COVID-19 and Grief: A Chaplain’s Reflection on the Experience of Supporting Bereaved Parents and Widows in Lockdown

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Abstract: COVID-19 has impacted on the experience of those who are grieving and on the work of those who support them. As a newly appointed bereavement chaplain for a community children’s team, I have reflected on the experiences of those I am working with, and on how my role has been impacted by COVID-19. This article looks at several areas where COVID-19 has affected grieving people, both parents and others. I also reflect on my own experience of working with them at this time, the distress this has caused me, and the values and creativity that are leading me forward.

Keywords: COVID-19, bereavement, grief, chaplaincy, parent, widow, child, death, hope, moral injury, negative capability

Resumen (Español): COVID-19 y Duelo: La Reflexión de un Capellán sobre la Experiencia de Apoyar a Padres y Viudas en su Duelo. El COVID-19 ha impactado en la experiencia de quienes están en duelo, y en el trabajo de quienes los apoyan. Como nuevo capellán de duelo para un equipo comunitario de niños, he reflexionado sobre las experiencias de aquellos con quienes estoy trabajando y sobre cómo mi papel ha sido afectado por el COVID-19. Este artículo analiza varias áreas en las que el COVID-19 ha afectado a personas en duelo, tanto padres como otras personas. También reflexiono sobre mi propia experiencia de trabajar con ellos en este momento, la angustia que esto me ha causado, y los valores y la creatividad que me están llevando hacia adelante.

Palabras clave: COVID-19, duelo, pena, capellanía, padre, viuda, hijo, muerte, esperanza, daño moral

1. Chaplain Helen Cockell is a Children’s Bereavement Chaplain with South Warwickshire NHS Foundation Trust, England, UK.
Prologue

In the first week of April, I rang a new referral at her home. Cherish had lost her eight-year-old son about a month before lockdown, having spent the last eight years, and particularly the last few months, caring for him as his body gradually deteriorated. She was eager to talk to me, and her words poured down the crackly line and out of my cheap earphones. She was, of course, in deep grief, wondering what the point of her life was now, going over the days and moments before her son died, and all the what-ifs of his illness. Both guilt and anger were burning her. Functioning in the present was incredibly hard for her. She also had other children at home with her, of primary school age. As she talked, her children constantly interrupted, with demands, squabbles, all the normal stuff of childhood. At the other end of the phone line, I was trying to guess what they were doing, when to respond, when to wait for her attention again. The line intermittently crackled as she moved in and out of good signal range. By the end of an hour, I was exhausted, and angry. This was not what I had signed up for. How could I do chaplaincy properly under these conditions?

Introduction

Over the last few months, during the COVID-19 pandemic, my work has led me to reflect on the experiences of those I am supporting, and my experience of working with them. I have noticed, and I have wondered. I have gained new insights, but in time I trust there will be much more to learn. This article looks at how COVID-19 seems to have affected the way in which people have been grieving, and how this has affected me. I will begin with some brief background information.

Background

I have worked as a chaplain for a middle England NHS Trust for a little over a decade. The Trust has grown over that time, and now includes community services as well as four hospital sites. A few years ago, I began working with the children’s community team, at first just with staff, and gradually with families. The team supports around two hundred families caring for children with complex nursing needs at home. Some families need only

2. All names and some details have been deidentified.
3. The first two of three “levels of seeing” described by Leach and Paterson (2014). The third level is realizing or perceiving.

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minimal support for a short time; others need years of intense support, respite care, and ultimately end-of-life care.

On April 1, I began a new role with the team (as an extension of the work I had been doing) as a bereavement chaplain, funded initially for a year as a pilot scheme. I work with the families of children who require palliative care, as well as those who have lost a child. I approached this role with great excitement and hope, looking forward to having the time and focus that the work deserves. Then COVID-19 arrived, with the United Kingdom entering lockdown in late March. This has drastically altered the shape of my work. It has also altered the ways in which families have experienced grief.

As I write, the United Kingdom, similar to other countries around the world, is struggling to cope with the COVID-19 pandemic, and is just beginning to ease lockdown measures. A nearby city is back in stricter measures due to a local outbreak. Altogether, although quieter and resuming normal services at the moment, the hospital has so far seen the deaths of just over a hundred patients recognized as having COVID-19. Most children in the country are still not attending school. Within the group of families being supported by the community team, many are shielding, meaning that the parents have taken over much of the care of their children, and only the very minimum of contact with others is allowed, including healthcare professionals.

The Experience of Grief under COVID-19

COVID-19 impacts upon each family and each person in particular ways, as noted by other chaplains around the world (e.g., Drummond & Carey, 2020). For example, for the family introduced at the beginning of this article (see the Prologue), having primary school children at home affects the space and time Cherish has for her own grief. For Susan’s family, her mother could not attend baby Freddie’s funeral without staying overnight, as she lived too far away to make the journey possible. These particular and individual effects of COVID-19 on grief share some common factors. Mainly, these have added to the weight of grief, made it yet harder to bear. Perhaps there are some shared aspects of this strangeness which provide lights in the darkness, small bright points of hope, that have given people a focus.

I have been working with a handful of grieving people over the last few months. Most of them are mothers who have lost a child, sometimes to a relatively short illness, sometimes to a condition that was present throughout their lives. The children have all died in the last year, mainly before lockdown. The children’s ages varied from 6 months to 12 years. Some of their parents I have known for several years; some I have met (not necessarily in
person) only in the last few months. I have also supported two widows and conducted their husbands’ funerals. These are the people whose experiences of grief under COVID-19 I am reflecting upon within this article. I will look at several different aspects of their experiences as they have appeared to me: the pain of grief; mourning; anxiety; practicalities of adjustment and support; and self-efficacy. These relate to some of the tasks of mourning described by Worden (2009, p. 39ff), and move from the loss-oriented aspect of the dual processing model (Stroebe & Schut, 1999) to the restoration orientation.

The Pain of Grief

Many of the people I have supported have talked of the acute pain of grief, and their longing to be free of it. One mother, Jane, found this analogy helpful: it’s like a heavy, jagged stone, which is gradually wrapped about with other things – comforts, memories, new experiences, mourning rituals. These cushion it, making it bearable, but it is always there, and sometimes it escapes its covers. This process takes time, gentle love, and courage. “It is not how to find an answer, but how to live without one” (Worden, 2009, p. 49). At the most intense points of grief, Jane curled up around her pain in a tight ball. Gradually, she finds herself more uncurled, and more often, I have noticed that she stands straighter and moves more easily.

During this pandemic, there is less to distract from that pain, more space to ruminate, to focus on the agony. Worden (2009, p. 21) talks about yearning, and suggests that “pining” is the British alternative. Pining seems to me a more powerful word, as it says more about the effect of the feeling on the person themself; pining is physically debilitating. For some grieving people, the space of lockdown – the lack of everyday interruptions and distractions – has allowed the pain to embed itself more fully, to overwhelm more completely. Grief and pining take over. When many of us are choosing to wear pyjamas all day, and the normal expectations are gone, it can be easier for a person to succumb to their grief, harder for them to get up and carry on. Jane expressed herself using a different metaphor: “There is a Thomas-shaped hole in my life. In the daytime, I can walk around it. At night, I fall in.” In COVID-19, perhaps the difference between night and day is less clear, and that hole can be more perilous than ever.

Many households are finding under COVID-19 that their family dynamics are magnified. For families who have lost someone, there are new dynamics to establish.4 Some of the families I have been supporting have

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4. The third task of grief: to adjust to a world without the deceased (Worden, 2009).
talked about the benefits of lockdown in this area. They have learnt sooner than expected how to be two instead of three, or three instead of four. “So, this is how it feels to have both parents at home, and not one at the hospital,” as one sibling said. Parents have talked to me of new routines they have developed, be it helping a child with homework, exercising with Joe Wickes\(^5\) each morning, or watering and nurturing newly planted vegetables through the dryness of May. Thomas’s sister said frankly to her mum, Jane, that she felt she now had her mum back again (a recognition that came with pain and guilt as well as joy). Jane felt that their relationship had been rebuilt more firmly and more quickly because of the time they are spending together in lockdown.

For others, though, this has made the change more stark, the contrast too quick and too intense. Claire, who lost her husband Chris just before lockdown, has felt rushed through her grief to this point, made to face the starkness of an empty house with no respite. And the intensity of relationships between household members in lockdown seems to have shown up the way in which each person in the family grieves differently. Emily is finding it hard to cope with her husband, David, who is more taciturn, less expressive, in his grief; she feels he is holding on to anger, and she longs to help him. She comes back to this again and again, even though she wants to be able to let him grieve in his own way, and she knows he talks when he needs to. Without others around, with all their time spent together in lockdown, her frustration is harder to put to one side. In another household, Sharon is more concerned about how her grief is affecting the others in lockdown with her, her young son and partner. She doesn’t want to upset them with her tears, and she is constantly working not to break down in front of them (despite my reassurances). Guilt and anger come with grief (cf. Kübler-Ross, 1970; Kübler-Ross & Kessler, 2005). In lockdown, among the families I have been supporting, guilt and anger often seem to be magnified, and they can find a powerful focus in the snags in our relationships that we are all noticing more at the moment.

While some find it harder to escape from the pain of grief, others may still seek to avoid this pain. Cherish lamented to me (in the course of that intense phone call) that she had not grieved properly for an earlier loss. Yet I have noticed that she has, in a few short weeks since her child died, and in the midst of a busy family life, found herself a new job. I wonder whether the space to grieve is too painful for her at the moment. Lockdown doesn’t prevent us from avoidance. It might, though, lead us into extremes; we might

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\(^5\) Joe Wickes has provided daily exercise classes on YouTube, which have proved very popular in the UK during lockdown.
find ourselves either holding those emotions at arm’s length, or alternatively being overwhelmed by them.

**Mourning**

Acts of mourning, birthdays, anniversaries, as well as funerals of course, are so different in COVID-19. “Grief is really a social process and is best dealt with in a social setting in which people can support and reinforce each other in their reactions to the loss” (Worden, 2009, p. 132). But under lockdown, grieving people, and those supporting them, have to be inventive and creative. Cake is shared online, not in person. Digital photographs are collected and appear on multiple tiny phone screens instead of one large screen at a do. A birthday is celebrated with balloons and bubbles, not in the back garden with friends and family, but in the street with neighbors.

Chris’s funeral was bleak, a gathering of just five mourners rather than the two hundred who had been expected, and a 20-minute ceremony with no wake (beyond that shared cake online). I felt strongly that I had not done nearly enough, for Chris, or Claire his widow, though I knew I had done all I could in the circumstances. Only their son could hold Claire as she sobbed, the rest of us standing watching with our arms aching to reach out. Listening to others at a Zoom conference last week, I heard a Muslim chaplain reflecting movingly on the sense that things were unfinished; families were left feeling that there was more to do because they had not been able to complete the traditional tasks of mourning.

In COVID-19, we are learning how to mourn with our neighbors. Funeral corteges now regularly find all the neighbors on their doorsteps clapping as they begin their journey from the house to the crematorium or cemetery. Before, these same neighbors might not even have noticed. Yet the grieving family members are part of a wider community outside of their physical neighborhood, who can no longer come together to mourn. Jack, Rachel’s son, had well over a hundred people at his funeral last year. Around thirty came when his ashes were interred months later. None of these same people could be present at his anniversary. They were replaced by willing neighbors, no less caring, who joined together to release balloons in the street. But these caring neighbors did not have the deep and longstanding relationship with Jack and his family that their wider community of friends shared. I have noticed that Rachel has at times withdrawn more into herself and her household, and away from online attempts to maintain that wider community.

Some people I have been supporting have rebelled and met with their family, with their friends, but these meetings are tainted with a sense of
guilt, and the anxiety of putting each other at risk. All of the people I have supported have bent the rules to some extent, and this feels absolutely necessary for them. But this is hard emotional work, assessing and reassessing what is allowable, and what is bearable.

One thing that is regularly lamented, desperately needed, is of course a hug. I am used to hugging and being hugged (though of course I never impose myself). At a funeral I led in the very early days of March, I shook hands with perhaps two hundred people, and I was hugged by strangers. Funerals since, such as Chris’s described above, have ended bleakly, with no more than the desperate voicing of our longing to hold each other. In this area, I too have disobeyed the rules. The week before lockdown, when I should have known better, I was hugged on two occasions by weeping colleagues whose close relatives had died. In early June, trying to offer a symbolic hug to Rachel as I left her garden, I found myself engulfed in her need for physical touch. People need touch, especially in grief, when the world seems altogether less solid. It helps us to ground ourselves in the here and now, to have something, someone, to hold on to. How hard, then, for the widow who is shielding, without anyone to hold her.

**Anxiety**

Anxiety is a major topic which I cannot begin to do justice to here, but I have noticed that common anxieties and fears seem to be exacerbated in the circumstances imposed by COVID-19. Most people I have supported have expressed some anxiety at facing the world around them, perhaps at the thought of going to the shops, or bumping into people and having to tell them what had happened or dealing with another’s awkward pity. These anxieties and fears are magnified in COVID-19. People are waiting months before they have those first conversations with friends face to face, rather than weeks. The dread of what might happen grows. Thomas’s nan wasn’t able to go to his house for months after her grandson died; she dreaded seeing it without him for the first time, and at the same time longed to face that fear, so she could begin to adjust. The fear built in the space that lockdown enforced on her. Claire, who has returned to work since her husband’s funeral, is still dreading meeting colleagues for the first time. Many colleagues are working from home, so the first times will be extended over the months ahead. She is determined to face this with resolution and courage, as Chris faced his illness and the disability it caused, but it weighs down on her.

The anxiety that COVID-19 itself causes feeds into other anxieties of grief. When we grieve, naturally we are faced with our own mortality, and
that of those around us. Sharon has lost one child, Sally, to a rare childhood illness. Without COVID-19, she would naturally be fearful for her son, Josh. With COVID-19, that fear is multiplied many times. Josh could access school, but Sharon will not contemplate letting him go until September. “If I can prevent him getting it, I will. I can’t lose him too.” Fears are exacerbated, and working out how to live in the world without Sally is delayed, for both Sharon and Josh, as they live in this limbo land between life before and life after.

**Practicalities**

The practicalities of life under COVID-19 are changed, warped, complicated, and those who are grieving find it even harder to work out new practicalities for themselves. Mary, the elderly widow who is shielding, is also trying to sort out phone contracts in her husband’s name, bank accounts, liaise with funeral directors. She doesn’t have internet access, and even if she did, she needs to talk to people, people who will listen, understand, and help. These are tasks her husband would have done; they are unfamiliar, and she takes them on reluctantly. Without a high street, without face-to-face meetings, the practicalities become extraordinarily difficult. I wonder how this will affect her mentally and physically.

As well as these everyday practicalities, the practicalities of support become harder. One mother left her crisis support team just before lockdown, with an expectation of a specialist referral for trauma counseling. This has been put on hold. A bereavement group Emily attended has moved online, which she appreciated, but ultimately found too tiring and unsatisfactory. It’s not just me who can’t visit. Access to many – most – support services is so much harder. This is alongside the closure of those other social groups that are so vital at these times: exercise classes, churches, sports clubs, and so much more.

**Self-efficacy**

Another aspect of grief, of adjustment, is self-efficacy, or “the degree to which people feel that they have some control over what happens to them” (Worden, 2009, p. 48). Here, too, of course, COVID-19 exacerbates the difficulties. Our choices are narrowed. Some of the parents I support have been feeling out of control for the months that their children were ill; the solid ground has moved from under them already. They have less sense of their own ability to act. I wonder whether this will make it harder still for them to regain control in bereavement. Rachel, though, among others, had over many years of caring for Jack regained that sense of control. With the
support of those around her (and especially the community team that I work with) she knew exactly what he needed. She cared for him through many life-threatening infections and fits. Yet he died, and with his death came a huge sense of failure, of loss of control. Death robbed her of that control, and left her a sense that her skills were ultimately useless. She has slowly been learning how she might use those skills for others, but, again, everything is delayed by COVID-19. Control is once more taken away from her.

In some ways, though, lockdown has provided a space where people can learn new skills or pick up old ones. Rachel’s garden, where I met her recently, has been a source of healing throughout her bereavement. Now, she and her husband have had time to lavish care on it. There are plants which are there in memory of Jack, and vegetables growing to feed and delight other family members. Wildlife thrives and gives Rachel a sense of her son’s continuing presence there. Her caring nature has found another outlet. Others have focused on cooking, or decorating, or craftwork. Immersive activities, where they can have a break from the pain of grief, and learn that they do still have some control.

**My Experiences at Work**

I would now like to provide a glimpse of how COVID-19 has affected me, in and through this work. I had many plans for the first few months of my new role, many hopes and dreams. I was looking forward to more time to visit parents, and also to attend training courses, network with charities in the area, develop the training I deliver to the team alongside the team psychologist, work with volunteers. With the onset of COVID-19, all my plans were collapsing. At the same time, my attention was taken by the other side of my work (acute chaplaincy), which was snowballing as it reinvented itself. The urgency of this led me to focus on the tasks of chaplaincy, the doing of chaplaincy, rather than the being. From the quantity and range of emails exchanged on the chaplaincy JISCMAIL list, I was not alone in this.

In my community role, I was experiencing an upheaval, a disruption of my hopes and expectations, with its associated losses. This reflected some of the much more significant upheavals faced by those I was working with; untangling my feelings from theirs was essential and difficult. For me, this seemed to focus itself on my relationship with these people, and the nature of our meetings. Mostly, I was phoning people, organizing times by text. I

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6. The fourth task of grief: to find an enduring connection with the deceased while embarking on a new life (Worden, 2009).
offered video calls, but hardly anyone took me up on those. Instead, we had conversations over the phone that felt to me far more stilted and awkward than a face-to-face meeting. I felt distanced, apart. Even with people I knew well, phone calls seemed difficult. They lasted perhaps a third of the time that a visit lasted. This is not a new discovery. “Telephone contacts and office consultations are no substitutes for home visits” (Parkes, 1980, p. 5).

I rehearsed to myself the problems I had with phone calls. I couldn’t read the situation; I couldn’t judge the shape of silences and pauses; I couldn’t see the reaction to my comments and suggestions. And I couldn’t tell when the other person’s attention was taken with children or other distractions, and when they were deep in thought. I tried to slow myself down, prepare with mindfulness exercises, put myself in a physical place in the house that was conducive to attentive listening. Yet the weight of expectation that I put into those calls made it harder too. If this new role was going to work, I had to be able to do this well; somehow, I wanted to convey to the person at the other end all I was trying to offer them. Even at the time, I recognized the folly of this, but recognizing it and being free of it are two different things.

**Presence**

At the heart of my distress was my conviction regarding the central role of presence for chaplains. We are there. That is what we offer. As Nolan puts it, “presence is of fundamental importance to the practice of spiritual care” (Nolan, 2012, Ch. 6). Presence is of course not just about physical presence, but about being present for the other as a person, human beings meeting each other. We need “to be emotionally available – to be a being-with.” On the acute wards, this was easier. Even swaddled in personal protective equipment, I was there. On the whole, the patients were used to it by the time I arrived. They made the most of my presence. And this physical presence made sense to me.

I spoke above of the importance of touch for those who are grieving. Nolan, too, refers to this: “the suggestion that a professional palliative carer should avoid physical contact with a dying person would be as ridiculous as it would be inhuman and lacking in compassion” (Nolan, 2012, Ch. 8). This was of course written long before COVID-19, which may give us different perspectives. Touch and presence seemed to me to be connected. Even when a visit (on the ward or in the home) did not involve touch, the physicality of being alongside seemed crucial to its effectiveness.
Moral Injury

With COVID-19, I experienced in a small part something that my colleagues were experiencing much more profoundly: that thing we have quickly learnt to identify as “moral injury.” Moral injury has been defined in numerous ways (see Hodgson & Carey, 2017), taking in the breadth of physical, spiritual, social, and psychological injury, including both individual and corporate factors. Nolan, in a very basic way, describes moral injury as “damage to the human soul, experienced when people feel conflicted between what they believe they should do and what they are compelled to do” (Nolan, 2020). Some authors discuss the help that chaplains can offer in supporting others (veterans, healthcare workers) who are experiencing moral injury (Carey & Hodgson, 2018; Carey et al., 2016). Chaplains however, can be injured themselves.

I could not give the care that I felt was needed. It went against my moral code not to be there. It felt as though I was devaluing these people by not offering them all I could, withholding something from them; a visit, a reaching out, the offer of a hug. It felt wrong. Not just mistaken, but bad. Phone calls exemplified this, although it was at its most acute at funerals. But to be able to be present at the other end of a phone, or at a pared back socially distanced funeral, I had to put aside my own feelings of distress at the situation, my frustrations, my griefs, and focus on what I could glean of the other. I had to learn another way of being present, to learn how to be focused on the other in a way that they recognized, while remaining physically distant. This sense of being fully present for the other person even during a phone call was highlighted by a chaplain on a recent Zoom conference; for him, it was crucial for connecting him to his own sense of purpose and vocation while shielding.

Many of my phone calls did achieve something useful. The people at the other end did feel supported, accompanied, understood. In fact, I gradually learnt that sometimes, being an invisible presence at the other end of a phone line could be more useful than being in a room with someone. Supervision was crucial in helping me to reach this insight. At least one person probably said more, revealed more, because I wasn’t there with her. More than that, I took on a parent who would only communicate using texts. She did agree to move to emails, and we have emailed at length and regularly over several weeks now. She is still not ready to meet and may never want to. I am learning new ways to listen, to affirm, to hold her grief with her, and walk with her. I am led by her. My experience of phone calls (eventually) made me more open to the possibilities of other modes of communication;
that creativity, which many have recognized, is growing under COVID-19. For that, I am grateful.

**Negative Capability**

Alongside presence, another related aspect of chaplaincy which I value deeply is that of holding the questions, the mess, the pain that another shares, without trying to fix it. This could be described as negative capability, a concept first named by Keats as the state “when a man is capable of being in uncertainties, mysteries, doubts, without any irritable reach after fact and reason” (Keats, 1817). Bion, a twentieth-century psychoanalyst, later developed this idea. Part of being present for another is to share in what they are feeling and thinking, their experiences. In grief, that involves sharing in the other’s uncertainties. The question of how to live without the person who has died remains unanswered, and unanswerable, at least at first. In lockdown, this uncertainty, the mystery and paradox of bereavement, is extended and magnified. Instead of trying to fix it, together (together in some way) we recognize the enormity of it. In the section “The Experience of Grief under COVID-19” above, I shared some of what I have been holding with others, recognizing, and naming with those who are grieving.

In lockdown, facing my own smaller losses, wondering what the world would look like for me, what my new role would look like, and when, I had to hold my own smaller uncertainties too, unsolved and doubtful. Recognizing and holding my doubts helped me to be open to different possibilities, instead of yearning after the old ways.

**Conclusion**

For those I have been working with, the COVID-19 pandemic and the resulting lockdown have made their experiences of grief harder to bear. Pain and anxiety have been more acute and harder to adjust to; the practicalities of adjustment and support have been complicated; mourning has been pitifully inadequate or put on hold; self-efficacy, choice, and control have been limited by the externally imposed rules of lockdown. For me, the situation at first caused a loss of my own sense of purpose and identity. With reflection, support, and time, I have begun to refocus on some of the core concepts of my role, hold the difficulties, adapt to the circumstances, and open myself to new possibilities.
Epilogue

In one glorious way, I have literally been led by those with whom I am working. We have together found a new way of working, which for me is different, profound, and one which I will be glad to offer from now on. I have met with parents for walks together (socially distanced, of course) – this creates a different dynamic to a meeting in a home. Silences are so much easier than on the phone. And, after a silence perhaps, harder things can be said when you don’t have to make eye contact. Some have already developed this practice into “walking therapy.” There are new problems, of course, with walking. What will the weather be like? What clothes are suitable, still professional but also practical? How fast will they walk, and will I be able to keep up without being out of breath? What should a risk assessment encompass? But the rewards are great. I am walking alongside.

When you visit someone’s house, you learn far more about them than you do when you visit a hospital bedside. Walking with them in their neighborhood gives a fresh set of insights. Most beautifully, I am led by them, guided by them into the territory that they want to explore with me. More than once, this means that I have walked routes that they walked with the child who has died. I see the world they saw with that child. And they see that world without their child, but not alone.

One afternoon in early June, I walked with Jane and her dogs through the Warwickshire countryside. We met some of her neighbors, we talked a little about the dogs, but mainly we were by ourselves, and she was able to talk about whatever she chose. She talked of the experience of grief; she talked of the ways that she and her family were trying to cope and adjust; she talked of her frustrations and joys in that; she talked of her child; she talked of her future. She talked of the complications of COVID-19. She led, I followed, and she valued my presence. Later, I met Rachel and her husband in their garden. We shared memories, they talked about how it is now for them, and we tentatively talked of the future. I left with an awareness of the deep grief of those I’d spent time with, but also a sense that I had been there with them, accompanying, holding. I left with a sense of hope.

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