



*Putting heart
and soul into care*

Heart & Soul



The NurseLink
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The Existence of Love

by Marjorie Pizer (1981)

To you the Living, Poems of Bereavement and Loss.

(from Selected Poems 1963–1983, 1984, Pinchut Press: Sydney)

I had thought that your death
Was a waste and a destruction,
A pain of grief hardly to be endured.
I am only beginning to learn
That your life was a gift and a growing
And a loving left with me.
The desperation of death
Destroyed the existence of love,
But the fact of death
Cannot destroy what has been given.
I am learning to look at your life again
Instead of your death and your departing.



Our Universal Search for Meaning

by Geri Marr Burdman, RN, Ph.D.

Dr Burdman is a health counselling and gerontology specialist and an international health consultant.

The NurseLink Foundation is proud to have her as a member and professional consultant

The search for meaning is a primary motivational factor in humans the world over. People who seem to be the happiest and healthiest at any age are those who are connected with others through mutual need and respect. Universally, these people are engaged in life and share some common characteristics:

- an acceptance of responsibility for themselves and their actions and deeds;
- flexibility and resilience in the face of change and adversity;
- a capacity to accept joy as well as sorrow;
- a respect for other human beings and the expectation that this respect is reciprocal;
- an ability to give and receive love and to consider the needs of others;
- a sense of community and responsibility toward neighbours and fellow humans;
- an understanding of the cycle of life and an acceptance of death as a stage of life.

Unconditional Meaning Across the Lifespan

Viktor Frankl, the Viennese physician whose life work focused on teaching and helping people find meaning regardless of circumstance, age, or social condition said:

‘We must never forget that we may find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. When we are no longer able to change a situation—we are challenged to change ourselves.’

Viktor Frankl’s writings address a human malady—alienation, a sense of estrangement or abandonment, of not belonging. This feeling of meaninglessness or inner emptiness has taken a great toll and often manifests as depression and despair in today’s world.

The search for meaning is a universal longing among humans. It is one aspect of an all-encompassing phenomenon of ‘being human’—reaching out for a purpose worthy of one’s efforts. People who seem to be the most contented at any age are those who have a sense of community. These people are connected with others and they acknowledge and work toward a purpose in their lives. They are active and engaged in something that gives them a reason to get out of bed and organise the day.

Volunteering at NurseLink

Volunteering your time or skills is a wonderful way to show you care. It's a great way of making a difference to your own life as well as to the lives of others.

Opportunities include:

- Practical hands-on care with nurse supervision
- Events support/ fundraising
- Answering the office phone

Contact the office by phone 8232 0211
or email nurselink@nursehomecare.com



The meaning of life differs from person to person, from day to day, and from hour to hour. What matters is not the meaning of life in general but the specific meaning of our lives at a given moment. We each have a personal 'vocation' or mission in life to carry out our assignments.

According to Frankl, meaning in life can be discovered in three ways:

1. By doing a deed or through service;
2. By experiencing a value and loving;
3. Through suffering.

The first refers to an accomplishment deemed of personal value and set as a goal; for example, community service. Reaching out and helping others can be a most noble and purposeful activity.

The second refers to gaining full awareness of something, such as a work of art or nature, or someone—through love. Love is becoming fully aware of the very essence of another. Through loving we are given the opportunity to realise our highest potentialities.

A third way to find meaning in life is by suffering. When we face a fate that cannot be changed—loss of family, friends, work, or other serious loss, or an incurable illness—we are given an ultimate opportunity to actualise the highest value, to fulfil the deepest meaning: the meaning of suffering.

Respect for the dignity and potential of each human being embraces hope and purpose and the unconditional meaningfulness of life. What matters, above all, is the attitude we take—how we accept life circumstances. Meaning is experienced by responding to the demands of any situation at hand, discovering and making a commitment to one's own unique task in life, and by allowing oneself to experience or trust in a higher calling that transcends self.

One should not search for an abstract meaning of life. Because everyone has a specific vocation or mission in life, each must carry out a concrete assignment that demands fulfilment. Each person's task is as unique as the specific opportunity to implement it.

Letting Men Grieve as Men

by Dr John Ashfield

However you choose to frame it, grief is not the kind of experience you would go looking for: a confusion of painful emotions, physical upheaval, having your vulnerability on public display. But grieve we must and will, because grief follows most significant losses in our lives—especially the loss of someone we've been strongly attached to.

There's simply no avoiding it unless we block out our whole capacity to feel—our capacity to enjoy living and loving. Trying to keep grief at bay is just to postpone the inevitable, and invites a more overwhelming and difficult experience later on, something that can have serious consequences for our mental and physical health, and relationships.



Every person will grieve in his or her own individual way. But it's important to recognise as well, that men generally grieve and mourn their losses differently to women. Women are usually quite adept at seeking out support for themselves and supporting each other. They tend to relieve their emotional pain through open expression of it, and by verbalising it in the company of others.

Men may have to choose more consciously to allow grief emotions to surface, and will usually need a private or 'safe' ritual space (like a cemetery) in which to experience them, and the healing that brings. Taking time out alone in the natural environment, to be open, vulnerable, and reflective, can also be very healing for men.

An effective and characteristically male way of responding to the emotions of grief is by 'pushing them out' into actions and activities—often ritualised activities.

Men commonly choose to create or build something, or employ a simple ritual, to mark and value in some way (or to commemorate) the death of a person and the passing of things associated with them.

Yet however men choose to engage, express and find healing in their grief, there must always be room to 'take a break' from its intensity. Neither ignoring grief, nor remaining in it continually, best achieves healing. Taking time out to focus on the practicalities of attending to life changes, new tasks and roles, and adjustments in relationships, is also essential to healing and recovery.

Contrary to the popular view that men don't cope as well as women with bereavement and grief, research suggests that only when men are deprived of social support do they fare more poorly than women.

Though men may be more naturally inclined than women to want to be alone and reflective in dealing with their grief, they still need and benefit immensely from the support and company of others. However, it is honest and attentive 'presence' that is often most beneficial, rather than conversation.

They may approach the task differently to women but, if men are allowed to grieve as men, by far the majority of them will manage well.



Universal Human Needs

‘We all have capacities,
talents, directions,
missions, callings...
The task is, if we are to
take it seriously, to help
ourselves to be all that
we are in potentiality.’

Abraham Maslow

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Joy's Story

by Joy Nugent

The work of NurseLink is intertwined with my personal life story. After completing my nursing training at the Princess Alexandra Hospital in Brisbane in February, 1961, I travelled to Canada and worked in an orthopaedic ward. I have no recollection of death ever occurring in what seemed to be an exciting new world.

Following my Canadian experience I travelled to Edinburgh, Scotland for midwifery training and experienced the joys and wonders of the birth of new life. The memory of the first birth I attended is still with me as I recall the proud young mother with her newly delivered baby talking to her husband on the bedside phone. I can now see similarities in the experience of a 'good birth' and the experience of a 'good death'. Both are charged with emotion and signify a life change which will not only entail long and sometimes arduous struggles, but also bring rewards.

When I was in my early twenties, my nursing career took me to London, where I worked for a private nursing agency. During this time I had a significant experience of death when I was sent by the agency to nurse a fifty year old woman who was dying of breast cancer. This patient was being cared for at home by her only daughter who was in her mid twenties—my age. It was an experience etched in my mind by its awfulness. I was instructed not to mention the word 'cancer' and to express hope for recovery and confidence in the doctor. Medications were not named or monitored—just given in blind faith because they were prescribed by the doctor.

The tension of keeping up this pretence and not knowing what to say of comfort to the daughter and mother who were being parted was great. When the mother did die, the daughter was lost as her mother had not been allowed to help her with practical instructions for a future without her. My heart went out to this girl and I accepted her invitation to stay in the apartment with her.



Not knowing anything about a normal grief reaction, I seemed to get it all wrong. When I cleaned the walls of the bathroom it was not appreciated and my actions were taken as an inadequacy or reflection on the part of the mother. My cooking was wrong, my company was sought but was resented. I left, but the memory stayed stored for many years until the death of my own mother at the age of seventy-nine, when I was in my early forties.

Several weeks before my mother's last Christmas, I was walking by a dress shop when I suddenly thought of her and went into the shop to buy her a dress for Christmas. When I arrived home she was still on my mind and I decided to place a long-distance telephone call to her. No answer—I felt uneasy. I tried to phone my brother who lived in the same country town—no answer. I phoned her doctor who told me that he had her in hospital for investigations as she was unable to swallow. I arranged for her to be transferred to another hospital where the investigations could be completed earlier by a surgeon I knew and organised my children to be cared for so that I could travel to be with her.

What alerted me to her need? I am her only daughter and came along late in life after a stillbirth and two brothers. I was much wanted and just a 'joy'. I was not given a second name. I have always been an adventurous soul and left home for boarding school at my own request at the age of fourteen. After boarding school, I lived in the nurses' home before my adventurous spirit took me overseas to further my nursing career and, as it turned out, to marry. My mother must have missed the daughter of her dreams but she accepted who I was and tried to support me.

Looking back, I feel that I could have been more dutiful and attentive, although the boarding school habit of writing home a weekly letter stayed. Somehow she was prepared to pay the price for my freedom. Now, following surgery, she was diagnosed with secondaries in the liver and an unknown primary tumour.

The surgeon broke the bad news gently as he held her hand and told her that he was not able to fix the problem. The private hospital staff were accepting of the fact that their patient's daughter was a nurse who wished to be involved with her mother's care. 'My daughter will shower me', my mother told the nurses when I went to the hospital to take her home in the dress I had bought as a Christmas present.

We both knew that time was limited. My previous experiences of death were no preparation, so I trusted intuition and was strengthened by my mother's faith in me. The front room had been kept for visitors but now it was where my mother chose to end her days. Her garden was her pride and joy and she knew all the botanical names of the plants in her care.

The day we arrived home and wheeled up the ramp prepared for my father's wheelchair, her gardener came and she could hear the reassuring sound of the lawn mower. I picked flowers from her garden and placed them in her room. The atmosphere was good as neighbours called and well-wishers phoned to receive the news that jaundice was setting in and it was just a matter of time. The local doctor did house visits and was supportive of my wish to keep her at home—at least until she became unconscious. The minister visited and read her familiar Bible passages. Perhaps her biggest comfort was her little tape recorder and the Scottish tapes of empowering songs and hymns which she played—especially in the early hours of the morning when she felt most vulnerable to negative thoughts.

One night she dropped her bundle and was bemoaning her worthlessness and I begged her to stay strong so that I would have happy memories of our last days together. She said that she was trying.

Now I say to dying parents that they are about to give their children a most precious gift, the gift of example and courage. Stories are told about the need for children to release their parents and 'letting go' is encouraged. 'I'll see you tomorrow, mum' may mean that mum will be there because that is what will please her daughter. 'Mum, I know that you are having a struggle and although I love you and will miss you, please let go if you are ready' may be an example of how 'to let go' is to love.

It was to be some years before my restlessness relentlessly prodded me to return to nursing. I had not practised my profession for twenty years and, fortunately, a shortage of nurses meant the opportunity to complete a refresher course at a large teaching hospital came my way. It was difficult to step out of my routine of children's activities, working in my husband's orthodontic practice, playing bridge and golf, having dinner parties and exciting holidays and enter a world of regular working hours, 2,000 word essays and to wear the blue uniform of a refresher student.

Again death confronted me in an unpleasant way. I observed that fear of death and a distancing from death were masked behind hospital procedures which replaced a genuine concern for the real needs of the patient. Thankfully, in a more enlightened way the hospice movement has put the patient's comfort first through providing good palliative care. My patients and many mothers have been our teachers and inspiration.

In early September Joy received a letter from Lord Mayor, Michael Harbison, offering her congratulations on behalf of the people of Adelaide for being recognised as one of the Asia Pacific Business Council for Women's 'Women of Distinction'. He also personally congratulated her on being Social Entrepreneur, Entrepreneur of the Year 2007 Central Region, Australia, at a Gala dinner hosted by Ernst & Young at the Hilton Hotel on September 13.



Joy is seen here with a patient who is looking back over life—remembering, and trying to make sense of, the significant and life changing events that imprint soul.

New membership application

To become a Member of the Foundation, fill in the form enclosed within this newsletter and send it to us. Please include your membership fee of \$25.00 (GST inclusive).

As a Member of the Foundation you will receive:

- The **Heart&Soul** newsletter sent out in the mail on a quarterly basis
- Opportunities to attend educational programs designed for health professionals and all those interested in learning more about life
- Information about fund-raising events

The NurseLink Foundation newsletter **Heart&Soul** will be published four times a year. The next edition will be released in Summer 2007/08. If you would like to receive our newsletter, or have something you would like to contribute, send us your details:

email
nurselink@nursehomecare.com
tel 8232 0211 or *fax* 8232 3923

The publishing of newsletter contributions is subject to consideration by the NurseLink Foundation Board.

This newsletter is printed on 100% recycled paper.

Report on further fundraising and public awareness functions

The Lawyer, the Magician and Dinner

Lawyer and Magician Gary Edwards showed those present the illusions that undermine trust, and how we can build and maintain trust through the conversations we have every day. This great night was sponsored by Maria Kenda from Kendacraft Jewellery.

'A Near Death Victory' Lunch

Presenter Derrick McMannus, when he was a member of the elite SA Police Special Task and Rescue Group, was shot 14 times and was almost drained of his life force before being rescued. His was a tale of courage and insight experienced by so many who have had a 'near death experience'. This memorable well-attended lunch was sponsored by Bird in Hand Winery.

Sunset Seminar—Understanding men and emotions and how they deal with grief

Presenter was Dr John Ashfield who is currently engaged in developing and coordinating mental health and men's health initiatives in regional South Australia. This Sunset Seminar saw a packed seminar room and stimulated discussion for many days and weeks. For those who were unable to attend, John's most recent book titled 'Matters for men' and other books can be obtained by phoning (08) 8362 9303 or visiting the website www.peacockpublications.com.au

