older parent remain in their home. The situation is exacerbated when the parent does not have a replacement for this support. Consequently, the death of an adult child could symbolize the loss of independence for a surviving older parent, thereby lessening their autonomy.

Expectations of an older child’s involvement with their parent may be violated. These expectations may include physical assistance, financial assistance, someone to take care of them in old age, someone to bury them when they die, and someone to leave a legacy with. Upon the death of an adult child, these expectations cannot be fulfilled. Violated expectations can result in anger toward other people, and because parents cannot isolate themselves from deceased children, they may isolate themselves from the grief

process. Choosing not to deal with an adult child's death is an option available to an older parent. When the grief process is not completed, other complications can occur, such as physical and emotional illness.

Another factor that can affect the grief response of older parents is their own feeling about death and dying. Older parents may experience "death anxiety" when an adult child dies. Their own mortality becomes very clear and forces them to think about it when they may not be ready to do so. One's religious beliefs may prove to be very comforting when an adult child dies. For some people, an untimely death may spur them to question their faith. Brubaker points out that the religious are less likely to feel guilty about the death of their child and feel that the death has a broader purpose (1985). In some cases professionals may lack understanding of their own feelings concerning both death and older people. According to the author, some professionals stereotype the elderly and do not like to work with them (Brubaker, 1985). This can be problematic when parents are not given the appropriate information and are treated in a way that makes them feel even more vulnerable after the death of the child.

Support groups can be very helpful for grieving parents but because most support groups are participated in by parents who have lost young children the differences make an older parent feel left out, defective in character. "Ageism sends us the message that bereaved parents of adult children are out of order grieving" (Blank, 1998, p. 37). Blank found, as the result of a questionnaire she sent to parents whose adult child had died, great comfort in the realization that parents whose adult child died were not alone but were bonded in a special way. They all understand each other's pain and empathized with each other's struggles (1998).

The death of an adult child makes a parent aware of his or her own mortality, which can be very traumatic. Children are part of our present as well as our future. When our children die, part of us that would have been perpetuated is destroyed. If an adult child's death is sudden or accidental, parents may experience an even greater sense of helplessness that can promote more problematic bereavement (Rando, 1988). Sudden death or accidental death is different from death caused by cancer in that, although it is difficult to watch a child die of cancer, those parents often have a chance to say goodbye. They may also prepare for their child's death to a certain extent. When a child dies suddenly the loss is instant, without any preparation or warning. These parents often take longer to grieve the death of their child.

The Influence of the Parent-Adult Child Relationship on Grieving

When an adult child dies of cancer the death is usually not an instant one but rather a death that follows a prolonged illness during which parents witness the deterioration and pain of their child. A study conducted by Shanfield, Benjamin and Swain (1984) of parents whose adult children died of cancer, suggested that perhaps because the illness was prolonged and debilitating the parents could experience anticipatory acceptance of the loss even when the concurrent grief was intense. They found that most parents felt relief at their children's death; they felt their children were free from further suffering. They found that longer illnesses were associated with more frustration during the illness and less sadness in the parents during the bereavement period. The study suggested a number of relationship factors that influenced the response to the loss of an adult child. The quality of the relationship between the parent and child

influenced the intensity of the grief response: Intense grief was felt in the context of greater closeness to the child (Shanfield, Benjamin and Swain, 1984). As a result, the closer the parent was to the child the more intense the grief response was and less the feeling of guilt.

For most parents, guilt is the most prominent feature of their grief. “Whenever you violate your expectations of yourself, you tend to feel guilty” (Rando, 1998, p.167). Anger is another feature of parental grief because the death of a child violates the very order of nature. Anger can become very profound, especially if others start to avoid grieving parents because they feel uncomfortable around them. The pain of separation can be very intense at this time. The longing for the deceased child can be excruciating. The presence or absence of social support can also be a factor in the grieving process. Society has difficulty responding to this kind of death because the death of a child, young or old represents the very worst fears of every parent.

Limiting Factors in Grieving an Adult Child's Death

An adult child is often married with a family. Consequently, more attention is focussed on the child's surviving spouse and children. What can be forgotten is that the adult who died is the child of a grieving parent. The support available to others is not always available to the grieving older parent. Another factor in the grieving process is the role reversal between parent and child (Rando, 1988). The parent may rely on the adult child for most of his or her emotional and physical support. When the adult child dies the older parent may have to be institutionalized or cared for by the social system which can be very traumatic for him or her thereby intensifying the grieving process.

Elderly parents may be concerned about taking over the caretaking responsibilities for grandchildren at a time when they are emotionally or physically depleted. Rando points out that the age of the elderly parent can also affect the grieving process (1988). Parents may be experiencing decreased strength, ability, and options for reinvestment of emotional energies following the death of the adult child. The surviving parents may be retired and therefore not have the diversion of work. Elderly parents may lack social support from friends and neighbours who did not know the adult child and can see no change in the parent's life because the child did not live at home. At this stage, older parents have usually experienced the loss of friends and relatives through illness, relocation or death (Rando, 1988).

Complicated grieving may arise due to the fact that society, for the most part, views older individuals as less grieved by death. It may be assumed that previous losses have made an older parent more immune to grief than younger persons or that because they are closer to it they are more comfortable with death. In most cases the opposite is true. Rando points out that one of the main issues for many parents whose adult child dies is the significant loss of control (1988). This feeling is usually the result of less contact and decision making power with the adult child. The parent may not have been actively involved in the dying days of the child because of emotional or geographical distance. An older parent may have to struggle with incomplete information around the circumstances of the adult child's death that could help her or him to understand the death. Information may be withheld in an attempt to protect an older parent, thereby making it harder for that parent to resolve his or her grief.

Bereavement of an older parent may be affected by the feeling of limited control over decisions regarding the funeral and funerary rituals (Rando, 1988). The surviving spouse and his or her family usually make the arrangements and the surviving parents may find themselves enduring unfamiliar rituals that do not help them through grief. Blank (1998) has written that parents of an adult child who died often deal on their own with their loss and with an emptiness in their lives that cries out to be filled. What is learned is that the void can not easily be filled and that life must be reconstructed around this emptiness.

Summary

The literature regarding factors that affect the bereavement of older parents who experience the death of an adult child points to four key factors. These include: 1) informal supports; 2) the involvement of formal support systems; 3) the parent's personal attributes; and 4) the older parent's pattern of response (Brubaker, 1985).

1. The informal supports involve both the perceived and actual supports determined by the relationship with the deceased child through his or her life, and the social network of the older parent, which has likely narrowed over the years. If individuals within the bereaved parent's family network share information and allow him or her to join in the mourning with other family members, the parent will likely feel a greater sense of support and therefore more effective grieving can occur (Brubaker, 1985).
2. The formal support system may be affected by an adult child's death. The older child may have filled a gap in instrumental and emotional resources for the older parent. If

the professionals caring for the older parent are understanding about the death and comfortable working with the elderly parent the relationship could be enhanced.

However, if the professionals are not comfortable with this the grieving process for the older parent may be precluded.

3. Personal attributes of the older parent include their own feelings about death, their previous experience with death, their personal health and resilience and their spirituality, all of which affect their response to the death of an older child.
4. An older parent's pattern of response is the individualized manner in which the person has reacted to stressful situations, and is a result of his or her life experiences (Brubaker, 1985). This learned pattern of response will affect other variables which influence how the older parent deals with an adult child's death.

During the first stage of grief, one of shock and denial, the parents of adult children who have died are faced with a formidable barrier to healing. Parents can pretend that the death has not occurred because the child may not have lived at home and the physical surroundings have not changed as a result of their child's death, but delayed pain must eventually be faced in order to live in a healthy fashion. The death of an adult child makes some parents see their life work in ruins. These parents may have arrived at a life stage where their adult children had become friends and confidants. They may have experienced pride in their adult children's accomplishments, been blessed with grandchildren, and shared life events both good and bad. When their adult child died they may have lost the essence of their being. The threat of depression and despair is more real for those parents whose child was an adult when he or she died. They have

become more established in their lifestyle and their belief structure. Just when they are convinced that their life goals are being met successfully the death of their adult child proves that this is not true. “The general sense of disappointment in life leads some aged parents to face their remaining years without anticipation of further satisfactions” (Blank, 1998, p. 189).

CHAPTER THREE

Group Process

There are numerous kinds of support groups offered to people in Winnipeg who grieve the loss of a loved one. However, a support group for this population of parents is relatively unique in the sense that these are older parents whose adult child has died of cancer. Social expectations are that these parents, for the most part, are not to be overly traumatized by their child's death, because the children may have already become independent and many had families of their own. For this reason, older parents' grief was not seen as intense as that of surviving spouses and surviving children. After meeting each parent who intended to participate in the group, it was clear that they all suffered deeply from the loss of their child. Each parent was at a different stage of grief, but suffered nonetheless.

Format

The bereavement support group was a closed, semi-structured group. A tentative agenda was planned for each session with the understanding that the discussion would go in whatever direction the group took it. The topics chosen for each session dealt with the bereavement and grief process and were used mainly as a starting point for open sharing.

Upon arrival at the meeting, I handed out folders that contained a pad of paper and a pen. I explained to the group that this could be used to keep a journal if they wanted to. The folder had pockets on the inside where handouts could be stored. It was interesting to note that where parents sat at the first session determined where they sat for all eight sessions. Each session began with asking members to review their past week.

Members of the group were given equal opportunity to speak. There was usually discussion among parents during this procedure. After the review, I introduced a topic related to the grieving journey. A flip chart was on hand at each session and used to highlight the topic for the session as well as capture emerging issues. Midway through the session we had a ten minute coffee break where conversations continued and friendships developed. Toward the end of the session I gave the group home work which served to introduce them to the topic for the following week. The home work was provided for participants to think about the topic of the upcoming session in way of preparation for the next session. In preparation for the session on identifying and expressing feelings I asked the group members to write a letter to their deceased child, using the example from Humphrey & Zimpfer (1998). I emphasized that the homework was not compulsory but would be helpful in preparing for the following week's discussion.

Overview

Criteria for Membership and Recruitment Process

Hughes (1995) explains that it works well to have a support group composed of people in different stages of grief. Those who have progressed can help and are role models for those who have farther to go.

The target population was limited to older parents who had experienced the death of an adult child to cancer within the last 3 years. The time limit was chosen because it was felt that after three years parents may no longer identify with the pain of recent loss.

Any earlier than two months, parents may be still numb from the loss and not able to absorb much of what is taking place. The guidelines were flexible however.

Memorandum letters and posters were drafted outlining the purpose, criteria and format of the group program. They were faxed or sent out to the Palliative Care Unit of the St. Boniface Hospital, Psychosocial Oncology Department of Cancer Care Manitoba, the Psychogeriatric Program of Deer Lodge Centre and the Riverview Palliative Care Centre.

Prospective participants were contacted by Social Workers from the Oncology Department and Palliative Care Unit of the St. Boniface Hospital. The workers informed them about the bereavement support group. If the parent was interested, the workers asked for permission to forward his or her telephone number to me who, in turn, contacted them to set up an appropriate time to meet. Participant information was gathered directly from the client during the initial interview.

Participation in the group was limited to eight parents, with some flexibility. This number was chosen in order to promote comfort and thus encourage sharing of emotions with other members of the group. I received the names of ten parents and contacted each one to schedule a time to meet and talk about the group process and the practicum program. Ten parents were contacted because there was a chance that some could not commit to the group. This was determined during the initial interview members.

Initial interviews with prospective group members were held from October 13th to October 20th, 2001. From these meetings I was able to learn more about the participants and to prepare for the group.

Assessment began at the initial referral. Each parent was contacted and an appointment was made to meet with me to discuss the support group. I met most of the parents in their homes except for Mavis and Linda. I met with Mavis in a quiet restaurant in her neighbourhood and I talked to Linda on the telephone. This first meeting gave me the opportunity to explain the process I was following as a graduate student, the reason for the choice of this population for a support group and the expectations of potential members of the bereavement support group. The evaluation methods were also explained. I assured confidentiality of shared information to the degree possible given the support group process. The participants stated that they understood the process as explained to them.

By meeting parents in their home I was given an opportunity to get to know them in their own surroundings and I felt that they were more at ease with me. The parents were able to show me pictures of their deceased child which enabled me to put a face to their loved one. Each meeting was about an hour in duration. I had prepared an initial interview questionnaire, (see appendix 3) which I used to determine the age of the child who died and date of death; what support system was available to the bereaved parents; what, if any, fears they had about belonging to a support group; what their loss history consisted of; if they had attended any other support groups and how they felt about the proposed topics to be discussed during the sessions.

The sessions began October 27, 2000 and ended December 15, 2000. The plan was to conduct an eight-week group, however, one week many parents could not attend and it was decided, with agreement from the members, to extend two of the sessions to make up the time lost. I explained that the last session would conclude with a celebration

of how far each member had traveled through his or her journey of grief. We called it a Christmas party. Christmas is a very difficult time for survivors when a family member has died. The group helped each other approach the Christmas season.

The group was homogeneous in that each participant had experienced the death of an adult child as a result of cancer. One of the goals of the bereavement support group was to provide a safe environment that would allow and promote a healthy expression of grief. After meeting with my supervisor it was agreed that the sessions be flexible enough to put the agenda aside in order to allow the conversation to go where the group wanted.

The use of a tape recorder, for supervisory purposes, had been discussed during the explanation of the practicum process and each group member had agreed that he or she was comfortable with this. The tape recorder was placed in the middle of the coffee table in front of the group. The desire was not to have a formal agenda but to offer a topic dealing with grief that would serve to guide discussion. Each session began with a review of the previous week followed by the introduction of the topic. The review involved sharing how the previous week went, including any high or low points. I briefly discussed the topic and asked for input from the participants regarding their thoughts and experiences. Inevitably the discussion went beyond the topic and focused on what the participants wanted to discuss at that time in their bereavement. Many of the group members participated freely while some took more time before sharing their experiences. All were empathic and attentive to the experiences of the others.

The group seemed to come together very quickly, demonstrated by the open sharing of members' stories during the first session. Some parents were emotional at first

but as the sessions progressed they were able to share more comfortably. Another person was also seeing a counselor to help her with her grieving and hoped that in combination with the group she would cope better.

The Group Members

The names and some identifying information in this practicum report have been changed in adherence to the confidentiality requirements. The average age of the parents interviewed was sixty-three years. There were three men and seven women, initially. Two women dropped out, with the final group being composed of eight.

Dave and Susan had lost their adult child only months before the group began. During our initial meeting, their emotion was evident. One partner identified fellow employees as a source of support and both parents drew support from family members. Their children encouraged them to participate in the group, feeling that it would be of benefit to meet other parents whose adult children had also died of cancer. Dave was unsure how much he could participate in group sessions because of work. Both, however, were willing to try to arrange work schedules to allow for it. Dave's infectious sense of humor was helpful in the group.

Cynthia and John, who had lost their adult child about a year before the group started, fit into the group easily. They missed their child very much but were learning to cope in their own way. One partner took part in physical exercise, and developed a support network as a result of this activity. The other partner suffered from some health problems which was a concern. They were closely involved with their deceased child's offspring. They had a surviving child who was experiencing some health problems, and

had also suffered multiple losses in their lives. John stated that his priorities became redirected when his child became ill and died. Other members in the group had the same experience. Cynthia and John were very committed to the group and participated freely. They became the informal leaders, to a degree, of the group.

Mavis and Hank lost their adult child a year before the support group began. They had a large family and their deceased daughter was the youngest. Hank felt very close to this daughter and missed her. Hank had health problems and had recently been hospitalized. Mavis's grief had been complicated with issues that involved her deceased child's family. She hoped that she could contribute to the group and was committed to participating in the group experience. It was determined that Hank would attend if his health permitted. Mavis and Hank participated differently in the group. Mavis shared readily and seemed very comfortable in the group, whereas Hank was a quiet man who spoke less. In a later session Hank shared a moving story of his deceased child while everyone listened intently. Both expressed support of others in the group through verbalization or body language.

Pat, a widow, lost her adult child a year before the group started. She had also experienced other recent losses. Her main supports were her remaining child and her activities. She lived with the children of her deceased child and spouse. Pat became a mother to these young people. She had never participated in a support group before and looked forward to meeting new friends who understood her losses. She hoped to gain the courage to help others dealing with cancer. Pat stated that she would be away for three sessions due to prior plans but wanted to come to the group for as many sessions as she could. Although the success of the group process depended on the consistent attendance

of its members, I felt that Pat was sincere in her commitment to the group and would contribute much during the sessions that she was able to attend. Pat became another informal leader in the group and a source of strength, emotional comfort and support to other members.

Linda, also a widow, had an adult child die of cancer a year before the group began. Linda had suffered a number of losses of family members. Another family member's health was also a concern. Linda attended other support groups and felt that they helped people cope. She shared with me that she was looking forward to the group. At first Linda was very emotional. She added significantly to the group with her grounded attitude toward the insensitivity of people to the death of a child. This began a discussion about relative degrees of loss and how loss from different kinds of deaths could be compared. The whole practice of relating these stories helped the group see humor in people's priorities.

Doris lost her adult child three years ago. Her husband died five years previously. Doris found benefit in a support group she attended earlier. She hoped that this support group would help her cope with special occasions like Christmas, her deceased child's birthdays and other family occasions. She also received great support from her existing children and grandchildren. Schedule and transportation concerns were obstacles that would need to be dealt with before she could commit to participation.

Although one other person was recommended to the support group, she could not commit to attending on a regular basis and decided that she would not take part.

CHAPTER FOUR

Introduction

When does a parent stop being a parent? Even in death the bond is not severed. Unfortunately, society does not legitimize the long-term grief of a parent who has lost a child. To resolve grief in a healthy way, the relationship to the deceased remains fluid and co-exists as an addition to ongoing interactions in the parents' daily life (Klass, Silverman, Nickman, 1996). Through the bereavement group process, older parents whose adult child has died can be guided in working through their grief in a healthy way with people who have experienced the same loss.

The four stages of mourning (Worden 1986) include protest, searching, disorganization and reorganization. When these stages had been traveled through, the assumption usually is that mourning has been successfully addressed. There is much emphasis placed on how a parent overtly behaves, especially dysfunctional effects of the death of an adult child such as depression, isolation or dependency on medication. More emphasis must be placed, rather, on the current relationship of the dead child to the parents, how they manage to keep the memory alive while at the same time incorporating that memory in a healthy way, into everyday experiences and relationships.

Group Intervention

A closed **semi-structured bereavement support group** was used for the group process and structure. The format for the support group was taken, in part, from the work of Humphrey & Zimpfer, (1996), Counseling for Grief and Bereavement. Their

intervention was based on a ten week adult support group. The sessions, from week one to week ten included; *Getting acquainted and goal setting; Understanding the multiple perspectives of grief; Remembering; Identifying and expressing feelings; Role changes; Stress; Coping; Memorialization and commemoration and therapeutic use of rituals; Assessing support systems and rebuilding and relearning the world; and lastly, Closure and celebration of life.* Their format was structured with homework being required for each upcoming session. The authors produced a support group format for death-related loss that can be redesigned to address any loss. Each session they described had a theme related to grief, the process and ways to work on resolution of grief. They encouraged the facilitator to be flexible enough to put the agenda aside and address individual needs as they emerge. The authors had goals that were to be accomplished by the end of each session. They felt that the educational component of the support group was very important because there is often a lack of information regarding the grief process. I found their support group structure helpful when I was planning for this group. I presented the model in a less structured way. I was able to add or delete ideas without altering the benefit of the support group process. Tentative goals and objectives were planned for each session but I did not strive for their accomplishment if it was not appropriate and parents were discussing issues that were important to them. Home work was stressed in their format but I found that the parents in this bereavement support group were uncomfortable with this process so I did not stress completion of assignments. I eliminated some of the topics such as “memorialization and commemoration” and combined “stress and coping”.

The support group was eight weeks in duration with each session having a theme related to grief. Individual needs were addressed as they emerged. As the facilitator, I remained flexible and trusted the group process to put the agenda aside when needed. A psycho/ educational format was followed in which emotional support played an important role. The group had a closed membership of eight parents, with semi-structured goals and objectives for each session. The goals were to promote the supportive atmosphere of the group and provide an educational component responsive to members' needs. The educational component of the group was an important part of the content because there is often a need for accurate information about the grief process. Information shared, not only validated and normalized the grief experience, but also educated group members in healthy ways of expressing their grief (Humphrey & Zimpfer, 1998)

Bereavement Support Group Process and Structure

The goals of the bereavement support group, as stated previously, were to provide a safe environment that allowed and promoted a healthy expression of grief and to increase an awareness and understanding of the broader issues of loss and grief. Identifying effective coping strategies and facilitating a sense of personal control and decision making were also addressed.

Group Composition and Setting

The group was composed of eight parents between the ages of 55 to 70 years. There were three fathers and five mothers. Two of the mothers were widows and the

others were couples who had been married to each other for over thirty-five years. The average age of the deceased children was 38 years.

The bereavement support group was held every Friday afternoon, 1:00 pm to 2:30 pm. As was described earlier, the weekly sessions began October 27th, 2000 and ran until December 15th, 2000. The sessions were held in the “Parlor” of the education building, which is adjacent to the St. Boniface General Hospital. With participants’ permission, group sessions were audiotaped to facilitate my ongoing learning and as a focus for supervisory sessions.

Supervision

Clinical consultation and regular supervision of group work during the practicum were made available through Mr. Fred Nelson, Social Worker at the Palliative Care Unit, St. Boniface General Hospital. Meetings for these purposes were held before the sessions started in order to discuss any issues or concerns. Later, we felt that meeting every other week with supplemental telephone contact for interim information, guidance or support would be helpful. I delivered the audiotapes of the sessions to Mr. Nelson in advance, for his review. We met to discuss the audiotapes and whatever concerns or issues had arisen during the previous session. Mr. Nelson guided me in how to handle certain comments or situations that arose during the support group process. My advisor through the University of Manitoba, Faculty of Social Work, Dr. Tuula Heinonen followed the progress of my learning during the practicum. Geri McGrath, Adjunct Professor at the Faculty of Social Work and Director of Psychogeriatric Services, Deer Lodge Centre, provided some assistance at the start and during the practicum.

Method of Intervention

Initial Screening Interviews

The screening process began with a telephone call from me to potential participants to determine when would be a good time to meet. The initial meeting was about an hour in duration and was held at a mutually agreed upon location. A screening checklist was used to determine whether the participant was currently in any other group program; what their current feelings about group involvement were; and if there had been any changes in personal habits such as eating, sleeping, or alcohol or drug use. The participant was asked why they wanted to join the bereavement support group and what they hoped to achieve through group participation (see appendix 3). Practical needs such as transportation were also discussed.

The practicum program and group intervention were explained to each participant including informed consent and confidentiality. All participants were fully informed about group procedures and practicum requirements prior to commencement of the bereavement support group process. This included a description of the practicum, supervision methods, (recording and observation), evaluation and any information gathering procedures necessary for the practicum.

I explained that the confidentiality of participants would be respected to the degree possible given the support group process. It was discussed prior to the group, during the assessment interviews and during group sessions. It was also explained that names of participants and identifying information would be shared for supervision purposes only. Verbal consent was given, initially, and participants later signed a letter

of consent for inclusion of individual and group information in the Master of Social Work practicum report (appendix 6).

The Group Sessions

The purpose of the Bereavement Support Group was to provide an environment that allowed and promoted a healthy expression of grief, to increase an awareness and understanding of the broader issues of loss and grief, to educate participants regarding the process of grief work and to identify effective coping strategies. Session one focused on introductions and setting goals. In session two, the topic of understanding the multiple perspectives of grief was introduced. In session three, ways to identify and express feelings were discussed. Session four was dedicated to remembering the deceased adult child in a realistic way. In session five, role changes and changes in family relationships as a result of the death of the adult child were addressed. Session six was cancelled because most members were not able to attend. In session seven, the causes of stress and ways of coping with the stress were discussed. Session eight was the final session where members' support systems were assessed and a party was held to celebrate how far members had come through their grief journey. The final evaluation questionnaire was administered at that time.

Session 1

The first session was dedicated to getting to know one another and going over group goals and expectations.

Theme for session 1: Getting acquainted and goal setting.

Objectives:

1. Made preliminary introductions and discuss group rules, expectations, and the content of each session.
2. Provided an opportunity for members to become acquainted and to learn about the death being grieved by each member.
3. Initiated feelings of universality in the experience of grief (Humphrey & Zimpfer, 1996), so participants began to feel that they were not alone in their grief.

Agenda

The agenda for the first session provided the opportunity for people to get to know each other. Refreshments were available at the ten minute break held each session.

1. Welcome
2. Group introductions.
 - ◆ Each member turned to the parent next to them, whom they did not know, and asked questions about each other without talking about the actual death of their child.
 - ◆ After ten minutes members were asked to introduce their neighbour to the larger group.
3. Housekeeping items were discussed to promote group structure.
4. Discussed group agreements, procedures and expectations.
5. Each parent or parent group shared the history of the death of their son or daughter.

6. Coffee Break
7. Continued with the history of the death of sons and daughters.
8. Discussed topics of upcoming sessions.
9. Homework and journal writing.
10. Closing

Summary

The session began at 1:15 PM when everyone took seats around the coffee table. It is interesting to note that the place the parents occupied at the first session was where they sat for every following session. After I welcomed the members, I asked the parents to turn to their neighbour, not their husband or wife, and ask that neighbour some general information about their jobs, hobbies, where they lived and family. The discussion, at this time, was not to be about the deceased child. After 10 minutes we resumed the big group and each parent introduced the person they had spoken with to the rest of the group. I noticed that it was difficult for them to not talk about their deceased child during this exercise, but on the whole it was an effective icebreaker and a comfort among the members began to grow.

General “housekeeping” information, such as where the bathrooms were and where they could smoke was also given at this session. We also went over the group plan, confidentiality, group goals and group agreements. Although this information had been discussed and agreed upon at the initial meeting with the individual parents, I felt it important to reaffirm the group’s commitment to the process as well as to answer any questions they may have.

Each parent or parent couple was asked to share their story about their deceased child. This was a very emotional exercise. There were tears and expressions of feelings such as helplessness, loneliness, as well as guilt and regret. One parent could not share her story at this time because it was too painful for her to do so but her partner offered the information. Hank did not share very much during this session but his wife Mavis told their story. The other parents talked about their deceased adult child, explaining the kind of person he or she was before becoming ill and proceeding through their illness to the eventual death. They talked about how the whole dying process of their child had affected their family unit. The parents learned that some of the other children had experienced the same type of cancer as their child, which tended to further “connect” the group. They had all experienced a very difficult time. Most of the parents had also experienced multiple losses in their family and friendship circles.

Throughout the process, each member of the group expressed empathy toward the other parents as they shared their grief and pain. This exercise helped each member to realize that they were not alone in their grief. A feeling of universality was evident after this exercise. I explained that this was the most difficult session, that it took a lot of courage to share their pain, pain which may have been buried for some time. I also explained that the grief process would take a different focus and may not be as intense with each upcoming session. I felt a sense of cohesiveness begin to develop among the group members while they were sharing their stories.

Near the end of the first session we discussed the topics for the upcoming sessions and members were given opportunities to ask questions. The option of keeping a journal, where they could record their feelings and thoughts after each session, was discussed.

At the end of the session all the members said they would be back the next week. I had explained to the members, during our initial interview, that they had the option of not continuing the group at any time and if they decided not to return to please contact me so that we could discuss their feelings. The homework for the next week was to think about the first session and share those thoughts, next week, with the rest of the group.

Session 2

During this session the multiple perspectives of grief were introduced which included the effect of grief on us physically, socially, philosophically, spiritually and psychologically.

Theme for Session 2: Understanding the multiple perspectives of grief.

Objectives:

1. Introduced the theme of multiple perspectives of loss.
2. Educated members about the nature and process of grief.
3. Validated and normalized grief behaviors.

Agenda

The agenda for the second session focused on reflections of the previous week's session and the different perspectives of grief.

1. Welcome
2. Introduced new member
3. Reviewed previous week

- ◆ Each parent was asked to share his or her thoughts about last week's session.
 - ◆ Members were then asked how the past week went for them. They were asked to share their high points and their low points.
4. Discussed group and individual goals
 5. Introduced the topic, "Perspectives of Grief"
 6. Coffee Break
 7. Continued with the Perspectives of Grief.
 8. Members shared what point they have reached in their grief experience and explained what they found helpful and what they found that hindered the process of healing.
 9. Introduced next week's session: "Identifying and Expressing Feelings".
 10. Homework: Write a letter to the adult child who had died. Suggestions regarding what to include in the letter;
 - ◆ How I felt when you died.
 - ◆ How I feel now.
 - ◆ What I miss the most.
 - ◆ What I do not miss.
 - ◆ What I wish I had said or done.
 - ◆ What I wish I had not said or done.

The letter was to be shared at the next session if they wanted to. This exercise could help members of the group confront their feelings.

11. Questions

12. Closing

Summary

Members were welcomed back. A new member, Doris, was asked to introduce herself and tell us about her deceased adult child. She explained that her daughter had died three years ago and that she had been through all the “firsts”, (anniversaries, birthdays, holidays and other special events) since the death. This person, it seemed, could be very helpful in this group because more time had passed since her daughter’s death and she had developed some coping skills that she was able to share with the others. I presented some group goals on a flip chart and asked the members if they could add any other goals to the list, however, they did not provide any additional goals and agreed with the ones on the chart. These goals included:

- To provide a safe place to express feelings and share healthy expressions of grief.
- ◆ To learn about and understand the broader issues of loss and grief.
- ◆ To identify healthy coping strategies.
- ◆ To provide support for one another.

We discussed how important it was to keep what was discussed at the group within the group.

Each member shared with the group, their feelings about the last session. Many of the parents agreed that the first session was very difficult in the sense that many sad memories were relived when they shared the story of their deceased child. This may have affected their feelings about continued participation but, on the whole, most looked

forward to getting back with the group. It may have been too early for such disclosures, however, when the parents first introduced themselves they centred on the reason they were at the session which was to talk about their deceased children. Expressing their feelings may have been difficult but by doing so a bond with other group members began to develop almost immediately. At this point I introduced the topic for the second session which was the multiple perspectives of grief. I discussed the power of grief and how the death of an adult child affects every aspect of an individual explaining how grief affects us, physically, socially, philosophically, spiritually and psychologically. These different perspectives could emerge at any time during the grieving period. From the philosophical perspective, how a parent lived in the world with their child doesn't make sense after the child dies. The members of the group related how certain things did not seem to be as important any more. They shared how their priorities had changed. The parents all agreed that "material things" were less important to them. One member told us how impatient he became with a friend who got upset because his car had a dent in it and expected him to feel sorry for him. Another shared how she got angry with a friend who was devastated because her pet had died.

It was described how, from a spiritual perspective, one's belief may be all that a grieving parent can grasp onto. It can also be a source of fear, fear that God took their child because of something they did or did not do. Some members shared how they became more spiritual during their child's dying process. One member told the group that God does not give people more than they can handle. Most of the parents, however, did not agree with this statement.

Psychologically, the death of an adult child can symbolize the death of part of one's self. Children are part of their parent. When parents raise their children they put a lot of energy both physically and emotionally into those children so that when a child dies, so does a part of them. When an adult child dies parents grieve not only the loss of their child but the loss of part of themselves. Some members shared that they felt like part of their body had died along with their child.

We also discussed the physical perspective of grief. When a parent loses a child their whole body is affected. Some people may experience symptoms that include tightness in the chest or throat, lack of energy, absent minded behavior, forgetfulness, searching and calling out, shortness of breath, as well as other symptoms. Parents also shared how their bodies reacted to the dying process of their children. The one symptom that was experienced by many was sleeplessness, followed by crying and calling out.

At this session, a new female participant who had earlier decided not to participate, came to join the group. As with any change in group composition, the atmosphere in the group was altered. The mother introduced herself and told us about her adult child who had died three years ago. The other group members were sympathetic toward her but were not interested in telling their own stories again. The feeling in the group was one of wanting to move on. I was afraid the cohesion that had developed earlier within the group might have been jeopardized by the inclusion of an unexpected new member. Some members, who participated freely before, held back for awhile but as the session progressed the group participated more in discussion with the new member, thereby including her.

The emerging theme in this session was the surviving spouses' of the deceased child current family relationships, some of which included new partners. This topic encouraged other members to share their experiences dealing with surviving spouses or significant others. Reconstruction of these families was sometimes met with mixed feelings. Grief reactions differed between the parents in the group and their family members. John shared that for awhile the experience of his daughter dying did not seem real, like it really wasn't happening.

Most members participated freely while others were more quiet, acknowledging everyone's experiences with a nod or facial expression. Some expressed emotions openly. One of the concerns that evolved at this session was that one of the initial members was going to be away for the next three sessions. She had made arrangements long before the group was organized. She wanted to come back to the group when she returned. The new member determined that she would be unable to continue regularly and dropped out.

As the need to develop trust and share in the support group made it necessary to commit to the group until its end, changes in group participation affected group process. The number of members remained at eight.

The next session topic, "Identifying and Expressing Feelings", was presented. The group was asked to write a letter to their deceased child and bring it with them to the next session to share with the rest of the group, if they chose. Members were given the opportunity to ask questions before they left.

Session 3

Session three centered on identifying and expressing feelings. It was discussed that sometimes, when people avoid difficult and painful feelings, working through grief is delayed.

Theme for Session 3: Identifying and expressing feelings.

Objectives:

1. Identified, validated and expressed painful emotions related to grief.

Agenda

1. Welcome
2. Reviewed past week; discussed high points and low points.
3. Introduced theme of session: Identified and expressed feelings.
4. Talked about homework and asked parents to share their letters.
5. Coffee Break
6. Invited members to explore their feelings.
7. Reviewed homework for next session.
8. Next session was described.
9. Closing.

Summary

The eight participants were in attendance. They greeted one another warmly. I asked each member to share their feelings about their past week and immediately,

without exception, every member expressed difficulty in writing the letter to their deceased child. One told the group that she had written the letter many times in her mind but could not write down her feelings on paper. Another told us that he almost did not come to the session because he could not do the homework. It was comforting for the members of the group to realize that they all had difficulty writing the letter. I mentioned to the group that the exercise showed how difficult it was to confront one's feelings, especially the devastating feelings parents experience when they lose an adult child. I mentioned also that it was all right not to write the letter to their deceased child. The exercise helped the parents confront the feelings that arose as a result of attempting to write the letter. One member said that she was sick over the weekend and linked her illness to the last session, as it had been a very emotional one for her. She was supported by everyone.

Although one couple did not write the letter they brought a memorial from a newspaper, describing how he and his wife were feeling. The others agreed that they shared the same feelings as were expressed in the poem. There was a growing feeling of cohesion and trust among the group members, which can be a natural feeling that evolves during the middle phase of group development, as described later in this report. Members talked about how helpful it was to identify and express all feelings during the grief journey. It was agreed that some people avoid difficult and painful feelings, which in turn may deny the healing process and sometimes complicates it.

The group used an exercise, "feelings spiral" (Humphrey & Zimpfer, p.102, 1998) to explore how feelings may spiral during the grief process. Grieving parents may feel very "up" at one point, very "down" the next and then may go through a period of feeling

“okay”. Feelings that placed a parent in the “up” mood included being; overjoyed, happy, cheerful, elated, caring, loved, satisfied, excited, tender, eager and pleased. Feelings that made parents feel “down” included; helplessness, disbelief, frustration, denial, anger, loneliness, depression, resentment and fear. Grief work may help a parent achieve an, “okay”, feeling for a longer period of time than a “down” feeling. It was hoped that parents would experience “up” feelings more and more as they journeyed through grief. All of the members of the group said that they experienced more “down” feelings than any other feelings at this stage, however, there were times when good feelings did arise. Members took some time to verbalize these. One member said her positive feeling was one of relief, relief that her son was not suffering any more. All the other parents agreed with her.

Our next session was to be on “Reminiscing”. I asked the members of the group to bring pictures or anything that had to do with their deceased child and share these with the other group members. This would allow us to get to know the children. The exercise would also encourage healthy remembering. One member could not attend the next session so brought a memento of her adult child to this session. She shed some tears then went on with her child’s story. The rest of the group members were very supportive and encouraging, praising her child.

The group wished her a happy holiday and said they looked forward to seeing her on her return. A mid-session client satisfaction questionnaire was completed at this time since she would not be at the next session, which was our halfway mark.

Session 4

Session four introduced the topic of remembering in a healthy way. Members had been encouraged to bring mementos of their deceased child to share with the others. It was at this point that the mid-session questionnaire, which would determine satisfaction of the members in the group, to date, was administered and handed in.

Theme for Session 4: Remembering

Objectives:

1. Developed an appropriate and realistic memory of the deceased child and further fostered cohesion among group members.
2. Administered the mid-session client satisfaction questionnaire.

The agenda for session four focussed on remembering the deceased adult child. Parents brought mementos such as pictures and objects that related to their child. The object of this session was to encourage healthy and realistic memories of the deceased child. A mid-session client satisfaction questionnaire was administered and handed in at the end of the session.

Agenda

1. Welcome
2. Reviewed past week; discussed high points and low points.
3. Introduced the theme of this session: Remembering
4. Asked members to share their memories, pictures, and objects of their deceased child.

5. Break
6. Sharing of memories continued.
7. Administered mid-session client satisfaction questionnaire.
8. Next session was described
9. Closing

Summary

At this session, the original group members were all in attendance with the exception of one who went on holidays. Listening to the members' comments, it was clear that her presence was missed. Upon reflecting on members' past week, each shared that it was better than the week before. There were no extremes in feelings during the week, although one member commented that when he referred back to the spiraling feelings chart of last week he noticed that he was more in the "down" to "okay" feeling level than the "up" feeling level. Most of the members agreed that they had had similar feelings. Several shared that they had had difficulty sleeping at night. One mentioned that she had found it hard to come to the sessions because the bad memories of her child's illness and death were relived, however, she said that once she arrived she felt good about being part of the group, and at peace with herself. Another member told the group that he coped with his loss by keeping busy. One member still had problems listening to small talk from people. Many of the group members expressed dread of the upcoming Christmas season.

The group was at the middle stage of group process at this time, being session four of eight sessions, and the climate in the group was one of increased compassion and

understanding. This usually occurs at this stage if the group process is progressing successfully. Members shared freely and each expressed understanding of the others' pain and issues. Quieter members shared more as sessions progressed.

The session's topic this week was on remembering. I mentioned that part of the journey through grief included developing a realistic memory of their child. Some people may remember only the good memories while others may remember only the illness and death event. In order to begin the process of emotionally letting go, but not forgetting, and building a different relationship with the deceased child, it was helpful to remember different aspects of that child. It was agreed that remembering is a valuable component of grief work which helps to eventually place their deceased child in their lives and memories in a healthy way.

Sharing the memories of their deceased children was a warm, comfortable, sometimes emotional exercise. One parent expressed surprise that it was not more difficult to share these memories. She read the group an article from the newspaper about her child, without breaking down. The mood of the group throughout this exercise was one of connectedness. Everyone shared memories of their children. One showed the group members a 'treasure box' she had put together of her daughter's things. One couple shared pictures of their child, while another couple showed a collage of pictures that had been put together for their son's funeral. The collage showed their child's life from babyhood to the time of his death. One woman, who had, up to this point, been very quiet, participated more in this session. She and her spouse told funny stories about their child which all enjoyed. The exercise brought the group members even closer together as their adult children became more familiar to the others.

At the end of the session the conversation turned to feelings of guilt that some members were experiencing. Because this topic was one that should not be rushed, it was agreed to bring up the topic of guilt at a later session.

Before the group ended, I handed out the mid-session questionnaire, (appendix 4) which the members completed and handed in before they left. Group members were reminded that for the next session only, the group would meet at 9:00 a.m. as was agreed earlier. In preparation for the upcoming session, I asked the group to reflect on how their roles had changed since the death of their adult child.

Session 5

Session five was meant to examine the roles the members had when their child was alive and how those roles and relationships within their family and in society had changed since the death.

Theme for Session 5: Role changes and changes in family relationships.

Objectives:

1. Discussed and processed the “History of Loss” in order to gain insight in how people coped with losses and changes experienced in the past and how they coped with the present loss.
3. Understood the multifaceted nature of loss as it affects roles and identity.
4. Explored healthy role realignments.
5. Explored how families change in their roles and functions.

The agenda of this session focused on role and relationship changes experienced when an adult child dies. When a significant member of the family dies there are a number of roles that are also lost. The person who died is not only a son or daughter, but a grandchild, friend, sibling, niece or nephew or perhaps a confidant. Relationships provide meaningful roles and define who a person is (Humpfrey & Zimpfer, 1998). Past losses and how parents handled those losses were explored. We discussed whether the way in which they coped with those losses helped them cope with the death of their child.

Agenda

1. Welcome.
2. Reviewed past week
3. Introduced session topic.
4. History of loss exercise conducted
 - ◆ Explained history of loss exercise: past losses may be significant events in one's life and may affect how one copes with the changes that occur after the death of an adult child.
5. Break
6. Members shared how the death of their child changed members' role in their family as well as their role in society.
7. "Paper plate" exercise carried out: understanding role changes after death of adult child.
8. Topic for next session discussed: Stress and coping
9. Closing.

Summary

The group was quite small this session. Although some members were missing, discussion and sharing continued comfortably. Everyone stated that the past week was without significant experiences. They all agreed that getting to know each other's deceased child at the previous session was very meaningful and they had come away from the session with a good feeling.

The discussion was then directed toward the members' history of loss. One mother pointed out that the size of her family was decreasing rapidly. All the members related that they had experienced a number of losses in their lives before their adult child had died. The discussion evolved into stories about significant others in their lives who had died. They all agreed that nothing experienced from past losses prepared them for the devastation they felt with the illness and eventual death of their children from cancer. Watching their adult child deteriorate, often in pain, was the most difficult experience any of them had been through.

The discussion led to the description of the dying process of their children. This was a difficult discussion but one that they shared freely knowing that the others had gone through the same thing. This was also a topic that they felt they could share with one another because it was so profound. They mentioned heartache and guilt experienced because they could not take the pain away from their child. They also felt that this was the wrong order in the life cycle, in the sense that they should be the ones dying, not their offspring. It was evident these feelings were very deep and talking about them in the group was helpful for the members. One mother, in particular, participated much more during this session than in the past.

After the break the “paper plate exercise” (Humphrey & Zimpfer 1998 p.106), was carried out to show how roles had changed or had been eliminated as a result of the death of their adult child. I handed out paper plates, markers and scissors and asked the members to reflect on their life a year before their adult child became ill. I then asked them to think about the roles they were involved in at that time and to draw these roles like sections of a pie on the paper plate. They were then asked to cut away the sections that no longer existed or had been reduced since the illness and death of their child. The purpose of this exercise was to show, visually, how roles changed, and to heighten their awareness of the changes in their lives. It also helped parents to understand why they may have felt alone or empty. Members were then asked to share their plates with the others. Discussion arose regarding what new roles surviving parents assumed. One couple, for example, felt a greater responsibility for their grandson since the death of their child, the boy’s parent.

The topic for the next session was “Stress and Coping”. I shared with the group that when you lose a role and take on another this new role may create stress in your life. I asked the members to reflect on what upset them and how they had coped.

Session 6 (cancelled)

Due to a Christmas party, illness and a plumbing emergency, group members were unable to attend and the session was cancelled.

Session 7

Session seven discussed the feeling of stress and explored how members had coped in the past and how these coping mechanisms had helped or hindered their ability to cope with the death of their adult child. Sharing coping skills was helpful for group members who were experiencing difficulty in adjusting to the loss.

Theme for session 7: Stress and Coping

Objectives:

- 1. Discussed existing stress before the death of an adult child and how specific issues and feelings of grief increased stress.**
- 2. Identified coping strategies that helped facilitate the grief process.**
- 3. Identified times that created stress, such as holidays and anniversaries, and special coping strategies to deal with them.**

The agenda for session seven focused on addressing the fact that stress occurs when parents experience the death of an adult child. Discussion arose around the fact that stress is part of everyday life and loss and grief bring on additional stress. Options on coping with stress were discussed in the group. Members shared their ideas for coping. All the members in the group expressed anxiety over the upcoming Christmas holiday. Strategies of coping with this stressful event were shared.

Agenda

- 1. Welcome**
- 2. Reviewed past week.**

3. **Introduced session topic: Stress and Coping.**
4. **Briefly explained stress. Conducted stress index exercise (CMHA-Coping with stress).**
5. **Break**
6. **Briefly explained coping skills.**
7. **Provided feedback about session.**
8. **Final session: Assessment of Support Systems.**
9. **Closing**

Summary

All the members attended the session except for one who, it was agreed, would come to our final session. Before getting started I asked the members if they could spend an extra half hour at this session and the next in order to make up for the missed session and they all agreed. I asked members to share their past week or two with us. The group had not been together for two weeks and I felt that it took them a little time to get comfortable. One member was not feeling very well that day. He and his wife related that instead of going to a Christmas party they ended up attending a relative's funeral. Another stated that she was suffering from feelings of guilt and was not coping well. One mother felt stressed over the upcoming Christmas season. She told us that she could not listen to Christmas carols because they reminded her that her child would not be with her this Christmas.

At this point we talked about the meaning of stress. I shared with them that stress is the everyday impact on our bodies as we respond to people, places, events and things

in our lives. Stress can be negative where our health is affected or a positive life energy force that helps us be creative and gives us a zest for life. Stress affects each person differently. It is how we react to stress that determines how healthy we are.

We discussed how holidays and special events in families could be times when the surviving parents might experience a high level of stress and pain. Careful planning could be very helpful at these times. When we began the discussion about Christmas plans several members became visibly upset. These were mothers who were going to be experiencing the first Christmas without their child. One said that she just wanted Christmas to be over. Everyone understood how the others felt at this time. Those who had been through a Christmas without their child described how they coped. Most had made their plans for the holiday season. There was a lot of sharing and empathy for other members at this time. The existing cohesiveness among the group members helped them through this period. They agreed that they felt less alone knowing others are experiencing the same anxiety about the season.

At this time we discussed feelings of guilt which can be a major source of stress for surviving parents. One member was affected by what had transpired in her family since the death of her adult child. As she shared her story the others offered some suggestions, but for the most part, listened and empathized with her situation. Members introduced some humor into the discussion. During this session, it became apparent that individual counseling could help the member cope with her situation. I mentioned to the group that for the next session, I would bring information on some resources for those who felt they wanted more individual help (see appendices 7 and 8).

I reminded the members that next week was our final session. I asked them to reflect on one personal change they felt they had experienced. We also planned to have a little Christmas party to celebrate how far members had come in their journey. I mentioned that they could bring pictures of their deceased child to share with one member who had been absent. I also asked if members could bring some refreshments to add to the celebration. Group members were told that as it would be the last session, I would be administering the final evaluation questionnaire which they would fill out and hand in before the party.

Session 8

Session eight was the final session. During this meeting the members' support systems were explored. This was a very difficult time of year and it was encouraging to discover that all the members had a good support system during this time. The final evaluation questionnaire was administered and the session ended with a Christmas party. It was also a party to celebrate members' strength and growth.

Theme of Session 8: Assessing support systems; termination; Completion of final evaluation questionnaire

Objectives:

1. Assessed present support systems and explored how the ability to help others was valuable in the healing process.
2. Identified change and growth.
3. Shared a unique aspect of self and promoted the idea of celebrating life.

4. Acknowledged the need for continued support as the “formal” group terminated, provided an opportunity to have questions answered, and determined if referrals for individual counseling were needed.
5. Evaluated the experience and brought closure.

The agenda for the eighth and final session focussed on assessing members' support systems. It was important to know that group members had a support system in place to help them cope with the upcoming holiday season. Any outstanding issues or questions were answered during this session. Members discussed any positive or negative changes they felt they had experienced since joining the support group. Resources were offered to those who wanted them. The final evaluation questionnaire was administered and handed in prior to the Christmas party and farewells.

Agenda

1. Welcome
2. Evaluation of group experience conducted and a party held.
3. Reviewed past week.
4. Final issues were discussed and questions answered.
5. Introduced topic of this session: Support Systems.
6. Break
7. Discussed personal changes experienced in the group.
8. Noted positive changes in members.
9. Administered final evaluation questionnaire.

10. Held a party, shared pictures, ended the group.

Summary

The session started late due to a minor car accident involving two of the group members. The previously absent member was in attendance at this session and everyone warmly welcomed her back. There seemed to be little discomfort among the group members with Pat's presence even though she had missed many sessions. She told the group that she had missed being with the members. At 1:00 p.m. every Friday, while she was away, she looked at her watch and felt that she should be at the support group.

The group members then shared their week. Most of the members were thinking about the upcoming holiday season and not looking forward to it. Many of the members had made plans for Christmas and described them. One mother told us that it was helpful knowing that she was not experiencing this holiday anxiety alone. Another shared her experience of multiple losses and how she coped with the holiday season. Everyone acknowledged her pain and expressed their sympathy as she spoke about other losses of family members. The climate of the group was one of cohesion and trust. This feeling is one that has evolved naturally by the end stage of successful group development. The members of the group responded to one another in a way that conveyed understanding and support.

I reminded the members that this was our final session, the formal end of the support group. I explained that some members may experience additional feelings of loss because of this. Endings can be difficult, however, members could choose to meet informally for further support. With the group's permission, I made up sheets with the

names and telephone numbers of the participants to be handed out at the end of the session.

At this point I mentioned that, at the end of the session, I would be administering a final evaluation questionnaire which was to be completed and handed in before members left. Some of the members mentioned how much they were going to miss the meetings. One said that since her child's death she had not wanted to commit to anything other than attending church on Sunday but since attending the support group she found that it became something she looked forward to at the end of each week. She became emotional at this point. Another agreed that he was going to miss getting together each week and hoped there might be another group after Christmas. Another shared that he would miss the group and the friendships that have been developed over the weeks.

We talked about support systems and how helpful they can be at this time in the grief journey. After some discussion it was evident that the members of the group all had a strong support system in place. The supports systems included family, friends and activities. Although the Christmas season promised to be very difficult for most, it appeared that family and friends were going to be available for each parent.

Upon reflection of the group experience, the members agreed that the most positive aspect was meeting new friends and finding comfort in sharing their stories with other parents who had been through the same experience of losing an adult child to cancer. It seemed that some members had grown during the support group experience. One, whose adult child had died only three months before the group started, had not been able to participate in discussions because her grief was so fresh. She was now participating freely and sharing memories of her son with the group. Another was also now able to

share her memories without becoming emotional. One dad had come to the point where he felt comfortable enough to participate and share his inner feelings, although he had been quiet at first.

At the end of the session evaluation questionnaires were provided and members completed and handed them in. I informed the group that there were handouts describing how to cope with the holiday season that they could take home with them (see appendix 10) along with a list of resources that they could call on if needed (see appendix 9 a and 9 b). Each parent was given a small candle that was lit for each deceased adult child. The candle was then placed in a holder and allowed to burn during our Christmas “party”, symbolizing their memory. They took these candles home with them. There was laughter and friendliness shared during the party. The parents who brought pictures of their deceased child shared them with the member who had been absent. She spoke to each parent about his or her child and said that she would contact the members in the New Year and invite them to her home for coffee and conversation. As parents left they received a little acrylic angel to hang on their Christmas tree.

In conclusion, the final session may have represented yet another loss in the lives of the participants who are coping with the loss through death of their adult child. Attention was given to this and processed in the “here and now” setting of the final session (Humphrey & Zimpfer, 1998). This was done by asking members to share how they felt about the fact that this was the final session. Discussion about coping strategies and continued support for one another was promoted. Members were encouraged to remain together and telephone numbers of group members were exchanged. A Christmas party was held as an event where good-byes could be said as well as to foster coping among

those who had not experienced a Christmas without their deceased child. The final evaluation was administered and filled out. When the final questionnaire was returned, it was noted that some participants missed one side of the questionnaire. The telephone call to explain the need to complete the questionnaires again provided me the opportunity to follow up with each member. I mailed out the questionnaire with an explanation, asking them to complete both sides and return it to me in the stamped, self-addressed envelope. The questionnaires were then returned completed. In February and again in June the parents from the support group got together at one of the other member's home for coffee. I was invited to attend which, again, gave me the opportunity to see how every one was doing.

Climate and Cohesion

The analysis of the group included looking at the climate, cohesion, participation, interaction, group culture, and the hierarchy within the group as well as the group process from the beginning stage to middle stage to final termination stage (Toseland & Rivas, 1995). I will also describe the emerging themes that developed over the duration of the sessions.

The climate of the group, at first, was one of both apprehension and anticipation. This was a group of people meeting for the first time, aware of what the support group was about but still fearful of confronting their pain with strangers. These parents had experienced much of what life had to offer, both good and bad. They had all been through multiple losses such as retirement, loss of friends and family members, as well as the loss of health for some. At the first session parents introduced themselves and then shared their story about their child and how he or she died. A climate of understanding

and cohesion began to form among the group members. Two of the parents were very emotional and could not speak without crying. Instead of the others becoming uncomfortable they offered support and expressed empathy toward them. There was an air of support and compassion in this group, which was demonstrated from the very beginning. The group's cohesion strengthened as sessions progressed. This was evident from the supportive and caring interaction between members. The only time that the cohesion of the group was affected was when the two parents, who could not commit earlier to the group, came to the sessions. They were welcomed into the group but because they had missed the first two sessions it took time for the group to adjust to the change. One of the parents was interested in attending occasional meetings of the group, and could not be accommodated in this type of group. The other woman was unable to attend because of other commitments. Most group members participated and interacted right from the beginning, however, some took longer to do so; it may have been difficult to readily express emotional feelings to strangers.

Culture

The bereavement support group was an homogeneous group. The parents who participated all had had an adult child die of cancer. They were all of a similar age and had experienced a number of losses before their adult child died. The culture of the group focused around this common experience. Members truly empathized with each other, thereby developing trust which led to comfort in sharing their unique pain. This was a relatively unique group in the sense that this population of grieving parents came together for the first time and may not have met in a supportive way otherwise. The

children were all in their thirties and early forties when they died. Except for Pat's child who died at home, all the adult children died at the same hospital.

The norms, which influenced the culture of the group, centered around the predictable rituals of each session that every one participated in: of sharing the experience of the previous week; introduction of the topic; time to talk about feelings and issues of importance; coffee and refreshment breaks; and the ending of session.

Roles and Leadership

As the facilitator and leader of the support group, I:

- ◆ Recruited members, carried out the initial interview and screened the potential members.
- ◆ Determined the time and place for the support group sessions.
- ◆ Ensured a safe place for members to share their feelings.
- ◆ Provided equal opportunity for all members to speak.
- ◆ Focused and guided the communication between group members .
- ◆ Attended to individual member's needs.
- ◆ Introduced different topics which dealt with grief and bereavement.

My major role as facilitator of this support group was to facilitate hope in the future and help motivate members to improve their coping skills through self help and mutual aid (Toseland & Rivas, 1995). I also shared the story of the death of my husband and by so doing the members learned that I understood their loss because of my personal experience. I felt that I became more credible to them.

The informal leadership role within the group was very subtly taken on by one member. If there was an awkward moment or a comment needed that would show that a

member was understood he would say some comforting words. Every group member was understanding and empathic to the others but it seemed that one, because of his personality, stood out a little more. A female member who had experienced a number of immediate family losses and had developed a way to cope was very comforting for the others. Her strength had been very helpful. Another member, who was still very deep in his grief, expressed a gentle sense of humor which was enjoyed by the group. Although the members looked to me for leadership in guiding the group process and providing helpful educational content, every member, at different times, added their own special component of leadership to the group.

Group Development

The beginning stage of the support group which included introduction of the members, some practical information, group agreements and goals, and discussions about upcoming session topics, was the getting-to-know-one-another stage. Each parent told the group the story about themselves and their child who had died. The first session was an emotional one where painful memories were shared. There was a lot of empathy expressed by members of the group toward each other. During this stage the limits of confidentiality within a support group were clarified. At the end of the first session all the parents committed to coming back the next week. During the next few sessions the group became more comfortable with the group process and each other. Although every stage of group development is important to the successful functioning of the group the initial stage sets the tone for the future development of the group (Toseland & Rivas, 1995).

At the initial stage, the group had revealed much and therefore had developed a certain bond of understanding and empathy with the other group members. One member, had missed the first session which required time for the group to adjust to a new member. She then contributed freely. She had also attended other support groups after her adult child died three years ago and was aware of support group process.

The beginning stage was one of learning the group “rules” and committing to participation and attendance. This is the stage where members determined if they would continue coming to the group. Members had discussed how difficult some of the discussions were but decided to continue on. One of the main objectives was to create and promote a safe place for members to share their feelings. A climate of trust began to grow after the first few sessions. The more the parents shared, along with the understanding and empathy expressed by other group members, the more the group grew in its development.

The middle stage is generally the stage of testing and adjustment as members work out their relationship to other group members and to the group as a whole (Toseland & Rivas, 1995). This was also the stage where members became comfortable enough with one another to begin to assert themselves as far as their own needs were concerned. This was evident when one member began to discuss the guilt feeling that she has endured since the death of her adult child. It was evident, also, that a greater level of trust had developed among the group members that encouraged her to unburden herself. She took up a portion of the session as she shared a family situation with the group. Other group members were comfortable enough to offer their thoughts on her situation without being judgmental.

At this stage one woman shared with us her feelings of the first few sessions. She shared that the sessions really upset her because the painful memories were relived again. It also upset her to hear of others' losses. Her daughter had suggested that she not go to any further sessions and instead go to private counseling, which she did but continued with the group as well. The rest of the group stated their admiration of her honesty and strength in continuing in the group as she had continued to contribute to the group in a very grounded way. Her participation was always forthcoming. She became stronger as the sessions progressed and could share without "breaking down".

Another mother, who at first was very quiet and afraid to share because of her emotional state, began to assert herself, stating how much she was dreading the upcoming Christmas season. This was the first Christmas without her child. The whole group understood and shared her dread. It was somewhat comforting for her to know that she was not alone in her feelings. The group determined to work up to the holiday season together.

A dad who had been somewhat quiet and private at first, began to share more and joined his wife in sharing their story. He had been upset with some of the developments that had arisen in the family after the death of his child and was able to comfortably discuss his feelings.

The ending of the group process was a very important stage. It was at this stage that the work of the group was consolidated and lasting impressions of the group were formed (Toseland & Rivas, 1995). At the beginning of the group process it was determined that the sessions would end on December 15, 2000. Two sessions before the actual termination stage, the group was reminded that our time together was coming to an

end and plans for the last session were discussed. Some of the group members began to share that they were not looking forward to the end. The group was becoming more and more cohesive. It was interesting to see how the members did not openly show signs of separating themselves from the group, which may happen at this stage. They expressed enthusiasm about getting together, informally, after the Christmas season.

During the session on remembering, every parent brought pictures and other objects that described and pertained to their deceased child. It was during that session that faces were put to their children. Members got to know each other's child a little better. It was not a sad session as I thought it might be. It was a session during which parents could "brag" about their offspring, mentioning all their good traits and good memories. Other sessions, toward the end, included topics that dealt with stress and coping; role changes; support systems; and finally, closure and celebration of life. By the time the last session took place members were aware that this was our last time together. It was during this session that we discussed each member's support system and how supporting one another during these past sessions had helped in the healing process. After further discussion, it was determined that each member of the group had their own support system. It was evident to me that each member had grown through the support group process. One member had earlier felt that she was all alone in her grief, only to discover that there were others who shared the same feelings. She now knew that she was not alone and had made good friends who truly understood. Another shared that the only other activity she had committed to since her child's death besides church was the bereavement support group. Every group member stated that they would miss the group and determined that they would continue to meet on their own after the end of the group.

They had already discussed who was going to have the first get-together after the holiday season.

The formal session ended with some tears. Group members thanked me for bringing them together. I was encouraged when I heard them discussing getting together at a later time. I asked each member to fill out the final evaluation questionnaire and hand it in before they left. We then had a little Christmas party. Parents brought pictures of their deceased child so that they could be a part of our celebration and also to share them with the member who had been away during the remembering session.

The refreshment table was very festive as each member had contributed some Christmas baking. Each parent received a little candle in a star shaped holder, which they lit before we had our lunch. This was done in remembrance of each deceased adult child. Members were in no hurry to leave and the afternoon extended well beyond the regular time. Fred Nelson, at St. Boniface Hospital, had offered to see any member of the group who felt they needed extra help. This information, along with his phone number, was given to the parents. The ending of the group was marked by acknowledgment of the time people had spent together and the meaningful discussions that had taken place. The participants left after much hugging, and promises of getting together in the future.

Recurring Themes

As each parent or couple shared their story about the loss of their child, dynamics of the family emerged. There were a number of topics that arose after the introductions were completed: multiple losses, care-giving experiences, current health issues, anxiety

over the upcoming Christmas holiday, the unacceptability of a child's death before his or her parents, the devastating nature of the disease and guilt.

At this time in the group members' lives, all had experienced past losses of mothers, fathers, siblings, friends, and for most, jobs. They all agreed that the experience of those losses did not prepare them for the pain of the loss of a son or daughter. Some of the parents had assumed the responsibility of caring for the children of their deceased adult child at a time when they were already under much stress because of the death of their child. Two of the members were experiencing poor health. Their health could have been further threatened with the death of their adult child. Another theme that recurred throughout the sessions was that children are not supposed to die before their parents. All of the members in the group struggled with the interrupted life cycle. Hopes and dreams for that child were unfulfilled. The future had been interrupted. Parents had no one with whom to leave a legacy. Some parents felt like failures because the role of a parent is to protect their child but they found that they could not prevent their child's death. The feeling of loss of control over their child's health and safety was a source of tremendous anxiety for the members. They all had watched how cancer ravished their child and felt hopeless when they could not do anything about it.

Change in the family dynamics was another theme that arose during the sessions. Members explained how painful it was to see their deceased child's surviving spouse remarry or develop other relationships after the death. Some told the group that they felt that their child had been betrayed. Guilt was another theme that arose. Some members had experienced relationship changes within their family and felt that maybe they were to

blame for the distancing. Some felt guilty for not being able to prevent their child's death.

Because the members of the group were facing the Christmas holiday together they shared their anxiety about going through the upcoming holiday without their deceased child. Everything about the season brought about memories of their child. Christmas was a time for family get-togethers, laughter and well-being. Some of the members were facing their first Christmas without their child and they were very troubled. Some had already experienced a Christmas without their child but they still found this time very difficult. Those parents shared how they coped with the holidays.

It was agreed that being a member of a support group at this time of the year was very helpful. The members felt that they were not alone in their anxiety and fear of the approaching "holiday" season and found comfort and support from others when they expressed their concerns.

Summary of the Intervention

The purpose of this bereavement support group was to provide a safe place where members could share their feelings. Group support served to legitimize the older parents' experience, helping them see that they were not alone in their grief and that they could find guidance in coping with their pain. Bereavement support groups deliver help to alleviate the pain without being intrusive (Hughes, 1995). A bereavement support group instilled hope in the grieving parents that some day they could live a meaningful life without their child in it, by remembering him or her in a healthy way. The members in this support group arrived at the first session with some apprehension and anticipation.

The apprehension was caused by the knowledge that they would be confronting their painful memories with strangers. The concern was also, “would my feelings be understood?”; “would anyone else share my pain?”; “can I express my emotions without being judged weak or hysterical?” Each parent was looking forward to meeting new friends, especially ones who had gone through the same devastating experience of losing an adult child to cancer.

The group followed the natural progression of group process including the beginning stage, the middle stage and the termination stage. The beginning stage consisted of introductions and getting to know the other group members. Group rules were established and goals of the group were discussed. Each parent shared their story of their deceased child. Group cohesion started to develop very quickly when understanding, empathy and support were expressed by members of the group upon learning of each other’s grief. As the first few sessions progressed a feeling of trust and comfort developed. This was evident by the spontaneity shown in sharing painful stories. A group culture evolved with members of the group offering their support and empathy toward other members almost immediately.

During the middle stage, informal leadership in the group seemed to naturally evolve. One member seemed to, informally, anchor the group with his common-sense down-to-earth approach. The quieter parents felt more comfortable in sharing their feeling and offering support to other parents. An emotional intimacy developed among the group members. My role as the facilitator was one of gatekeeper, which involved making sure each member was offered the opportunity to be involved and receive support

in the group environment. One person was referred for individual counseling as a response to deeper feelings that arose.

The end stage was the termination stage. This could be a traumatic time for some because it signified yet another loss. In order to help prepare for this stage I lead the group in discussions about the last session weeks before the actual termination date and had them talk about how they felt about ending the group. It was also getting close to Christmas which was not going to be a happy time for any of the group members. The members worked through this time together. This was a very difficult time for all but was made somewhat easier because others were going through the same thing. A Christmas party was planned with coffee and drinks and homemade food. It was a sad time but a joyful one in the sense that there had been great growth and strength development among group members over the sessions. The party was a celebration of this growth. Group members also made plans for getting together after Christmas. New friends had been made, some coping skills had been developed and the sense of not being alone in their grief and pain was discovered.

CHAPTER FIVE

Evaluation of the Group Process

Evaluation of social work intervention is a necessary part of effective practice. It is not enough to provide treatment without knowing its effectiveness. Evaluation is a form of applied research that is designed to assess the functioning or impact of services, programs or policies. It is about using the tools and techniques developed in primary or basic research, and applying them to questions of need, effectiveness, efficiency, appropriateness, reliability, validity, and acceptability (Robbins 1998).

When working with parents whose child had died of cancer, various tools can be used to carry out the evaluation of the intervention. The evaluation tools that I used included a mid point questionnaire (formative evaluation), and a final questionnaire (summative evaluation). Both of these questionnaires included open-ended and scaled questions. The questions were used to determine client satisfaction with the group and recommendations for change. Ideas for questions were gleaned from questionnaires in Masters of Social Work practicum reports completed by Sundevic (1997), and Croll (1998), with modifications so that the questions were appropriate for this bereavement support group. The qualitative information used to evaluate group process and my learning was from my observations, the audio taped sessions and my journal entries.

At the initial interview (Appendix 3) basic information about the individuals and their expectations and hopes for the group experience were discussed. The results of the final evaluation were compared to the initial interview responses thereby enabling comparisons between expectations and concerns of each person and the group's experience. Information was gathered through the answers given by the participants to

questions administered at the beginning of the group, midway through and during the termination session of the group. Some quantitative analysis of questions based on a scale of 1 to 5, was carried out in order to illustrate the self-perceived progress of each individual in the group. Evaluation of a qualitative nature was needed to gain the perspective of the parents in relation to the death of their child. Listening and hearing the voices of these parents helped me, as the facilitator, to understand the unique needs and experiences of each parent, which then helped me to guide and evaluate the direction of support.

A thematic analysis of the participants' responses was carried out during the evaluation process. Determined were what themes, issues or topics emerged over the course of the group. The parents' words were given weight because of the experiences they have lived through. Some open-ended questions were asked at the mid-way point (see appendix 4), and during the last session (see appendix 5). Each member's response to the scaled questions was charted, thereby showing the individual progress they felt was made as a result of participation.

The results of the evaluation indicated each member's perception of their growth and development from participating in the bereavement support group. It was the desired goal of the bereavement support group process that each member, upon termination of the group, would take with them the knowledge that they were not alone in their grief. They learned methods of coping with their grief by listening to how others had coped. Even though each member experienced their own unique grief, they learned that what they were feeling was shared by others, and that the support of other members in the group helped them through this period.

Although not part of the evaluation, the screening interview provided me with a profile of each member (see Figure 1) as well as a means to find out what each member wanted to acquire from participating in the group. This information shows the respondent's reservations or fears about the bereavement group process. I was also able to determine if the topics to be discussed were of interest to the new members. The initial interview also provided an opportunity for parents to learn about the practicum process and meet the facilitator of the group, and for the facilitator to describe the group's aims and answer any questions participants had. The initial interview also led to further discussion regarding the parents' thoughts and personal goals. At this stage some degree of comfort was established between the new member and me, the facilitator.

The mid-way questionnaire was a helpful tool that helped me evaluate if the topics, discussions and group process, up to that point, had been useful to the members. It also helped to determine whether or not each member was developing trust and comfort with the other members and to identify other topics for discussion in the group.

The final questionnaire enabled me, as the facilitator, to determine if the initial fears or concerns of the members had materialized or not. It also helped determine if the members felt comfortable and safe enough in the group to share their experiences and emotions and state whether the facilitator encouraged open sharing and learning among group members. Group members' replies and comments indicated whether or not they found the group useful, and whether or not they would recommend the group to others. The scale used was from one to five; 1 being the least favorable and 5 indicating the most favorable. A chart showing these numbers is used to visually identify the results of these questions. The result of this analysis indicated the perception of a successful or

unsuccessful journey through the bereavement group process by each member and the group as a whole. These results are shown in figures 5 and 6.

As the facilitator, I maintained a journal throughout all the sessions of the bereavement support group. This journal acted as a learning record for me as well as a way to capture the mood and life of the group. The evaluation of the group process in the journal was based on certain topics which include: openness, sharing, support, information and recurring issues in the group. Each week, entries into the journal were organized around that session's interaction among members. These interactions included answers to questions such as; 1) Was there openness among group members? 2) Did group members share their experiences and methods of coping with one another? 3) Was there support being shown among group members? 4) Was there information being shared among group members and what kind of information? 5) Was there a theme or issue that came up during the session? Whatever issues arose I addressed them in the following sessions. The incentive for journal entries was to document changes among group members and in the group as a whole, over time. The goal was that, at the end, I could evaluate whether each member left the group with increased coping skills, a new group of friends, and a healthy approach to living in a world without their adult child.

Outcomes of the Evaluation

Results from the Initial Screening Interview Questionnaire

A number of observations and findings were determined as a result of the initial screening interview questionnaire. (Please refer to appendix 3 for the initial screening questions). Firstly, the bereavement support group composition matrix (figure 1) shows that there were eight parents in the group. Three of the parents had lost a son while five parents had lost a daughter.

Bereavement Support Group Matrix

Figure 1

	S O N	D A U G H T E R	A G E N T D E A T H	M O N T H S S I N C E D E A T H	R U R A L	U R B A N	M O R E T H A N I S S U P P O R T G R O U P
Couple 1	♥		43	3	R		Yes
Couple 2		♥	38	17	R		No
Couple 3		♥	43	16		U	No
Mom 4		♥	40	17		U	No
Mom 5	♥		30	19		U	Yes

The average age of the deceased children was 38.8 years. The adult children had all died within the last two years of the group's beginning. Two of the couples were from rural Manitoba and one couple and two mothers were from the urban area. Three parents had attended a support group before while five other parents were experiencing a support group for the first time.

When asked what they hoped to accomplish by being a part of the support group, the majority of the parents stated that they hoped to meet new friends who had been through the same experience as they had. Three parents were unsure what they hoped to get out of participating in the group. When asked if they had any fears or concerns about the group, four parents replied that they had no concerns, while the other four parents shared that they were afraid of showing or expressing their feelings and afraid of being hurt. One parent was not looking forward to reliving the bad memories.

All of the participants felt that the topics that had been chosen for the sessions were a good way of getting the conversation started. It was also determined that none of the participants had developed a dependency on alcohol or medications as a result of the death of their child.

Results of the Mid-Session Evaluation Questionnaire

The tool that I used to evaluate satisfaction with the group at the mid-way point of the group process included a combination of open-ended and scaled questions (appendix 4). The scaled questions used the numbers 1 to 5. One indicated the least favorable and five indicated the most favorable.

In order to visually assess the results of the scaled questions charts were created for questions 1, 2, and 4 (a). These represent eight people's responses.

Figure 2

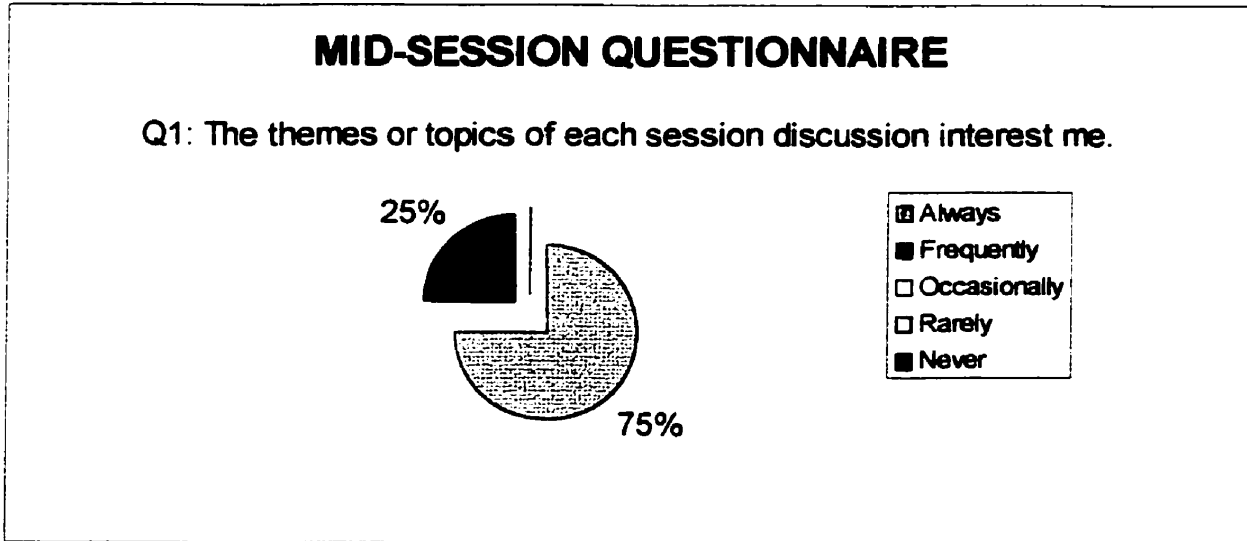


Figure 3

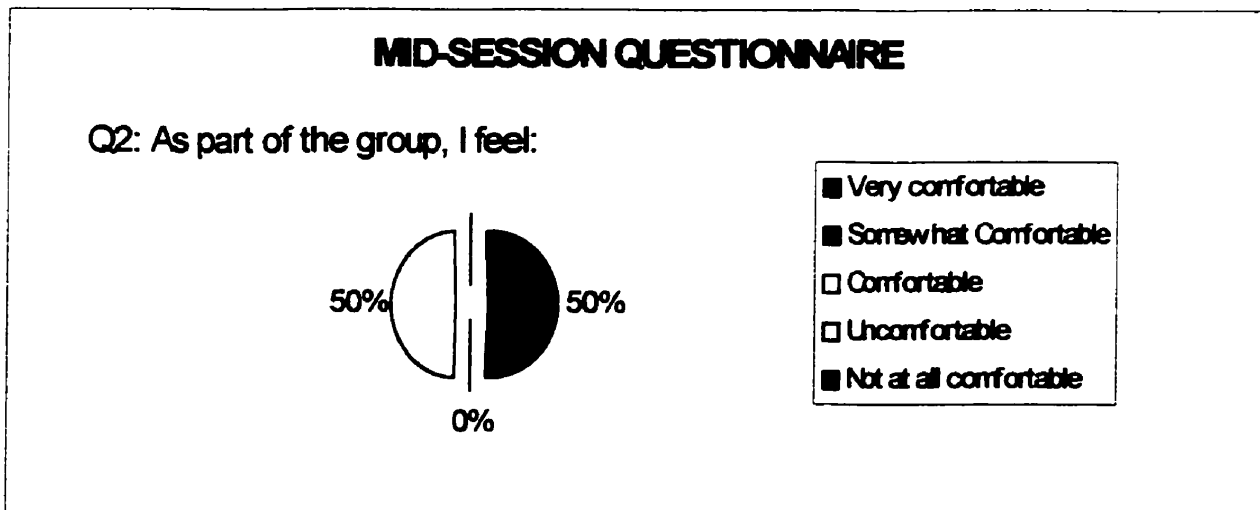
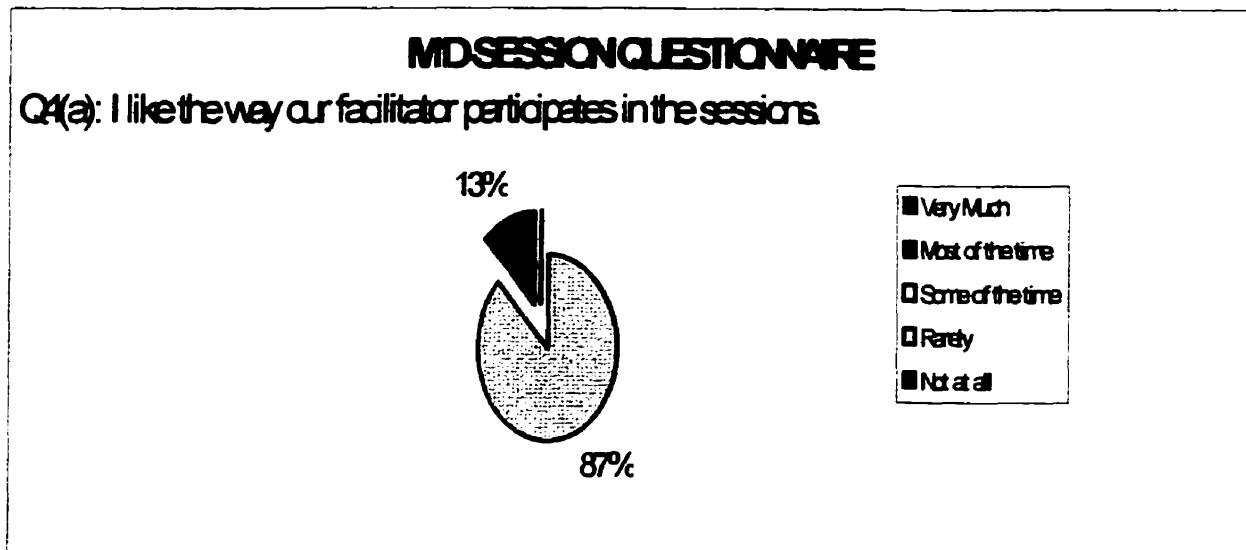


Figure 4



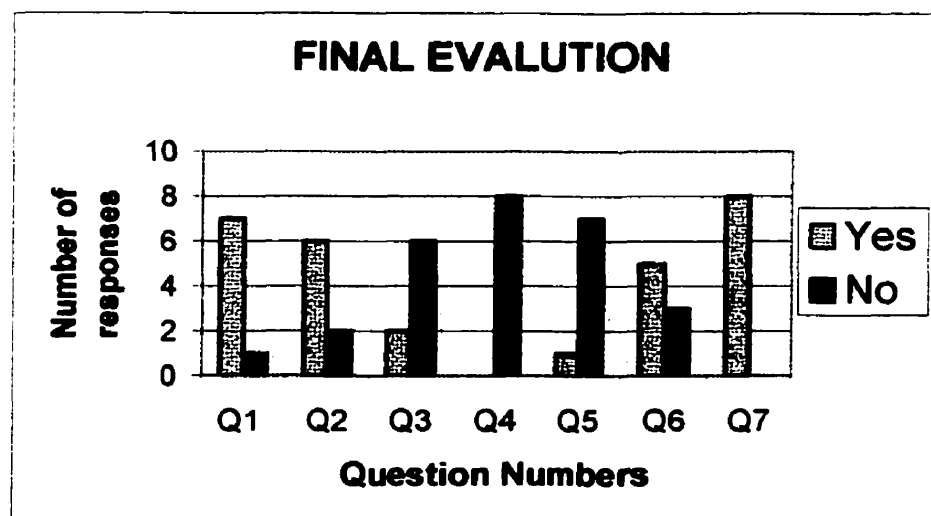
The chart (see figure 2) indicate that the majority of the participants found the topics of each session interesting. When asked about their comfort level in the group, half replied that they were very comfortable and the other half indicated that they felt comfortable (see figure 3). Comfortable was considered more positive than somewhat comfortable. The results of the first part of question 4 indicated that 87% of the group, or seven members, liked the way I participated in the sessions very much while 13%, or one person, liked how I interacted with the group most of the time (see figure 4). They replied in the second part of question 4 that my compassion and concern were evident and that they found me a very “down to earth” person who had, “been there,” because I had suffered the loss of a loved one. They indicated that as a facilitator, I showed knowledge and understanding of the topics, and allowed each person equal time to share and express their feelings.

When the members were asked what they appreciated about the other members of the group most of them replied that they liked the way the others were willing to share their loss and grief, as well as show compassion and understanding of other's feelings of pain. The group members felt that the sessions were going well and could offer no recommendations for improvement. They indicated that they were happy with the process up to this point.

Results of the Final Evaluation Questionnaire

The questions that required a response that could be scaled also allowed a space where members could comment on their answers. The following questions are the same as the questions in appendix 5 but placed in a different order for ease in graphing.

Figure 5

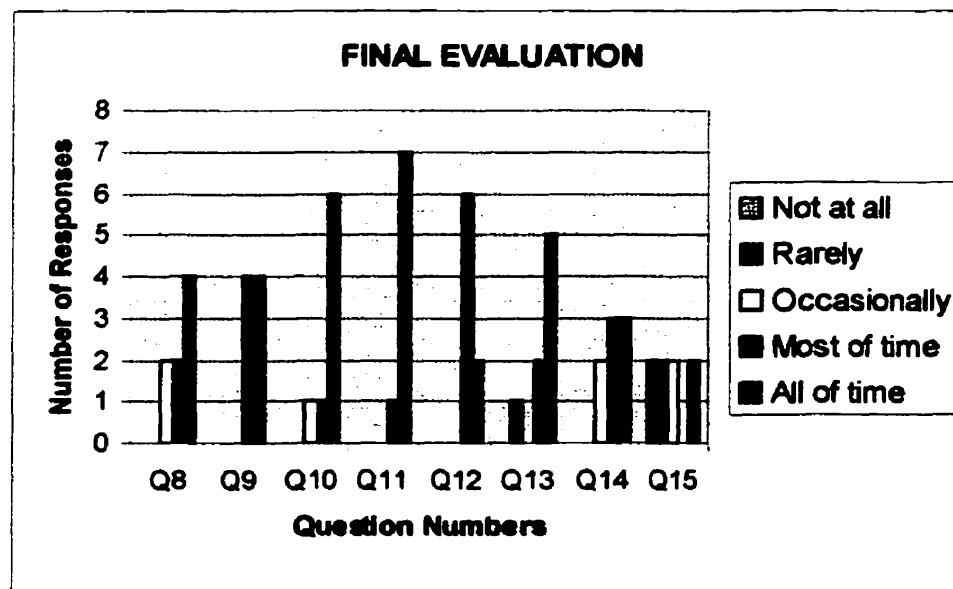


Final Evaluation Questions

- Question 1 Is this your first time attending a support group?
- Question 2 Would you attend another support group of this nature?
- Question 3 Would you change the location?
- Question 4 Would you change the start time?
- Question 5 Would you change the end time?
- Question 6 Did you feel any different about yourself after the group?
- Question 7 Would you recommend this group to someone else?

- Question 8 Did you feel safe in this group to share your stories and feelings?
- Question 9 Did you feel that open sharing and learning were encouraged between members?
- Question 10 Did you feel that your experiences, emotions and feelings were accepted and understood?
- Question 11 Was the facilitator flexible to the group's needs?
- Question 12 Did discussion center around what was important to you as a group member?
- Question 13 Were your unique needs as a bereaved parent identified and addressed in this group?
- Question 14 Were your expectations of the support group met?
- Question 15 Did your initial fears or concerns about belonging to this support group materialize?

Figure 6



(See figure 5) The results of the evaluation questionnaire showed that although most of the participants had not attended a support group in the past, all but two members stated that they would attend another support group of this nature. All but two members were happy with the location for the sessions. These two people wanted to hold the group at another location due to health reasons. Everyone stated that they were satisfied with the start time of the sessions, with one person wanting the group to be longer in duration; “sometimes I’d like to have a few more minutes”. One of the members suggested having two sessions a week for four weeks. When asked if they felt any different about themselves as a result of attending the group, five members stated that they felt the group was helpful for them while three members felt it was too soon to realize the benefit of the group experience. All the members agreed that they would recommend this group to others.

(See figure 6) When asked if they felt safe enough in the group to tell their stories and share their feelings, four of the eight parents indicated that they did all of the time while two members felt safe most of the time and two felt safe occasionally. One of the members commented that although the confidentiality factor had been stressed she felt that some might share some information outside the group, no matter how well intentioned they were. She went on to say that she viewed that possibility as “harmless”. Another member commented that there was another topic that he wanted to talk about but felt it may have been inappropriate. Other comments included, “I’m not one to speak freely about my feelings but at this group I surprised myself”; “the people are very nice”; “very compassionate group”; “initially uneasy the first session, later very comfortable”. Four members commented that they felt that open sharing in the group and that learning

had been encouraged all of the time. The other four felt that open sharing and learning had been encouraged most of the time. One of the members responded that she felt more comfortable discussing a topic that, before then, she would not have talked about. Other members commented that member to member discussion was encouraged but not allowed to take over the group. It was acknowledged that everyone at the sessions felt able to tell their stories and talk about how they coped, which was helpful. The general comment was that the members felt very comfortable with one another.

The participants in the group were asked if they felt that their experiences, emotions and feelings were accepted and understood. Six parents felt that they had been all of the time while one felt that they had been most of the time and one felt they had been accepted and understood occasionally. One member commented; "I feel we were blessed with a fine compatible group. Everyone was sensitive to each other". Another member stated, "The people in the group and Connie herself were so understanding of the pain we are experiencing". One member stated that he felt he got more out of the group than he gave. Seven members responded that they felt the facilitator had been flexible to the group's needs all of the time, while one felt I had been flexible most of the time. They said that the topics that had been chosen were good for discussion purposes. Their responses indicated that the facilitator had been very caring and sensitive to their private schedules making up the time missed so that the members had every minute of group time possible. They stated that their questions and concerns had been addressed with support and understanding. Some members indicated that the facilitator's approach was flexible yet did not allow for anyone to monopolize the session.

When group members were asked if discussions centered around what was important to them, six parents replied “most of the time” while two parents replied “all of the time”. It was indicated in the parents’ comments that some conversations and emotions got “carried away, with good reason”. One member stated that when she talked about her deceased child’s illness, it was comforting to learn that other group members suffered similarly.

(See figure 6) The parents were then asked if they felt that their unique needs as bereaved parents had been identified and addressed in this group. Five members stated that their needs had been identified and addressed “all of the time” while two replied “most of the time” and one member indicated that his or her needs were rarely identified and addressed. The comments following that question did not reveal the reason this parent felt that his or her needs were rarely identified and addressed. Other comments included: “Being only three months after our son’s passing, the group was very understanding of my emotions”; “I was allowed to talk about the entire explanation of my child’s sickness, diagnosis and experience of the hospital stays and the tragic end”; and “After the first couple of weeks, I was so happy to be with people who had also been through the pain of losing a child”.

During the initial interview, I had asked the participants what they expected to get out of belonging to the bereavement support group. The replies included making new friends with others who had experienced the loss of an adult child and making friends with other parents with whom they could share their feelings. Some of the members were unsure what to expect from the bereavement support group. (See figure 6) When asked if these expectations had been realized three parents stated that they had materialized all of

the time; three stated most of the time and two replied that their expectations had been met occasionally. Some responses to this question showed that that they did not know what to expect but felt that support and understanding were provided. One parent commented that, "the facilitator had provided "great" literature and topics that helped the group members deal with their loss".

During the initial interview the participants were asked if they had any fears or concerns about being part of the group. Some of the comments included the fear of reliving very painful feelings including the illness and death of their beloved adult child. During the final evaluation questionnaire the participants were asked if any of their initial fears and concerns had materialized. Two of the parents replied that their fears had never been realized while two stated that they had been realized rarely, two indicated occasionally and two shared that their initial fears and concerns had materialized all the time (see figure 6). The comments were very interesting. They included: "I was afraid I'd break down and go back to 'square one', which I did for the first three sessions"; "I quite readily felt a belonging to this group, with much gratitude to our facilitator". One member commented that she had been afraid that the others would be all couples and she would be the only widow. She was also afraid of reliving the whole painful situation again, commenting that she did relive it but found it easier to talk about her pain as the weeks progressed. Another person expressed initial reluctance but soon felt comfortable in the group.

When members were asked if they felt differently about themselves as a result of being part of the support group, some commented that they did not. One member stated that there was still the feeling of a void in his life, while another member said that she

must still deal with the loss in her own way. One member commented that he or she would have liked to talk more about how one's religion played a part in coping with the death of a child. Most members indicated they did feel different in that they learned they are not alone and what they were feeling is felt by others who are going through the same experience.

The group members were finally asked if they could make suggestions that would help improve or change the sessions. All the members indicated that they had been satisfied with the bereavement support group and did not suggest any changes for improvements. The comments included; "I couldn't ask for or expect a support group to be more accommodating, given the unpleasant circumstances". Others expressed regret that the group had to end while another stated that the sessions had been conducted in a friendly and relaxed atmosphere. The final comment was, "If there is comfort anywhere, it would be found in such a group".

Achievement of Practicum Learning Goals

When reviewing my practicum learning goals I feel I have met these successfully.

- 1) I developed an increased awareness of what parents experience when their adult child dies of cancer. Although I had experienced the death of my spouse, I learned from the parents of this support group the pain that followed the death of their adult child and how they coped with the void that was left in the family.
- 2) My skills in interviewing about loss were enhanced during the initial screening of prospective participants. I found the screening interview questionnaire helpful in guiding me through the initial meeting. It gave me a basis for further

conversation with the prospective members, which in turn helped to develop a sense of trust between us.

- 3) I explored grief and loss issues with parent survivors in a support group setting. As a result of researching the literature on grief and bereavement I became more knowledgeable about the issues of death and dying and consequently presented the topics of each session with more understanding.**
- 4) I developed the skill to facilitate a full range of appropriate interventions with this particular population. As well as facilitating the bereavement support group which offered education about the grief process and a safe place where surviving parents could share their pain, I was able to offer other forms of intervention such as resources, (private counseling contacts and reading material), that helped members through this period of their grief.**
- 5) My skills as a facilitator of a support group were developed. I facilitated the group alone and now feel it may be more helpful to have a co-facilitator for a group of this nature so it would be possible to “debrief” after each session. As this was an emotional experience for me, it would have helped to discuss group sessions directly after they ended. I felt that I created a safe environment for the parents to share their stories. These stories were heart wrenching. We all shed tears, myself included. I would also recommend that the group be held over ten weeks. The feeling expressed by the group members was that they would have liked to have had more time together.**

I felt that I had related well with this population of parents not only because of my age but the fact that I had been through some life experiences as well. I had raised a family as they had and I had experienced the death of a loved one as well, although the death of an adult child is a different kind of loss. I felt these traits had given me credibility with the members in the group.

As a result of this bereavement support group, grieving parents developed friendships with other parents who were experiencing the same feelings. They had a safe place where they could expose their pain without judgement. They were able to support others and be supported which had a therapeutic value. They left the group with plans to get together at a later date.

Facilitating a bereavement support group was very rewarding. As I watched the bereaved learn and grow, I also learned and grew. Admiration and appreciation were mutually expressed. I had the humbling experience of being with the members during this very difficult and painful period in their lives. I was also able to be part of whatever success they may have experienced through this part of their journey through their grief.

Conclusion

As a result of researching literature and speaking to professionals in the field of grief and bereavement it became obvious that there was a need to develop a bereavement support group for parents whose adult child had died of cancer. In most people's life cycles, parents die before their offspring, but when this cycle is shattered by the death of an adult child the parents experiencing this death could be overwhelmed with grief. The death of an adult child can bring about the worst fear among parents. Their own

mortality along with the loss of a legacy becomes very clear and can be very devastating for this population. The parents may have already experienced losses at this stage in their lives. These losses may include the death of their own parents, the loss of a job to retirement, a change of residence because of a reduction in family size, and many more. The loss of an adult child can result in the loss of both instrumental and emotional support at a time when they are needed the most.

A bereavement support group was a safe environment where each member of the group found support for and recognition of their own unique grief. It was an environment where members learned that they were not alone in their journey through the grieving process. Because this bereavement support group had a psycho-educational component to it, the goal was for each member to leave the group having learned healthy coping skills. They also learned the powerful effect of sharing experiences and emotions in a group, and how comforting and challenging it was to support other grieving members as well as receiving support themselves. This was also a stressful experience for group members. They learned how to acknowledge their grief and realized that grief was a “normal” response to loss that was shared by others whose adult child has died of cancer.

As the facilitator of the bereavement support group I guided the members of the group through part of their grieving journey. I endeavored to develop a safe place for encouraging members to share their experiences and emotional feelings. Members were encouraged and guided to support one another. I introduced topics that related to the grief process at each session. Later, I evaluated the success of the support group and determined, through evaluating the responses to the questionnaires, that it was beneficial in helping grieving parents in a bereavement support group.

The practice of evaluation is carried out in order to obtain information about the effects of a single intervention or the effect of a total group experience (Toseland & Rivas, 1997). Evaluation of this bereavement group was carried out for a number of reasons: firstly, to determine if the support group was of benefit to the participants; 2) to develop my group facilitation skills; 3) to assess the effectiveness of a support group model for parents who have experienced the death of an adult child to cancer; and 4) to make recommendations about the use of the group model of treatment for this population for future groups.

Evaluation of the bereavement support group was carried out through various methods. A follow-up telephone call was placed to each group participant in mid-January. Christmas had been anticipated as a very difficult time for the members and I wanted to know how they had managed through the holiday season. I also wanted to determine if the season was easier to live through as a result of having been part of a support group process. After evaluating the comments of the group members, it was determined that the bereavement support group had benefited them all, to different degrees. The member who earlier had stated that it was too soon to feel the benefit of the support group process, told me that he was very happy to have met other parents who were going through the same pain as he was. He said that it was comforting to know this.

The effects of the support group, from the facilitator's perspective, were monitored through the observation of individual group members as well as observing the group as a whole. I kept track of growth and process by making journal entries, completed after each session. I observed how three participants, in particular, grew in their emotional coping. Two of these members did not initially speak about their child's death without

becoming distraught. One of these could not share experiences at all. The third member was very quiet to begin with. Toward the end, these three parents were able to talk freely and participate in group discussions. There was even some laughter shared. By the end of the group sessions, friendships had been made and telephone numbers exchanged for continuing contact. In February, the group met together, except for one couple, at one of the member's homes.

In Winnipeg there have been many support groups for parents who have lost young children, spouses, parents and siblings but this was the first group, to my knowledge, that specifically targeted older parents whose adult children had died of cancer. These parents had already been through a number of life experiences, both good and bad. The positive comments and expressions of satisfaction, by the participants, with the bereavement support group helped me determine that this form of intervention was successful in helping bereaved parents. Their continuing commitment to the group through arranged meetings on their own indicated that they had found one group experience satisfactory.

References

- Blank, J. W. (1998). The death of an adult child. Amityville, New York: Baywood Publishing Company, Inc.
- Brubaker, E. (1985). Older parents' reactions to the death of adult children: Implication for practice. Journal of Gerontological Social Work, 9 (1), 35-46.
- Canadian Mental Health Association (2000). Coping with stress. {Online. Available: <http://www3.sympatico.ca/cmha.toronto/stressc.htm>}. (November 28, 2000)
- Corder, B. F. (1994). Structured adolescent psychotherapy. Sarasota, Florida: Professional Resource Press.
- Croll, L. R. (1998). A family focused approach for treatment of grief and loss: Group and family therapy. Practicum prepared for the Faculty of Social Work. University of Manitoba. Winnipeg, MB.
- Garrett, J. E. (1987). Multiple losses in older adults. Journal of Gerontological Nursing, 13(8), 8-10.
- Hughes, M. (1995). Bereavement and support: Healing in a group environment. Washington, D.C.: Taylor & Francis Publishers.
- Humphrey, G. M. & Zimpfer, D. G. (1998). Counselling for grief and bereavement. Thousand Oaks, California: Sage Publications Ltd.
- Jones, M. (1995). Love after death: Counselling in bereavement. London, England: Jessica Kingsley Publishers Ltd.
- Klass, D., Silverman, P. & Nickman, S. (1996). Continuing bonds: New understanding of grief. Washington, D.C.: Taylor & Francis Publishing.

- Osmont, K., & McFarlane, M. (1988). What can I say? Portland, Oregon: Nobility Press.
- Rando, T. (1988). How to go on living when someone you love dies. New York, New York: McMillan Inc.
- Rosen, E. J. (1998). Families facing death. San Francisco, California: Jossey-Bass Inc., Publishers.
- Shanfield, S. & Benjamin, A.H. & Swain, B. J. (1984). American Journal of Psychiatry 141 (9), 1092-1094.
- Shapiro, E. (1994). Grief as a family process: A development approach to clinical practice. New York, New York: The Guildford Press.
- Shulman, L. (1979). The skills of helping individuals and groups. Itasca, Illinois: F. E. Peacock Publishers, Inc.
- Sundevic, L. (1997). Providing care to a family member in the terminal stage of cancer: Family member needs. Practicum prepared for the Faculty of Social Work. University of Manitoba, Winnipeg, Manitoba
- Toseland, R.W. & Rivas, R. F. (1995). An introduction to group work practice: (2nd ed.). Toronto, Ontario: Allyn and Bacon.
- Toseland, R.W., & Rivas, R. F. (1997). An introduction to Group Work Practice: (3rd ed.). Needham Heights, Massachusetts: Allyn and Bacon.
- Worden, J. W. (1991). Grief counseling and grief therapy. New York, New York: Springer Publishing Company, Inc.
- Yalom, I. D. (1985). The theory and practice of group psychotherapy: (3rd ed.) New York, New York: Basic Books Harper Collins Publishing Company, Inc.

Appendix 1

MEMORANDUM

**MASTERS OF SOCIAL WORK PRACTICUM
UNIVERSITY OF MANITOBA**

**“Bereavement Support Group for Parents
Who Have Experienced the Death of an Adult Child to Cancer**

The facilitator of this group:

Connie Magnusson Schimnowski, BSW, RSW.

I am seeking referrals for my practicum program to provide treatment in a support group setting for bereaved parents whose adult children have died as a result of cancer. In many cases the parents of adult children are elderly and may have already experienced other significant losses in their lives. The loss of an adult child at this stage in the parents life can be most debilitating and traumatic.

A Bereavement Support Group can provide a comfortable safe place for these parents to share their feelings. They will see that although their feelings are unique to them, they are not alone in their journey in the process of healing from their loss.

The group will consist of 8 to 12 participants, and will be of an 8-week duration, starting October 27th and ending December 15th.

The support group will be held in the “Parlor” which is in the education centre of the St. Boniface Hospital nurses residence located at 431 Tache Ave. rm # 1037.

The Bereavement Support Group is a practicum placement in partial fulfillment of the requirements for the Degree of Masters of Social Work. Clinical supervisor for the practicum is Fred Nelson, MSW, RSW, Palliative Care, St. Boniface General Hospital. Dr. Tuula Heinonen, University of Manitoba, Faculty of Social Work is the faculty advisor and chairperson of the practicum committee. Geri McGrath, MSW, RSW Director of Psychogeriatric Services, Deer Lodge Centre is a member of the practicum committee.

Start Date: Friday, October 27th , 2000

Time: 1:00 pm to 2:30 pm

Place: “The Parlor”, 431 Tache Ave.

Names of interested parents and their telephone numbers can be forwarded to:

**Connie Magnusson Schimnowski
at
336-4126 (work) or 338-2654 (home)**

Appendix 2

**BEREAVEMENT
SUPPORT GROUP
FOR
PARENTS WHO HAVE EXPERIENCED THE DEATH OF
AN ADULT CHILD TO CANCER**

This group will run for eight weeks on Friday afternoons
1:00 pm – 2:30 pm from
October 27th to December 15th

If interested please contact:

Connie Magnusson Schimnowski
Social Work Masters Student

336-4126 or 338-2654

A preliminary individual interview will be scheduled with potential participants to provide an introduction to the facilitator and further information on the group. Registration is required.

The Bereavement Support Group is a practicum placement in partial fulfillment of the requirements for the Degree of Masters of Social Work.. It is supervised by the Social Work Department of the St. Boniface Hospital and the University of Manitoba, Faculty of Social Work.

Appendix 3

**ST. BONIFACE GENERAL HOSPITAL
DEPARTMENT OF SOCIAL WORK
&
THE UNIVERSITY OF MANITOBA
FACULTY OF SOCIAL WORK**

Name of Participant: _____
Address: _____
Postal Code: _____ Phone Number: _____
Your Current Work Status: _____

First name of deceased child: _____ **Age:--**

Date of death _____

Have you had any past significant losses? _____

Who do you go to for support when you feel low? _____

What do you hope to get from this group? _____

Have you attended other support groups? _____

Do you have any fears or concerns about being a member of this support group? _____

How do you feel about the proposed topic ideas? _____

Do you use alcohol or medication to help you cope with your loss?

Appendix 4

**BEREAVED PARENTS SUPPORT GROUP
MID – SESSION QUESTIONNAIRE**

Using a scale of 1 to 5, please circle the appropriate number and answer the following questions:

1. The themes or topics of each session discussion interest me.

1 – always 2 – frequently 3 – occasionally 4 – rarely 5 - never

Because: _____

2. As part of the group, I feel:

*1 – very comfortable 2 – somewhat comfortable 3 – comfortable
4 – uncomfortable 5 – not at all comfortable*

3. What I appreciate about the other members of this group: _____

4. I like the way our facilitator participates in the sessions:

*1 – very much 2 – most of the time 3 – some of the time
4 – rarely 5 – not at all*

Because: _____

5. Please provide recommendations for the remainder of our time together or something you would like to see changed:

Appendix 5

**BEREAVEMENT SUPPORT GROUP FOR PARENTS
WHOSE ADULT CHILDREN HAVE DIED**

FINAL EVALUATION

Thank you for participating in this evaluation. Your comments will help facilitators to make improvements and ensure success for future groups. Please circle which answer pertains to you:

1. Is this your first time attending a support group?
Yes No

2. Would you attend another support group of this nature?
Yes No

3. Would you change the location? Yes No
Would you change the start time? Yes No
Would you change the end time? Yes No

Please comment _____

4. Did you feel safe in this group to share your stories and feelings?
1 – not at all 2 – rarely 3 – occasionally 4 – most of the time 5 – all the time

Please comment _____

5. Did you feel that open sharing and learning were encouraged between members?
1 – not at all 2 – rarely 3 – occasionally 4 – most of the time 5 – all the time

Please comment _____

6. Do you feel that your experiences, emotions, and feelings were accepted and understood?

1 – not at all 2 – rarely 3 – occasionally 4 – most of the time 5 – all the time

Please comment _____

7. (a) Was the facilitator flexible to the group's needs?

1 – not at all 2 – rarely 3 – occasionally 4 – most of the time 5 – all the time

Please comment _____

(b) Did discussion centre around what was important to you as a group member?

1 - not at all 2 - rarely 3 – occasionally 4 - most of the time 5 - all the time

Please comment _____

8. Were your unique needs as a bereaved parent identified and addressed in this group?

1 – not at all 2 – rarely 3 – occasionally 4 – most of the time 5 – all the time

Please comment _____

9. Were your expectations of the support group met?

1 – not at all 2 – rarely 3 – occasionally 4 – most of the time 5 – all the time

Please comment _____

10. Did your initial fears or concerns about belonging to this support group materialize?

1 - not at all 2 - rarely 3 - occasionally 4 - most of the time 5 - all the time

Please comment _____

11. Do you feel any different about yourself after the group?

Yes No

If yes, what has changed? _____

If no please comment: _____

12. Would you recommend this group to someone else?

Yes No

13. Suggestions for changes/improvements _____

Appendix 6

April 2, 2001

Dear Participant,

I would like to take this opportunity, to once again, thank you for participating in the bereavement support group. It took a lot of strength and courage to come together as strangers and share your experiences. It was so nice to watch you develop friendships with one another and realize that there are others who share your pain

During our first meeting we discussed the Masters Degree practicum process as well as the fact that any information gathered, as part of the practicum, would be held in confidence and would be used in my report in a non-identifying way. We talked about the sessions being audio taped for purposes of supervision and that these tapes would be reviewed by my supervisor and myself. These tapes will be erased after the report is written. We also discussed the commitment of participation, indicating that you could leave the group at any time if you felt you could not go on. Although the purpose, goals and details of the group and your participation in it were agreed to verbally, for my practicum report, it is best that I have your signed consent indicating that you understand that this information is for my MSW degree and will be written into a report in which you will not be identified.

Please sign this consent form and send it back to me in the enclosed stamped self-addressed envelope. It is necessary that each parent sign a copy of this letter. Couples may send back their signed copies in the same envelope. Thank you again.

Sincerely,

Connie Magnusson Schimnowski

I understand the terms of the Masters Degree process as discussed and that information about the group will be used in the final report in a non-identifying fashion.

Signature of participant:

.....

Date:.....

CARING FOR YOURSELF

There are positive steps you can take to help yourself cope and heal. Give yourself time and permission to work through your grief.

Follow a daily routine

- Try to develop regular eating and sleeping patterns.
- Follow your daily routine as much as possible but avoid being overly busy.
- Include periods of relaxation throughout the day.

Take time to think, feel and remember...

- Try not to run away from your feelings. Cry when you need to.
- Spend some time alone to absorb and understand your grief.
- Find a person who is able to listen well and talk to him or her.
- Think about what you believe about life and about life after death.
- Realize that it is possible to think less often of your loved one without forgetting him or her.

Don't expect too much too quickly from yourself...

- Try to avoid making important decisions too soon.
- Set small goals for yourself and be encouraged by the progress you have made.
- Tell yourself that grief will become less painful and that your life will begin again.
- Take time to really heal.

Do something special for yourself...

- Choose relaxation, leisure, exercise or a massage over tranquilizers and alcohol.
- Do something you enjoy and don't feel guilty about it.
- Listen to music, write in a journal, take walks or learn a new hobby.

Allow others to help you...

- Ask your physician for advice regarding continuing problems of insomnia.
- Surround yourself with other people or living plants and animals but limit the time you spend with people who drain your energy..
- If you feel you would like to talk to a professional counselor, call for an appointment.

It doesn't matter how slowly you go so long as you do not stop – Confucius

AVAILABLE READING

General Reading on Grief

- Caine, Lynn. *Being a Widow*, Bergenfield, NJ: Penguin Publishing, 1988
- Deits, Bob. *Life After Loss*, Tucson, Arizona: Fischer Books, Revised Editions, 1992
- Edelman, Hope. *Motherless Daughters, The legacy of Loss*, New York: Dell Publishing, 1994
- Grollman, Earl. *Living When a Loved One Died*, Boston: Beacon Press, 1977
- Grollman, Earl. *What Helped Me When My Loved One Died*, Boston: Beacon Press, 1981
- Lewis, C.S. *A Grief Observed (Loss of Spouse)*, New York, NY: Bantam, 1983
- Lightner, C. and Hathway, N. *Giving Sorrow Words*, New York: Warner Books Inc, 1990
- Hewett, John. *After Suicide*, Philadelphia: Westminster Press, 1980
- Myers, E. *When Parents Die*, Penguin Books: Middlesex, England
- Manning, Doug. *Don't Take My Grief Away From Me*, San Francisco: Harper and Row, 1979
- Palmer, E. and Watt, J. *Living and Working with Bereavement, Guide for Widowed Men and Women*, Detselig Enterprises Ltd., 1987
- Rose, Xenia. *Widow's Journey*, New York: Henry Holt & Co., 1990
- Staudacher, Carol. *Beyond Grief*, Oakland, CA: New Harbinger Publisher, 1987
- Staudacher, Carol. *Men and Grief*, Oakland, CA: New Harbinger Publisher, 1991
- Tatelbaum, Judy. *The Courage to Grieve*, Lippincott and Crowell, 1980
- Temes, Roberta. *Living with an Empty Chair*, New York: Irving Publisher, 1984
- Westberg, Granger. *Good Grief*, Philadelphia: Fortress Press, 1989
- Wylie, B.J. *Beginning, A Book for Widows*, Toronto: McClelland and Stewart, 1982
- Wolfelt, Alan D. *Understanding Grief*, Bristol, PA: Accelerated Development, 1992

Loss of a Child

- Donnelly, Katherine. *Recovering from the Loss of a Child*, New York: Macmillan Pub., 1982
- Grollman, Earl. *Talking About Death: A Dialogue Between Parent and Child*, Boston: Boston Press, 1990
- Schaefer, D. and Lyons, C. *How Do We Tell the Children?* New York: Newmarket Press, 1986
- Schiff, Harriet. *The Bereaved Parent*, England: Penguin Books, 1979
- Schiff, Helen. *The Bereaved Parent*, New York: Penguin Books, 1977

RESOURCE AND SUPPORT GROUPS

Grief counseling may be a valuable source of support following the death of a loved one. The following agencies provide bereavement counseling and/or support groups:

AGE AND OPPORTUNITY

Individual and group support for seniors. Bereavement groups for individuals who have recently lost a spouse are scheduled several times a year. The groups are limited in size to promote an informal, caring atmosphere. Registration is required. **Phone: 956-6440**

CALVARY TEMPLE SUPPORT GROUP

The program is designed to give people an understanding of the grief process, and the opportunity to share feelings with others in a group environment. **Phone: 943-4551**

CENTRE YOVILLE CENTRE

The Taking Steps Walking Group offers bereavement support in an informal and comfortable way that combines exercise, discussion and companionship. Resources are provided for individual counseling or group support to those having experienced the death of a loved one **Phone : 255-4840**

COMPASSIONATE FRIENDS

Self-help group offering friendship and support to parents grieving the death of a child of any age from any cause. **Phone: 787-4896**

FORT GARRY WOMEN'S RESOURCE CENTRE GRIEF GROUP

This is a group for women that will focus on working with the grief that comes from life losses such as death, loss of a relationship, loss of home or job or health. In the weight week sessions we will look at ways of coping with and honouring our grief.

Registration is required. **Phone: 477-1123**

GRACE GENERAL HOSPITAL BEREAVEMENT SUPPORT PROGRAMS

An eight-week support group offering a safe, caring environment for individuals who have been bereaved. The program is held three times a year. Registration is required.

Phone: 837-0105/837-0560

A drop-in program is held the first Wednesday of each month to offer ongoing support for bereaved persons. No registration is required. **Phone: 837-0105/837-0560**

Grace Volunteers offers individual bereavement telephone support. **Phone: 837-0560**

HOSPICE AND PALLIATIVE CARE MANITOBA

Offers information on coping with grief and one-to-one bereavement telephone support by trained volunteers. **Phone 889-8525**

RESOURCE AND SUPPORT GROUPS

INTERFAITH MARRIAGE AND FAMILY INSTITUTE

Professional counseling services for individuals and families. A fee is charged according to your ability to pay. **Phone: 786-9251**

KLINIC - AFTER SUICIDE BEREAVEMENT GROUP

The group is for adults whose lives have been affected by the suicide of a family member or friend. It is a fourteen session closed therapy/support group. **Phone: 784-4200**

NORTH END WOMEN'S CENTRE

Offers a twelve week grief program for women who have experienced the loss of a loved one. **Phone: 589-7347**

ST. BONIFACE GRIEF SUPPORT PROGRAM FOR CHILDREN AND TEENS

Self-help group offering friendship and support to parents grieving the death of a child of any age from any cause. **Phone: 237-2344**

STRUGEON CREEK UNITED CHURCH GRIEF SUPPORT GROUP

People through sharing of their grief experience receive support. **Phone: 889-5362**

WINNIPEG CHRISTIAN COUNSELING GROUP

Individual and group counseling are available. **Phone: 488-1500**

YM-YWCA GRIEF CONSULTATION CENTRE

Individual counseling services are available. As well there are bereavement groups for widows under the age of 60 and for children over the age of 18 who have lost a parent, grief discussions for men, and a suicide bereaved support group. There are Y-member and non member fees.. **Phone: 947-3044**

WORLD WIDE WEB SITES ON GRIEF

Crisis, Grief and Healing is a page where people can browse to understand and honour the many different paths to heal strong emotions. <http://www.webhealing.com/>

GriefNet is a system that can connect you with a variety of resources related to death, dying, bereavement and major emotional and physical losses. <http://revendell.org/>

An information and self help resource for, and by, widows and widowers.

A site about grief, how to deal with, and how to turn it into a positive creative experience. <http://www.goodgrief.org/>

Sorrows can be borne if you put them in a story or tell a story about them. - Isak Dinesen

COPING WITH THE HOLIDAYS

For those who are grieving, coping with the holidays is no small task. These suggestions will help to make your grief a little easier and your holiday season a little lighter.

Be with those who comfort you...

- Share your thoughts with someone you trust and are comfortable talking to. Trying to ignore the absence of a loved one can make you feel alone and depressed.

Acknowledge and accept your feelings...

- The holiday magnifies our feelings of loneliness, bitterness, anger, frustration and depression.
- All of the emotions you experience in grief are natural reactions to the death of loved one.
- Don't feel pressured to be joyful and celebrate; these may not be the feelings you are experiencing. However, don't feel guilty if you do enjoy yourself.

Remember...

- Include your loved one's name in conversation and share your memories. Remember the good times as well as the bad. Remembering is a very healthy and healing experience. You can laugh and cry as you remember times spent together.

Eliminate unnecessary stress...

- Don't do anything that is extremely uncomfortable for you. If you don't feel like putting up decorations, buying presents, going to church, synagogue, mosque, then do it.
- Keeping busy only increases stress and postpones working through your grief.
- Lower your expectations for the holidays and do *what* you can *when* you can.

Plan ahead...

- Make plans for the holidays, even if the plans have to change. It is more beneficial to plan than to just let it happen. You may choose to celebrate as usual, or you may:
 - change the time of eating your traditional dinner
 - change the room to eat dinner in
 - go out for dinner to a restaurant or accept an invitation to someone's house
 - change the menu from the usual; cook ham instead of turkey
 - go to church at a different time than you usually do or sit in a different location
 - change the type and size of your tree and put it in a different spot in the house
 - change the time that you usually open presents

*Tears are not a sign of weakness, foolishness or lack of faith.
Tears are evidence of the capacity to care. (Rev. Dale Turner)*