

# Healing After Loss



**Calvary**

Hospitality  
Healing  
Stewardship  
Respect

Continuing the Mission of the Sisters of the Little Company of Mary



# Calvary | About Calvary

Calvary is a charitable Catholic not-for-profit organisation with more than 11,000 staff and volunteers, 15 public and private hospitals, 14 Retirement and Aged Care facilities, and 22 Community Care centres. We operate across six states and territories within Australia.

Established in Sydney in 1885, by the arrival of the Sisters of the Little Company of Mary in Australia, our mission is to provide health care to the most vulnerable, including those reaching the end of their life. We provide aged and community care, acute and sub-acute health care, specialist palliative care and comprehensive care for people in the final year of their life.

## **Acknowledgment**

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If any source material has been inadvertently used or adopted without acknowledgments, we apologise and trust that permission would have been given, as this information has been produced in 'common cause' to help those in distress.

We acknowledge the various contributors to the development of this booklet over the years and those clients who have generously taken the time to provide feedback.



If you are reading this, it may be that someone close to you is very ill or has died recently. This booklet has been put together to help you through what can be a distressing time.

Some of this information may be useful at different times of your journey through grief. The booklet covers a number of topics such as:

- the experience of grief
- helping ourselves and helping others including children and young people
- lists of books and resources that may be of interest to you
- thoughts and reflections from various authors

Please know that everyone's grief experience is unique and very personal. There is no right or wrong way to grieve. Grief can be unpredictable and you may experience emotions you have not experienced before. Reactions to this experience can range from discomfort through to a sense of being overwhelmed. In living with the grief you will find what helps and what doesn't help.

You are the expert in your own loss. However we hope this booklet may be a companion and assistant at this time and into the future.

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# What Does it All Mean?

Bereavement, mourning and grief are terms that are often used interchangeably. However, they do have distinct meanings.

## **Bereavement**

To be bereaved means that you have suffered a loss, by death.

## **Mourning**

The term is often used interchangeably with 'grief' and is also traditionally seen as referring to the public and/or social display of grief based on cultural, religious, social, personal and philosophical factors.

## **Grief**

Grief describes all the emotions and reactions we may experience after a significant loss.

In particular, the death of someone we love or care about deeply can cause us to feel the full extent of grief.

*"It's so curious: one can resist tears and 'behave' very well in the hardest hours of grief. But then someone makes you a friendly sign behind a window, or one notices that a flower that was in bud only yesterday has suddenly blossomed, or a letter slips from a drawer ... and everything collapses."*

**Colette**

*"Stereotyping emotional responses as masculine or feminine can be unhelpful and inaccurate. Some men who do seek support and are comfortable with emotive responses may feel threatened to be described as feminine. Similarly, for women who are more solitary and active in their grief being described as masculine."*

**Doka 2000**

# How Grief Looks Over Time

Thinking	Feeling	Physical	Behavioural
<b>INITIAL PHASE</b>			
Absent Minded Disorganised Thoughts seem 'stuck' Seemingly unaffected	Shock/Denial/Disbelief Numbness Apathetic/blunted Hysterical Dazed/euphoric	Stunned Physical numbness Feeling of unreality Feeling of being out of one's body Unable to function	Social withdrawal Unaware of others Highly sensitive Highly talkative Distracted Unpredictable
<b>MIDDLE PHASE</b>			
Preoccupied with thoughts of deceased Dreams of deceased Sense of presence of deceased Self-centred Nightmares Memory disturbance Loss of faith Confusion Aimless thought Forgetful/poor memory Reduced attention span Preoccupied with memories The deceased tends to be idealised	Sadness, despair, anguish Anxiety, fear, panic Anger, rage Guilt, depression Yearning, longing Avoidance of reminders of the deceased Treasuring special belongings of the deceased Loneliness Apathy, depression Helplessness Hopelessness Meaninglessness Powerlessness	Physical distress Chest, abdominal pain Headache, nausea Palpitations Breathlessness Chest tightness Appetite disturbance Sleep disturbance Lump in throat Fatigue Muscle weakness Crying Restless, agitated Susceptible to illness Lethargic Accident prone Adopts the deceased's traits, mannerisms	Overly dependent upon others Irritable with others Mood swings Unpredictable Withdrawn Attempts to replace the loss by keeping busy Misidentifies others Avoids social situations No interest or initiative Wants to 'give up' Searching behaviour
<b>ACCOMMODATION PHASE</b>			
Resigned acceptance Develops more balanced memories of deceased Pleasure in memories Redefining of self image Possible renewal of faith	May still experience a wide range of emotions but tend to be less volatile Intense emotions may be evoked at special times, anniversaries Sense of meaning in life	Gradual return to physical stability Energy levels return	New/modified aims, goals, plans are made New relationships may be formed Previous relationships renewed, redefined

**Note:** The categories/stages are not as sharp and distinct as the chart may suggest. Manifestations of grief, experiences and time periods can vary greatly among individuals.

From Neimeyer, R A (2000). *Lessons of Loss: A Guide to Coping*. Keystone Heights, FL: Psycho Educational Resources, Inc.

**FURTHER**, although such text book descriptions can be very helpful in confirming that we are not 'going mad' what they don't do is prepare you for the impact of the personal pain that you may feel.

# What is Grief?

- Grief may mean not being able to read more than two sentences at a time.
- Grief may force you into a sudden state where no matter how many people are around you, you feel as if you belong to no one.
- Grief can be walking into rooms or places with clear intentions about what you are going to do and then finding that these intentions have vanished and you haven't a clue what you are doing there.
- Grief can make you obsessively search for a face in a crowd knowing full well that the face you seek cannot be found.
- Grief is capable of emptying our mind of logical thought and filling it with imagination, fantasy and irrationality.
- Grief can make what others think of you unimportant. You may not care about what others around you think or say about you. You may at times make very abrupt or antisocial comments without realising it.
- Grief can push away friends, scare away so-called friends and re-write your address book for you.
- Grief tells the world that you are untouchable at the very moment when touch is the only contact that might reach you.
- Grief can bring such a state of inertia that often on many days you find yourself existing somewhere that is not the past, not the present, not the future.
- Grief is where you can spend a lot of time 'just hanging on' even though you may not be quite sure why.
- Grief can sometimes make you seem mute in the sense that any language, any words seem inadequate, trivial or useless.
- Grief is often filled with silence - a very loud non-noise that keeps you awake at night and drives you from room to room during the day.
- Grief can mean involving yourself in rituals that may seem mad from an outsider's point of view, but make perfect sense within you.
- Grief can fill us with a great sense of meaninglessness so that all the things we value in our life can, for a time, seem trivial.
- Grief can often mean *facade* - using a repertoire of 'masks' and camouflages to keep the world from knowing who we really are and what we are going through.

## **From Ross:**

*"I will not insult you by trying to tell you that one day you will forget. I know as well as you that you will not. But at least, in time you will not remember as fiercely as you do now -"*

**Terence Rattigan**

# About Grief

## You can expect that...

- your grief may take longer than most people think it should.
- your grief may take more energy than you can imagine.
- your grief may show itself in all spheres of your life and who you are. It may affect your social relationships, your health, thoughts, feelings and spiritual beliefs.
- you may grieve for many things (both symbolic and tangible), not just the death itself.
- you may grieve for what you have lost already as well as for the future; for the hopes, dreams and unfulfilled expectations you held for and with that person.
- your grief may resurrect old losses, feelings and unfinished business from the past.
- you may have some confusion about who you are; this may be due to the intensity and unfamiliarity of the grieving experience and uncertainty about your new role in the world.
- you may have any combination of the types of grief manifestations shown in the chart previously.
- you may feel guilty in some way or another whether 'warranted' or not. You may have a poor sense of selfworth and lowered self-esteem.
- you may experience spasms, waves or acute upsurges of grief that occur without warning.
- you may have trouble thinking and making decisions.
- you may feel like you are going crazy, suffer from poor memory and/or feel totally disorganised.
- you may be obsessed with the death or preoccupied with thoughts of the dead person.
- you may search for meaning in your life and question your beliefs.
- you may not receive the understanding from others that you might have expected.
- you may have a number of physical reactions. Sometimes a visit to your GP is appropriate.

*"I didn't know it was possible to feel such sadness. I have been unhappy before, but never like this. Sometimes the sadness is almost like a physical pain."*

***Beyond Grief***



# Deaths that are Minimised or not Acknowledged

Grief and loss are not only personal experiences, but are influenced by society and culture. Especially following a loss in more complex relationships, some people may choose to grieve and mourn more privately. Disenfranchised grief is a term used to describe the grief people experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported (Doka, 2002).

Examples of disenfranchised grief include:

- Relationships that are not known about, for example an extra-marital relationship or a same-sex relationship that isn't out in the open.
- A miscarriage especially when the pregnancy has only been known about by the mother or couple.
- The case of a missing person where the death is perhaps presumed but not known for certain.
- Where there may be stigma and shame experienced by the bereaved that inhibits expression of grief or access to support and comfort, eg death through suicide/HIV/AIDS.

These are just some of many examples of disenfranchised grief. If you or someone you know feels their loss is not sufficiently acknowledged or is minimised, then accessing traditional mourning rituals and coping strategies may be difficult. Finding your own ways to grieve, acknowledging the significance of the death and accessing support from trusted friends, family or professional supports can help those who might otherwise feel very alone in their grief.

# How Long Does Grief Take?

This is the question most often asked. There are no timetables for grief. Time does not 'heal all'. Time is most helpful when the griever can acknowledge and allow the full experience of the loss and learn how to manage those times when grief needs to be put 'on hold'.

## The Journey of Grief

The intensity of grief or mourning will fluctuate over time. The process does not follow a predictable orderly pattern. Grief is composed of many ups and downs, twists and turns, which can temporarily intensify the grief, for minutes, hours, days or longer.

Grief can often flare up for years after a particular death. Certain experiences later in life, eg other losses, memorial anniversary dates, birthdays, times of crisis or joy can temporarily resurrect intense feelings of grief.

In general, people assume that they should 'be over' their grief in only a fraction of the time it actually takes to recover. Rather than being over in a matter of weeks, intense symptoms of acute grief may occur regularly for six to twelve months or longer before subsiding.

In many ways, the pain of grief can last a lifetime, but for most, it doesn't stay the same. The pain of 'older' grief is less engulfing, gentler.

The duration of grief, as well as particular aspects which may be more easily resolved, will depend upon each individual mourner, their physical and emotional state, the meaning of the loss to them, the circumstances of the death and the social support available. This allows for a wide variety of reactions, symptoms, experiences and different durations, all of which can generally be considered 'normal'.

# Continuing Bonds

Experiencing grief and loss doesn't mean that you have to 'let go' or 'get over' the person who has died.

Grieving is an ongoing way of adapting to this change in our life. In some ways grief is neither fully present or finally absent. We learn over time to live with the absence of the person who has died, even if getting on with life and not grieving so deeply may feel like disloyalty.

Grief may contain many difficult emotions as well as happy memories. Recurrent grief is not like recurrent illness - memories of the person who died can be a bridge between the world with and without them. Although someone important to us has died, the relationship with them continues. We don't stop loving them even though they are no longer physically with us.

## **Adapted from *Continuing Bonds***

*Ed. D Klass, P Silverman & S Nickman 1996*

*"We should not speak past tense. Love is a thing that does not fade in a faithful heart..."*

*Our love shouldn't be dead because a person has died... We must reflect on all that was beauty and nobility in that person... so that the seed that has fallen may give a hundredfold harvest in the hearts and lives of others."*

**Metropolitan  
Anthony of Sourozh**

# Finding Your Way

Some writers such as William Worden suggest that there are 'tasks' associated with mourning. You may find knowing about these useful.

The tasks are:

1. To really understand that the person has died. This understanding takes time and has to be learned again every day.
2. To experience the pain of grief. This can be a lonely time; those around you, even those close to you can't know or judge your pain.
3. To find your place in the world without the person who died. This adjusting can involve many ongoing changes in your life.
4. To live in this 'new world' in a meaningful way. This may include new roles, responsibilities, skills and relationships while keeping memories of the person who died.

## **Adapted from *Grief Counselling and Grief Therapy***

*J W Worden, Routledge 1997*

# What May Help?

- Maintain a 'healing' environment: allow openness of thought; allow expression of emotion.
- Avoid excessive use of drugs and alcohol. These can delay the healing process.
- Give yourself time to grieve.
- Give yourself permission to grieve - to experience and reflect on whatever issues/emotions/thoughts arise.
- Expect - at times - to want to talk about many of the same things repeatedly. Try not to isolate yourself.
- Accept the help and support of others.
- Be assertive, tell others what you need.
- Let a few select friends be a bit closer.
- Be aware however, at times, of the benefit of solitude and tranquillity.
- Be realistic in your expectations of yourself as a griever when looking at how you are now. Try to put it into context of what you have had to experience and go through.
- Recognise that your grief is unique. Don't let anyone tell you what you should be doing.
- Don't let anyone minimise your loss. Your perception of what has been lost is what matters. Be aware of advice-givers. If suggestions make sense - try them. If they don't make sense to you, give them a miss.
- Recognise too, that at times - although it will be hard for you to believe - your pain will diminish and you will eventually experience more peace and calm.
- Understand that grief involves not only dealing with thought processes and emotional responses, but coping with practical problems as well.
- If feasible, avoid making major life changes or decisions for a while.
- Work to maintain good physical health - pay attention to appropriate rest, diet, and physical activity, but don't worry if this is too difficult at first.
- Indulge yourself where you can in whatever healthy way helps you.
- Initially, think small in terms of progress and goals. For a while much grief can seem like hanging on by your fingertips.
- Evaluate your progress in small bits and pieces. It may be hard to see any progress on a day-to-day basis, so evaluate your progress over a longer period of time. Check your thinking. Putting negative thoughts on top of hurt feelings can make your progress harder. Tell yourself every day that you are going to make it, even though it might seem nearly impossible right now. For a while, much of grief can be hanging on literally by your fingertips.

*"What wound did ever heal,  
but by degrees."*

**William Shakespeare**

## Professional Help?

Although there is nothing 'abnormal' about the pain, loneliness, and disruption that accompanies bereavement, there are some conditions under which you may owe it to yourself and others to consider using professional help of some sort: doctor, counsellor, minister or the like. While the decision will be personal, you should seriously consider talking to someone about your grief symptoms if you are experiencing any of the following:

Substantial guilt about things you did or feel you should have done.

Suicidal thoughts which go beyond a passive wish that you would be 'better off dead' or could reunite with the one who has died.

Extreme hopelessness, i.e. a sense that no matter how hard you try, you feel you will never be able to recover a life worth living.

## Getting Help

Most of us have learned to be independent and think, 'I'm going to handle this grief myself'. While you may find it difficult to reach out and ask for help, it can make a big difference. Now may be the time, for example, to join a support group, find telephone friends, read about grief, develop new coping skills.

Sometimes, as suggested earlier, it may be appropriate to consider referral to professional counselling services.

Please seek help if you feel at any time that you can't or don't want to

Prolonged agitation or depression, ie a feeling of being 'wound up' or 'totally down' that persists over a period of months.

New or ongoing physical symptoms that are a concern to you and your physical well being.

Extreme anger/rage that seems to be out of your control and that estranges others or leaves you 'plotting revenge' for your loss.

Persistent functional impairment in your ability to work and/or accomplish routine tasks required for daily living.

Relying heavily on drugs or alcohol to diminish the pain of the loss.

**Note:** While any of these conditions may be a temporary feature of normal bereavement and grief their continued presence may be cause for concern and may deserve attention by someone beyond the regular support figures in your life.

go on and/or if your suffering is so great that you feel you want to put an end to it all by harming and/or killing yourself.

You can also find a list of other services and reading materials in the Some Resources section of this booklet (see page 27) that may be helpful to you.

# General Health

You may have physical reactions to grief including an increased risk of illness. If you have physical reactions you can consult your GP.

## Suggestions:

- Be careful about driving; poor concentration and ‘blinking out’ can make it hazardous.
- Poor nutrition leaves you susceptible to disease, as well as weakened bone and muscle strength.
- Poor energy is to be expected. Allow yourself to slow down and let go of some responsibilities for a time.
- Regular exercise is important - even a walk around the block helps.
- Be careful with drugs and alcohol. Whilst it seems to be mostly suggested that grief can't or shouldn't be treated with medication, it may be that appropriate medication can provide some much needed relief or temporary peace from the continual distress of grief. Please consult your GP as appropriate.
- Palpitations, digestive problems, chest pains, shortness of breath may all be normal reactions to grief, but it is important to contact your doctor and have them checked out.

### From: The Anatomy of Bereavement

*“I was so angry I wanted to hit out at God and the world. I wanted to hurt everyone just like I'd been hurt. I wanted to destroy. He'd left me and I hated him for it.”*

**Alice, Age 45**

### From: A Grief Observed

*“No one told me that grief felt so like fear. I am not afraid, but the sensation is like being afraid. The same fluttering in the stomach, the same restlessness, the yawning. I keep on swallowing. At other times it feels like being mildly drunk or concussed. There is a sort of invisible blanket between the world and me...”*

**C S Lewis**

# After The First Year .... Then What?

## First Year

For many people, the first year of bereavement brings a wide range of intense reactions. As you approach the anniversary of the death, you may not feel as 'healed' as you expected to be. It is important to remember that grief does not suddenly disappear, it is a slow process of healing. It helps to have realistic expectations for yourself.

## Second Year

Grief is different for everyone, so don't compare. For some, the second year may be as difficult as the first. Other events in your life may be adding to your stress. Set realistic goals for the future.

## Emotions

You may still find that intense feelings remain or temporarily upsurge.

Depression may re-enter your life or appear for the first time. You may feel as if you are sliding down once more. Whilst this is generally part of the ups and downs of the grief experience, seek help if you are concerned.

'Time will heal' is a common saying. Time does soften the hurt, but mainly it's what you do with the time that makes the difference.

You may still cry a little or a lot. It can be therapeutic, so don't fight it. Cry when you have to, laugh when you can.

## Physical

All types of physical symptoms may appear or recur. Have regular check-ups if concerned.

Although stating the obvious, try and get sufficient rest and sleep, adequate food and nutrition and appropriate exercise and relaxation. Grief can be an exhausting and depleting experience. We need to marshal our physical resources as well as our emotional ones.

## Thoughts

You may still think you are 'going crazy' or that your grief is out of control. It is important to realise grief takes more time than you think it should. Be patient.

WHY?? A question frequently asked by grieving people that often has no satisfactory answer. Try not to become too anxious about finding the answer.

## Social

Don't expect too much of your family. They, too, have their grief.

People may say 'shape up...you should be over it by now...get on with your life... etc.'. You may feel exiled by friends and even family. Talk to someone who understands.

Loneliness may engulf you as you look ahead to life without the person who has died. Some people have attempted to seek new friends or reconnected with old ones. Others have attempted to engage in worthwhile projects, work or other interests when they have felt ready and able to do so.

# For Those Helping the Grieving Person

Grieving people - generally speaking - need someone to listen to them, and all the care, encouragement and support they can get to help them re-establish their lives. Some of the most important needs seem to be:

- The need to feel **support**
- The need to explore this new **reality**
- The need to express **feelings**
- The need to move towards **re-establishment** of their life
- The need to **go on living** in a meaningful way

## We can help in this process by:

- Being Aware** Grief is a normal and necessary part of life, and each individual will need to find their own pathway and their own timetable for this.
- Being There** We can't solve this problem, but just being around to provide support may help.
- Being Sensitive** The grieving person has suffered a deep loss, which we may not recognise and which we will certainly perceive differently to them. We need to encourage them to express their thoughts and feelings at this time.
- Being Humane** We need to allow the grieving person to openly express all their feelings without judging them. Nobody in grief should have to justify their feelings.
- Being Ready** To listen when the story is told over and over again. Talking about the deceased is a vital step towards recovery. The enormity of the loss cannot be comprehended all at once but is realised gradually.
- Being Patient** Mourning the loss of a loved one takes time.
- Being Prepared** Familiarise yourself with the wide range of ways in which grief can manifest. Reassurance that such manifestations are normal can prevent the grieving person from feeling totally overwhelmed.



# Some Practical Suggestions Which May Be Helpful When Offering Support to a Bereaved Person

- Allow the bereaved person to tell their story, if they want to. Whilst talking like this may seem morbid or cruel or may trigger expressions of emotion, it does seem to be a necessary part of the grief process for many. It appears to help the bereaved person to begin to come to terms with the irreversibility of the loss.
- Understand that it may take a while for the bereaved person to realise the full significance of the loss. Some examples of the significance of the loss may be through:
  - Changed role(s)
  - Changed circumstances
  - Changed access to social networks
  - Release from a burden and a new beginning
  - Changed economic status
- Remember that grief is normal and essential. (Note: Some may need the reassurance of a physical check-up by a doctor to settle doubts about their physical health.)
- Listen for accounts of previous losses; were these resolved? Has this experience brought back the memory of previous losses that may be complicating this current grief?
- Listen for details of the family - clues that might reveal how the family as a whole is managing.
- Find out about any children involved. How is it affecting them?
- Listen for, and affirm positive psychological and/or spiritual resources such as philosophy of life and/or religious faith. It is important to encourage people to find their own source of strength and then to reinforce it rather than impose one that may be a source of strength to you.
- Check out social resources: Support systems available to the person may include family, friends, church, neighbours, clubs, groups and the like. Social activities can be a temporary diversion and provide social contact.
- Encourage the person to list the specific problems she/he now has to deal with and help her/him to establish priorities. It can be helpful to offer support in helping the person to work through the list.
- Affirm the bereaved person's worth and competence by pointing out her/his successes and achievements. This can have the effect of reinforcing self- esteem, competence and control.

*"The only courage that matters is the kind that gets you from one minute to the next"*

**Mignon McLaughlin**

# Children and Grief

Children also grieve. However their responses may be different from an adult, and reactions will vary according to age and degree of development.

Children often express their feelings through their behaviour, in play and in drawings, rather than in words.

Generally speaking, children absorb concepts about grief slowly and a little at a time. It is normal for a child to be sad for a little time, then go outside and play happily.

They may continue to ask questions repeatedly over weeks and months and it does seem - for most - that talking about death can ease a child's fear. Otherwise they may learn that death is a taboo, fearful and mysterious subject.

## Talking to the Child About Death

- Be aware of the child's level of comprehension.
- Communicate clearly and honestly. Provide information that is truthful, realistic, straightforward and understandable.
- If you cannot provide answers it may be best to simply say you don't know.
- Avoid euphemisms. For example, to the child 'lost' may imply that the deceased person can be found; 'Sleeping' may imply that the person will wake up.
- Ask what the child is thinking. Ask what the child has heard.
- Tell the child what might happen in terms of the activities of the funeral and grief in general.
- Be prepared for the child to seek ongoing explanation and communication about the death as time passes.
- Share memories - both good and not so good. Maybe start a scrapbook of photographs and other mementoes.
- Talk about some of your feelings. Ensure that the child knows your sad feelings are not their fault.
- Reassure the child that their will be looked after.
- Let the child know that you are not going to hide anything from them, that they are part of the family and that all of you will get through this together.
- Assure children that it is okay for them to go and play with friends or watch a favourite TV show. This can reassure them that life still continues with some things unchanged.

# Children’s Grief at a Glance

	What to Expect	What May Help
<b>Infants</b>	May look for the person who has died. Be irritable, cry more, be clingy, jumpy, fretful, less active or responsive, may lose weight	Keep routines, hold and cuddle, speak calmly and gently, provide comfort items, such as cuddly toy, special blanket or heavy clothing.
<b>2-5 years</b>	May look for the person who has died. Have dreams about, or sense the presence of the person who died. Have magical thinking. Be fearful, anxious, clingy, fretful, distressed, and irritable. May have increased tantrums. May withdraw, be quiet, and show a lack of response. May have changes in eating, difficulty sleeping and regressive toileting, bed wetting, soiling. General regression in progress; i.e. returning to crawling, wanting a bottle.	Keep routines and usual activities. Use words that describe feelings, sad, angry, frightened etc. Tell the child they are safe, and explain who is looking after them. Minimize separation anxiety. Comfort the child with hugs, cuddles, hold their hand, speak calmly and gently and be calm around them. Explain death as part of life, use examples in nature, such as watching plants grow, bloom and die or seasons changing. Provide comforting items, such as a cuddly toy, special blanket, heavy clothing. Encourage play - children use play to help them process what has happened; e.g. puppets, dolls, writing, drawing and physical activity.
<b>6-9 years</b>	May look for the person who has died. Have dreams about the person who has died. Believe they are to blame for the death. Have magical thinking. Be easily distracted, forgetful, anxious; may have increased fears, such as of the dark, or others’ safety. Be clingy, withdraw, be very quiet, and showing a lack of response. Be fretful, not want to go to school. Feel embarrassed and different from others; may conceal their loss. May have physical complaints, such as tummy aches, headaches. Be irritable and have more tantrums, be defiant, develop antisocial or aggressive behavior. Have changes in eating, sleeping and regressive toileting habits.	<p>Keep routines, reassure the child they are safe, and who is looking after them. Use words that describe feelings -i.e. ‘you are feeling, sad, angry, worried.’</p> <p>Allow questions and provide honest answers. Comfort with hugs, and, hold their hand. Speak calmly and gently. Explain death as part of life, use some examples in nature. Let the child help in planning the funeral. Allow the child to have something to remember the person who died. Provide comfort items, such as a cuddly toy, special blanket etc.</p> <p>Encourage play - children use play to help them process what has happened; e.g. puppets, dolls, writing, drawing, painting and various physical activities.</p>

# Children’s Grief at a Glance

	What to Expect	What May Help
<b>10-12 years</b>	<p>May be especially anxious about the safety of family and friends, and themselves. May try very hard to please adults and not worry them. May feel strong emotional reactions, such as anger, guilt, and a sense of rejection.</p> <p>May want to take on more adult responsibilities. Feel embarrassed; feel different from peers; may conceal their loss. Become more focused on what’s happened and ask questions, think about the death a lot, have dreams about it, and perhaps want to talk about it often.</p>	<p>May need all of the help above plus: Time to talk with you and other trusted adults at their own pace. Regular reassurance in verbal and physical ways - a hug or a pat on the back. Honest explanations about events, and emotions. Permission to have feelings, to know and understand their grief. Avoid expectations of adult coping styles. Allow the young person to be the age and stage they are.</p>

# Adolescent Grief: 13-18 years

What to Expect	What May Help
<p>Reactions may fluctuate between earlier age group reactions and reactions that are more adult. Teenagers will often want to be with friends more than family as they seek support. They may find the intensity of emotion overwhelming or scary and not be able to find the words or ways to talk about emotions with others.</p> <p>They may want to feel they're coping, and be seen to be, but be hurting a great deal, or be putting their emotions on a shelf for a later time.</p> <p>Some react with risk taking behaviour – as escape and as a source of comfort; for example, drinking, drugs, more sexual contact or reckless driving. Some may be irritable, defiant, antisocial or display aggressive behaviour. Others may joke or use humour to mask feelings, saying, or acting like, they don't care.</p> <p>May experience strained relationships – may feel embarrassed and different from peers; may conceal their loss and experience a sense of isolation.</p> <p>Many will be easily distracted, forgetful and have difficulty concentrating at school, or not want to go to school.</p> <p>Can be overwhelmed by intense reactions, such as anger, guilt, fear and have difficulty expressing intensity of emotions, or conflict of emotions.</p> <p>May blame themselves for the death. Have questions or concerns about death, dying, mortality, meaning.</p> <p>Experience physical complaints, such as stomach aches, headaches, aching body. Experience changes in eating, sleeping habits. Experience suicidal thoughts. Possibly moving from sadness into depression.</p>	<p>Be honest and spend time communicating about the changes in family life resulting from the death. It can be helpful for parents, or other adults, to share their own feelings regarding the loss.</p> <p>Include the young person in plans for the future. Negotiate needs and wants with teenagers - especially if they are in conflict with adult needs and wants.</p> <p>Allow questions and provide honest answers. Speak calmly and gently. Be willing to listen, and be available to talk about whatever the young person needs to talk about. Acknowledge and validate emotions they may be feeling – fear, sadness, anger and normalise these.</p> <p>Talk about the death if the young person indicates they want to. Try not to force a contrived response. Talk about and explain grief – that it is normal, and that everyone is different.</p> <p>Invite the young person to help in planning the funeral. Allow the young person to own something that belonged to the person who died.</p> <p>Frequently reassure the young person they are safe, who cares for them, and which adults they can trust to ask for support.</p> <p>Keep routines and normal activities going as much as possible.</p> <p>Avoid expectations of adult behaviour, allow young person to be the age and stage they are. Encourage expression of thoughts and feelings - provide ideas for things they could try, such as physical activities, writing, singing, listening to music, talking with friends, reading etc.</p> <p>Consult with professionals, school teachers, sporting coaches or other trusted adults about your teenager. It may be helpful to know and to communicate with your teenager's peer group.</p>

**Table adapted from: 'Children Grieve Too' by Joy and Marvin Johnson 1998**

# Children's Grief at a Glance

## Points to consider:

### How a child or young person grieves

How any child or young person grieves when someone they love has died will depend on many things, such as their:

- age
- gender
- their developmental stage
- personality
- ways they usually react to stress and emotion
- relationship with the person who has died
- earlier experiences of loss or death
- family circumstances
- how others around them are grieving
- amount of support around them

Some children will regress in behaviour and developmental tasks for a period of time.

Boys tend to internalise their sadness and girls tend to cry.

Children may look to adults or older children to understand how to manage their grief.

The KEY thing is for children to feel safe, secure, understood and loved following bereavement.

***Most young people will not generally require counselling. It may be helpful for parents and caregivers to consult with a counsellor to better support the child and gain insight into specific needs.***

# Helping the Child Through Grief

- Let the child know she/he is safe, protected and loved.
- Try and make the child feel secure enough to let the experience of grief occur.
- Don't deny or censor the child's grief experiences.
- Look for ways to help the child express emotions both verbally and non-verbally.
- Alert the school that the child has suffered a bereavement, so that progress and behaviour can be monitored.
- Watch out for 'magical thinking' e.g. the child who thinks that their behaviour or things they have said have caused the death. Correct any misconceptions.
- Reassure the child, if necessary, that it is normal at times to feel angry or upset with the people we love, but that this has nothing to do with their dying or death.
- Remember that the child's ability to remember a loved one in their absence may be limited. Photographs, observance of special dates, and giving the child keepsakes or mementoes can help keep alive the memory of the deceased.
- Recognise that the child may express feelings not only about the death but also about changes that may be occurring in you and your family/social network as a result of the death.
- Keep things as normal as possible. Maintain limits and discipline.
- Let the child help you in an age appropriate way. To expect a child to be the 'man of the house' or the 'little mother' can be unfair and may interfere with their grieving.
- Try and be optimistic with the child that even though things may be painful and turbulent for a while, calm and peace and a sense of order and security will return.

***Adapted from: Hughes, M. (1995).  
Bereavement and Support.  
Washington, DC.: Taylor and Francis***

*"Joy and pain can live in the same house. Neither should deny the other"*

***Tan Neng***

# Helping a Young Person After Loss

## The young person's reactions...

Young people may give adult care givers mixed messages. They may hide their true feelings and thoughts and pretend that everything is OK.

When attempting to understand adolescent grief you need to consider the young person's age and level of maturity as well as the nature of the loss encountered.

Young people, unlike children, are more likely to understand that death is final and permanent. However, there is a tendency for young people to consider themselves as immortal.

Many emotions occur for the young grieving person, including shock, guilt, anger, and extreme sadness. There may be changes in behaviour such as going back to younger behaviours, tears, anxiety, withdrawal, thoughts of suicide, an increase or decrease in sexual activity and possibly the use of drugs and/or alcohol to help block feelings.

Young people react in a similar way to adults, in the sense that reactions to the loss will be unique and individual for each.

## Talking about the loss...

Talking about the loss may help release feelings and thoughts and prevent young people bottling-up unnecessarily.

- Clear, truthful information will prevent misinterpretations, assumptions and fantasising about the unknown.

- Information may need to be repeated several times, as it is difficult to take in all information at once.
- The young person may need to talk frequently and to share their thoughts and feelings, so adults need to be prepared to listen.
- Encourage questions. Answer truthfully.
- Encourage the telling of stories and sharing of memories about the loss.
- Allow the young person - as far as possible to make their own decisions. Dictating to the young person and making decisions for them may not always be effective.

*"One's suffering disappears when one lets oneself go, when one yields - even to sadness"*

**Antoine de Saint-Exupery**  
**Southern Mail, 1929**

*Translated from  
French by Curtis Cate*



# Supporting the Young Person

- Attempt to understand the young person's behaviour, views and the impact the loss may have for them.
- Talk freely about the loss without giving advice.
- Encourage the adolescent to share their experiences. Try not to avoid the subject, which may leave the young person feeling alone and isolated.
- Photos may assist in sharing special moments and memories.
- Encourage talking about dreams as these may assist with important insights into unconscious thoughts and beliefs.
- Suggest writing a letter. This can be helpful because it allows safe self-expression. It might also be a way to work through unresolved issues, as well as saying goodbye.
- Creative activities such as poems or a collage of words and/or pictures that remind the young person of the loss are ways of expressing emotions positively.
- Attending the funeral, lighting candles in memory of the one who has died, visiting significant places, or fulfilling other meaningful rituals may also be beneficial to the young. Attempt to understand the young person's behaviour, views and the impact the loss may have for them.

## After a Death...

- It is very important for families, schools, and health professionals to make themselves available to the grieving adolescent.
- Adults need to provide a safe environment for the young person to discuss whatever arises for them from the loss.
- It is important that young people have access to positive support networks where they have the opportunity to talk when they want, especially within the family. This may be difficult for parents who are attempting to deal with their own personal grief. Young people may tend to feel alienated and isolated because friends may not understand.
- Things that are helpful include good communication in the family, ability to share the death experience with others and reliance on the family for emotional support.
- Things that may lead to difficulties include withdrawal from family discussions and activities, and reluctance to talk about the experience of the death.

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# The Older Person After Loss

People of all ages grieve when someone close to them or a significant person dies, however there may be some specific issues that affect older people.

Older people:

- Have often experienced many other losses such as the death of friends and family members, loss of their health, independence, home or work like. These losses may be triggered in the face of another bereavement.
- May find greater difficulty adjusting to being without someone who has been part of their lives for many decades.
- May be more socially isolated or feel isolated due to their own or others expectations to be 'strong' when faced with loss.
- May be affected by attitudes about the death of an older person that minimise their loss, e.g. Statements such as, "He had a good innings" or "She lived to a ripe old age".

## Resources for Older People

### **My Aged Care**

[www.myagedcare.gov.au](http://www.myagedcare.gov.au)

### **Men's Shed**

[www.mensshed.org](http://www.mensshed.org) or phone: 1300 550 009

### **Lions Club**

[www.lionsclub.org.au](http://www.lionsclub.org.au)

### **Senior's directory**

[www.seniorservicesguide.com.au](http://www.seniorservicesguide.com.au)

### **Probus Club**

[www.probus.com.au](http://www.probus.com.au) or phone: 1800 630 488

### **Council on the Ageing**

[www.cota.org.au](http://www.cota.org.au)

### **University of the Third Age**

[www.u3aonline.org.au](http://www.u3aonline.org.au)

### **Older Womens Network (NSW)**

[www.ownsw.org.au](http://www.ownsw.org.au)

# Bereaved Carers - Specific Needs/Issues

The death of a person you have shared your life with and cared for can be challenging and for Bereaved Carers, there can be unique issues.

Bereaved carers have described a range of difficulties as follows:

- Losing a way of life, a function, a role along with purpose and meaning
- Feeling responsible for how the person died and being plagued by thoughts and flashbacks of what may have been done differently
- Diminished social connection along with hobbies and interests as a result of being a long term carer. Socialising can be reduced to interaction with health care professionals and following the death, this connection ceases and can cause a secondary loss
- Chronic sleep deprivation, disturbed sleeping patterns and undiagnosed health issues due to ignoring personal needs while caring. It is important to address health issues with your GP.
- Loss of a carer's pension and possible challenges for further employment due to being out of the workforce for a significant period
- Financial difficulties due to having low or no superannuation

The following referral information may help:

## **Australian Government - Department of Human Services (Centrelink)**

[www.humanservices.gov.au](http://www.humanservices.gov.au) or phone 13 62 40

For general enquires about carers payments - phone 132 717

For a languages other than English - phone 131 203

## **Young Carers**

Canteen: Young people aged 12-25 affected by cancer. Phone: 1800 226 833

Redkite: Children, young people and their families. Phone: 1800 33 548

## **Older Carers**

Information about aged care services, eligibility and referral options.

[www.myagedcare.gov.au](http://www.myagedcare.gov.au) or phone 1800 200 422

## **Employment**

Help with finding work, resume writing, job applications and information about former cares experiences finding work: [www.skillslink2work.com.au](http://www.skillslink2work.com.au)

## Some Resources...

At times, you may find that professional counselling services, or support group activities, can be beneficial. Some services are listed. As with any type of service you will need to investigate and try to ensure that your needs can be met.

Listing of particular services here does not imply any official sanctioning of that service by Calvary. The list is intended to provide information only for your further consideration.

*Your local council may be able to direct you to community services in your local area.*

**Note: Correct as at November 2018**

# Support Services and Counselling

## **Lifeline**

Phone: 131 114 (24 hours).

Crisis counselling service with follow up and specialised counselling services also available.

## **Kids Helpline**

Phone: 1800 551 800 (24 hours)

Crisis counselling line for kids.

## **Salvo Care Line**

Phone 1300 363 622

## **Compassionate Friends Australia**

Have Chapters in various Australian states, territories and regions. Self-support groups for those who have lost children of any age and through any circumstances. Visit the website for local contact information.

[www.thecompassionatefriends.org.au](http://www.thecompassionatefriends.org.au)

## **Red Nose Grief and Loss (formerly SIDS and Kids)**

Support for grieving individuals and families following the sudden or unexpected death of a baby or young child.

Phone: 1300 308 307 (24 hours)

[www.rednosegriefandloss.com.au](http://www.rednosegriefandloss.com.au)

## **Cancer Council Australia**

Phone: 13 11 20

<https://www.cancercouncil.com.au/cancer-information/advanced-cancer/grief/seeking-support>

# Books on Grief

## Some people find books a helpful resource.

The following book list provides a cross section of books available. You should be able to order these through any major book store.

### Adults

***The Year of Magical Thinking.*** Didion, Joan, Random House, New York (2005)

***Young Widow's Guide to Home Improvement.*** Virginia Lloyd, University of Queensland Press, Brisbane (2008).

***When Bad Things Happen to Good People.*** Kushner, H (1981) USA.

***Getting Back to Life When Grief Won't Heal.*** Phyllis Kosminsky McGraw - Hill (2006)

***Beyond Words - Grieving when your child has died.***

Andrew Thompson and Tricia Irving Hendry (2012), SKYLIGHT NZ

***Forever Loved: A Guidebook for Widows and Widowers.*** Maria Carr and Aisling Pont (2012)

***A Widow's Story.*** Joyce Carol Oates Ecco (2011)

***Nothing was the Same.*** Kay Redfield Jamison Vintage (2011)

***When Bad Things Happen to Good People.*** Harold Kushner, Random House (1997)

***The Heart of Grief.*** Thomas Attig, Oxford University Press (2002)

***Coping with Grief.*** ABC. Australia. McKissock, M (1985)

***Now that the Funeral is Over: Understanding the Effects of our Grief.*** Doris Zagdanzki, Hill of Content (1997)

***Healing Grief - A Guide to Loss and Recovery.*** Barbara Ward, Vermillion (1993)

***A Parent's Guide to Raising Grieving Children.*** Phyllis Silverman et al Oxford University Press (2009)

***The Orphaned Adult: Understanding and Coping with Grief and Change After The Death Of Our Parents.*** Alexander Levy, Da Capo Press (2000)

***Letting Go of the Person You Used to Be: Lessons on Change, Loss, and Spiritual Transformation.*** Surya Das, Harmony, (2004)

***Going to Pieces Without Falling Apart.*** Mark Epstein Harmony (1999)

***Grief and Remembering.*** Kellehear, A (2001)

***A Grief Observed.*** Lewis, C S (1996) England.

***Understanding the Effects of our Grief.*** Zagdanski, D (1997), Aus.

## **Children**

***'What's Dead Mean?'*** Zagdanski, D (2001) Melbourne: Hill of Content.

***How do I Feel About? When People Die.*** Levette, S (2001)

***When I'm Feeling Sad.*** Moroney T. Five Mile Press (2005)

***How it Feels When a Parent Dies.*** Kremenz. J (1993)

***Helping Children Cope with the Loss of a Loved One: A Guide for Grown Ups.*** Kroen, W (1996) USA.

***Lifetimes: Beginnings and Endings with lifetimes in between.*** Mellonie, B & Ingpen, (1983) Millenium Press.

***Waterbugs and Dragonflies.*** Stickney, D. (1982) Ohio.

***Jenny Angel.*** Wild, M and Spudvilas, A (1999) Australia: Viking.

***The Grief of our Children.*** McKissock D, Bereavement C.A.R.E. centre.

## Adolescent

### ***Something I Have Never Felt Before: How Teenagers Cope with Grief.***

Zagdanski, D (1990/94)

***Brothers.*** Van Lieshout, T. (1996)

***How it Feels When a Parent Dies.*** Kremetz, J (1993)

***Weird is Normal When Teenagers Grieve.*** Wheeler, J.L. (2011)

***The Grieving Teen.*** Helen Fitzgerald, Simon & Schuster (2000)

***Can Do It But It's Still Hard: A booklet for teenagers about grief.*** Southern Highlands Bereavement Care Service, Cottage Hospital Building, Bowral Hospital, Bowral NSW 2576. Phone: 4861 8000

*"Oh the comfort, the inexpressible comfort of feeling safe with a person. Having neither to weigh thoughts nor measure words but to pour them out just as they are, chaff and grain together ... and a faithful hand will take and sift them ... keep what is worth keeping and with a breath of kindness, blow the rest away."*

**George Eliot**

*When we honestly ask ourselves which person in our lives mean the most to us, we often find that it is those who instead of giving much advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle tender hand.*

*The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not-knowing, not-curing, not-healing and face with us the reality of our powerlessness, that is the friend who cares.*

**Henri Nouwen**



# Website Addresses

You can find more information at the following websites:

## **Death of a child or grandchild:**

[www.sands.org.au](http://www.sands.org.au)

[www.redkite.org.au](http://www.redkite.org.au)

[www.rednose.com.au](http://www.rednose.com.au)

## **General grief resources:**

[www.grieflink.asn.au](http://www.grieflink.asn.au)

[www.grief.org.au](http://www.grief.org.au) (This website includes some Fact Sheets and other resources that some people may find useful).

## **Death of a partner:**

[www.solace.org.au](http://www.solace.org.au)

## **Grieving children and teenagers:**

[www.ReachOut.com.au](http://www.ReachOut.com.au)

[www.tuneinnotout.com](http://www.tuneinnotout.com)

[www.headspace.org.au](http://www.headspace.org.au)

[www.kidshelpline.com.au](http://www.kidshelpline.com.au)

## **Supporting children and teenagers:**

[www.headspace.org.au](http://www.headspace.org.au)

[www.bereavementcare.com.au](http://www.bereavementcare.com.au)

[www.earlytraumagrieff.anu.edu.au](http://www.earlytraumagrieff.anu.edu.au)







# Personal Notes

# Personal Notes

**NATIONAL OFFICE**

**Little Company of Mary Health Care Limited**  
Level 12, 135 King Street  
Sydney NSW 2000  
Ph: 02 9258 1700  
[www.calvarycare.org.au](http://www.calvarycare.org.au)

**CALVARY COMMUNITY CARE**

Operates in Victoria, New South Wales,  
ACT, South Australia, Tasmania,  
Northern Territory and Tiwi Islands  
Head Office:  
551 Blackburn Road,  
Mt Waverley VIC 3149  
Ph: 03 9271 7333 / 1300 660 022  
[www.calvarycommunitycare.org.au](http://www.calvarycommunitycare.org.au)

**HOSPITALS****AUSTRALIAN CAPITAL TERRITORY**

**Calvary Public Hospital Bruce**  
5 Mary Potter Circuit  
Bruce ACT 2617  
Ph: 02 6201 6111  
[www.calvary-act.com.au](http://www.calvary-act.com.au)

**Calvary Bruce Private Hospital**  
30 Mary Potter Circuit  
Bruce ACT 2617  
Ph: 02 6201 6111  
[www.calvaryactprivate.org.au](http://www.calvaryactprivate.org.au)

**Calvary John James Hospital**  
173 Strickland Crescent  
Deakin ACT 2600  
Ph: 02 6281 8100  
[www.calvaryjohnjames.com.au](http://www.calvaryjohnjames.com.au)

**SOUTH AUSTRALIA**

**Calvary Health Care South Australia Shared Services**  
207 Wakefield Street  
Adelaide SA 5000  
Ph: 08 8179 1500  
[www.calvarysa.org.au](http://www.calvarysa.org.au)

**Calvary North Adelaide Hospital**  
89 Strangways Terrace  
North Adelaide SA 5006  
Ph: 08 8239 9100  
[www.calvarynorthadelaide.org.au](http://www.calvarynorthadelaide.org.au)

**Calvary Wakefield Hospital**  
300 Wakefield Street  
Adelaide SA 5000  
Ph: 08 8405 3333  
[www.calvarywakefield.org.au](http://www.calvarywakefield.org.au)

**Calvary Rehabilitation Hospital**  
18 North East Road  
Walkerville SA 5081  
Ph: 08 8168 5700  
[www.calvaryrehabsa.org.au](http://www.calvaryrehabsa.org.au)

**Calvary Central Districts Hospital**  
25-37 Jarvis Road  
Elizabeth Vale SA 5112  
Ph: 08 8250 4111  
[www.calvarycentraldistricts.org.au](http://www.calvarycentraldistricts.org.au)

**TASMANIA**

**Calvary Lenah Valley Hospital**  
49 Augusta Road  
Lenah Valley TAS 7008  
Ph: 03 6278 5333  
[www.calvarylenahvalley.org.au](http://www.calvarylenahvalley.org.au)

**Calvary St John's Hospital**  
30 Cascade Road  
South Hobart TAS 7004  
Ph: 03 6223 7444  
[www.calvarystjohns.org.au](http://www.calvarystjohns.org.au)

**Calvary St Luke's Hospital**  
24 Lyttleton Street  
Launceston TAS 7250  
Ph: 03 6335 3333  
[www.calvarystlukes.org.au](http://www.calvarystlukes.org.au)

**Calvary St Vincent's Hospital**  
5 Frederick Street  
Launceston TAS 7250  
Ph: 03 6332 4999  
[www.calvarystvincents.org.au](http://www.calvarystvincents.org.au)

**NEW SOUTH WALES**

**Calvary Riverina Hospital**  
26-36 Hardy Avenue  
Wagga Wagga NSW 2650  
Ph: 02 6925 3055  
[www.calvary-wagga.com.au](http://www.calvary-wagga.com.au)

**Calvary Mater Newcastle**  
Edith Street  
Waratah NSW 2298  
Ph: 02 4921 1211  
[www.calvarymater.org.au](http://www.calvarymater.org.au)

**Calvary Health Care Kogarah**  
91-111 Rocky Point Road  
Kogarah NSW 2217  
Ph: 02 9553 3111  
[www.calvary-sydney.org.au](http://www.calvary-sydney.org.au)

**VICTORIA**

**Calvary Health Care Bethlehem**  
152 Como Parade West  
Parkdale VIC 3195  
Ph: 03 9596 2853  
[www.bethlehem.org.au](http://www.bethlehem.org.au)

**CALVARY RETIREMENT COMMUNITIES**

**Calvary Retirement Communities Shared Services**  
Suite 5, Level 1, 342-344 Main Road  
Cardiff NSW 2285  
Ph: 02 4954 1800 / 1800 222 000  
[www.calvarycare.org.au/retirement](http://www.calvarycare.org.au/retirement)

**AUSTRALIAN CAPITAL TERRITORY**

**Calvary Haydon Retirement Community**  
2 Jaeger Circuit  
Bruce ACT 2617  
Ph: 02 6264 7400

**SOUTH AUSTRALIA - MARY MACKILLOP CARE**

**Calvary Flora McDonald Retirement Community**  
206 Sir Donald Bradman Drive  
Cowardindilla SA 5033  
Ph: 08 8159 7000

**Calvary St Catherine's Retirement Community**  
6-12 Coneybeer Street  
Berri SA 5343  
Ph: 08 8582 1444

**NEW SOUTH WALES**

**Calvary Ryde Retirement Community**  
678 Victoria Road  
Ryde NSW 2112  
Ph: 02 8878 1400

**HUNTER REGION**

**Hunter Regional Office**  
240 Maitland Road  
Sandgate NSW 2304  
Ph: 02 4967 0670

**Calvary Cessnock Retirement Community**  
19 Wine Country Drive  
Cessnock NSW 2325  
Ph: 02 4993 9000

**Calvary St Joseph's Retirement Community**  
240 Maitland Road  
Sandgate NSW 2304  
Ph: 02 4967 0600

**Calvary Coinda Retirement Community**  
42 Bathurst Street  
Singleton NSW 2330  
Ph: 02 6572 1537

**Calvary Mt Carmel Retirement Community**  
9 Dwyer Street  
Maitland NSW 2320  
Ph: 02 4932 0350

**Calvary Muswellbrook Retirement Community**  
15 Cassidy Avenue  
Muswellbrook NSW 2333  
Ph: 02 6542 4800

**Calvary Nazareth Retirement Community**  
1 Vincent Street  
Belmont North NSW 2280  
Ph: 02 4947 0047

**Calvary St Francis Retirement Community**  
Gleeson Crescent  
Eleebana NSW 2282  
Ph: 02 4942 7477

**Calvary St Martin de Porres Retirement Community**  
26 Lorna Street  
Waratah, NSW 2298  
Ph: 02 4968 2244

**Calvary St Paul's Retirement Community**  
54 River Street  
Cundletown NSW 2430  
Ph: 02 6553 9219

**Calvary Tanilba Shores Retirement Community**  
71-74 Tanilba Avenue  
Tanilba Bay NSW 2319  
Ph: 02 4984 5922

**Calvary Ephesus Retirement Community**  
88 Dickson Street  
Lambton NSW 2299  
Ph: 1800 222 000

**Calvary St Luke's Retirement Community**  
204-206 Darby Street  
Cooks Hill NSW 2300  
Ph: 1800 222 000

**Calvary Tours Terrace Retirement Community**  
242 Lawson Street  
Hamilton South NSW 2303  
Ph: 1800 222 000

Level 12  
135 King Street  
Sydney NSW 2000  
[www.calvarycare.org.au](http://www.calvarycare.org.au)



Hospitality



Healing



Stewardship



Respect

Continuing the Mission of the Sisters of the Little Company of Mary