

Jane - Grief

P - Dr Birrell, hi.

D - Hi, Jane.

P - Nice to see you.

D - You, too, have a seat. How can I help you today?

P - Right, well. It's taken me a long time to, sort of, actually seek help about this. I don't know where to start, really.

D - Take your time with it. Thanks for coming in, I can see this is upsetting you.

P - It's not really. I'm just so down, I mean it's been a long time - I lost my nana when I was 23. Now, I'm a very, strong, positive person, church-goer, I seek help that way. Physically active, very active indeed; but just of late it seems like suppressed emotions are coming to the surface and making me feel just - yes, I'm still me, just, kind of not level.

D - Okay.

P - If that makes any, sort of, sense.

D - Yeah, of course it does.

P - It's an awful, sort of, strange way to feel. I wouldn't say that I'm manic depressed, you know, I wouldn't—I certainly don't have schizophrenia or bipolar, but it's just a down-ness, and I've tried to keep... That's what I show, I put a mask on and, you know, but, it got so bad and the other week I felt like I was just going to break; as if something was just going to snap in my mind.

D - Yeah.

P - I mean, I spoke to my husband about it, he's a medical consultant and he said, 'you know, maybe just something to lift you up a little bit - to balance you out, because this is just not you'. You're just very flat sometimes and you become agitated just—it's just certainly not me, I'm such a patient person. I mean, initially, he said maybe it's the work you do, but I've been around death since I was 18, so it's not that.

D - Okay.

P - You know, I'm able to deal with quite shocking things, as well, what I see in the post-mortem room.

D - Yeah.

P - It is quite—I don't think it's that, it's not like I have sort of sadness—I know that sounds so cold, but I don't have sadness for these people because I don't know them, but I do everything in my upmost to get, you know, the right outcome and especially for families and things. So, yeah, it's just basically, it's this sadness which you think you deal with, you know, and it's bizarre, the mind is so complex.

D - You've got medical training.

P - Yes.

D - Your husband's got medical training.

P - Yes.

D - You mentioned sadness seems to be the key element.

P - Yes.

D - You've obviously done a bit of background work behind this, and we'll come back to that if that's okay?

P - Yeah.

D - It's all about the sadness and this breaking point last week?

P - Yeah.

D - Aside from that, was there anything else that you were hoping that we would touch upon today or address today?

P - There's no other...

D - Was it just that?

P - Yeah, really, just that. Just sometimes—I just, I'm not an angry person, I don't feel anger, it's just this sadness, it's... I mean I miss her greatly, we all go through grief, it's a process, it's not something you get over, you learn how to deal with it and have coping mechanisms. I just feel like my coping mechanism isn't functioning the way it has been in the past.

D - Losing your nana feels pivotal to all of this, doesn't it?

P - Yes.

D - Yeah. Did you—was there anything else bubbling along that might be linked with this?

P - Yeah, there's been quite a lot of pressure to have a child for the past, I would say, four- I am married, but I need to change my details - for the past four years, but indirect pressure, I would say? But I'm just, I'm not ready for it yet because I need to feel 110%. I know we can't always be 110% but I know that I need balance restored within my emotional state and mental state, and just - I mean, my in-laws are Spanish, they're quite, 'come on, what's wrong with you, come on you should be pregnant by now, you should be pregnant after three months of marriage'. Different cultures.

D - So, a lot of cultural pressure to settle down and have a family?

P - Yes, and I felt a little bit, sort of a little bit, lost that maybe I won't have the support there, because my nana's been removed. Because she would have just - the problem is, Dr Birrell, she did so much for me. So does my mother as well, she works full time, I don't know, that maternal. It's not that I dislike children, I absolutely adore them, I have great relationships with nieces, friend's children... I have animals, I put my energy into my dog, and I just felt, I don't know, I just haven't been ready.

D - Right.

P - And I think, we had a trip to Spain, I think, three weeks ago and I just... I told them, 'please just back off and stop it, because I'm really not coping at the minute, and I'm just not ready'.

D - Yeah, sure. Sounds like you've got a good relationship with your husband.

P - Oh, yeah.

D - Yeah. No undue pressure from that angle?

P - No, no, he's just...

D - He's quite understanding?

P - He's very understanding.

D - Is he desperate to have kids?

P - No, he's not.

D - Alright, so no major issues from that side?

P - No, not from that side of things.

D - You get on well?

P - Yeah, we get on well. I mean, obviously he's very stressed at work sometimes, but he doesn't bring it back with him, doesn't bring it back home.

D - Ridiculous hours?

P - Medical consultant, so yeah, you can imagine.

D - All right.

P - Yeah, but he's started to become more relaxed himself, because I actually had to speak with him about how I felt.

D - Yeah.

P - Communication is key, isn't it?

D - So, you've started that process?

P - Yes.

D - Good, okay. With coming here today, you mentioned some key words, which was that mood was not great and that the stress was bubbled over last week.

P - Yes.

D - Have you actually ventured a diagnosis to this, or not?

P - I mean, could I be suffering from borderline depression, am I at that stage? I don't want to admit that I would have this, that's the thing. I have an armour on, where it's 'I can cope with anything, I'm strong, I can cope with anything'.

D - Yeah, okay.

P - I don't know, but you can't, so.

D - This, kind of, sadness and happiness are in everyone's lives aren't they.

P - Yeah.

D - I think grief is something that would be worthwhile talking about how you can move on and move forward with that. Good, alright. So, can I double check? Things haven't reached a crisis point where you thought about harming yourself or anything like that?

P - Well, I did have a very terrible sort of nightmare, really, that I was sort of dangling from the staircase.

D - Oh, god. As a nightmare? Right, do you ever have these thoughts while you're not asleep though.

P - Yeah, a while ago, I did actually.

D - Okay.

P - I was just actually in the living room, relaxing, nothing really major, with a cup of tea and I just thought to myself, 'have I really got to carry this pain around much longer?'.

D - Emotional pain? Yeah.

P - It's ridiculous. I'm sorry.

D - Would you ever do anything like that?

P - No.

D - Have you ever self-harmed in any shape or form?

P - No, never.

D - So, it was a feeling, and then it went?

P - Yeah.

D - Okay.

P - Sort of a strange bizarre...

D - It's probably more common than we really realise, isn't it? Okay. Your weight's okay?

P - Yeah, I feel like I've lost weight, but I don't know whether that's just from feeling anxious, but I train everyday - exercise makes me feel...

D - Good?

P - Amazing, but it always has done, I've always been very active.

D - Good, okay. You mentioned some words about mania, can I double check that nothing like that in the family, and you've never felt particularly overconfident or...?

P - No.

D - Substances?

P - No.

D - Not a drinker, not a smoker?

P - Not a smoker, maybe the odd glass of red wine in moderation, but always with food really; not a heavy. I don't go out partying.

D - No, okay.

P - Yeah.

D - Okay. And your weight's steady, don't feel bad about your weight?

P - No.

D - Good, okay. Concentration at work?

P - I would say that that has - yeah, sometimes it's been...

D - Wavering a little bit? Consistently or just at times?

P - At times.

D - Safe enough?

P - Yeah, safe enough, yeah.

D - And your role at work at the moment, you're studying?

P - Which I love.

D - And you're a medic?

P - Yeah, I'm a medic, I have a passion.

D - Yeah, are you still enjoying it?

P - I love it, I absolutely, that's what I mean, death doesn't actually faze me.

D - Okay.

P - Yeah, I don't know.

D - Okay, let me just clarify a little bit about your mood, if that's okay.

P - Yeah.

D - On average - so not just today, and not just in the last couple of days, but just over the last 2 to 4 weeks, on example - where's your mood on average, ten's the happiest, nought's the saddest? Nought would be so bad that you definitely would kill yourself, where would you be on that scale?

P - I'd probably say a four.

D - Okay, and in terms of anxiety or stress, feeling panicky or het up - ten's the worst, nought's the best - where would you be on that scale?

P - Maybe six. Six.

D - Okay. So, things are a little bit fraught, but not quite at a diagnostic level, possibly, from what you're saying.

P - Yeah, yeah.

D - You sound normal, you sound healthy and normal.

P - I know.

D - Grief is difficult, isn't it?

P - It is.

D - And it takes many forms, and sometimes it bounces back for many reasons, doesn't it?

P - Yeah. The mind is so complex, isn't it, our emotions are things that you can't physically see.

D - Was there anything in particular that you were thinking I might do for you today?

P - I didn't know whether I could maybe, perhaps, go for some counselling sessions or something?

D - Have you had some before?

P - I've spoken with my priest, who's absolutely amazing, and every time I see him, he just uplifts me, but I can't carry him around.

D - Yeah, yeah, okay.

P - In a bag. He's always there on the phone, but he's just like, 'Jane, the power of God...' and I do believe that the power of God can... He is there to help, and I know not everybody believes and I don't preach it to people, but I do—we aren't meant to feel like this, we aren't meant to feel sadness or darkness, that's...

D - So, you've got techniques of helping to control the negative thoughts and enhancing the positives, haven't you?

P - Yeah.

D - And he's empowered you to do that, without him being there, hasn't he?

P - Yeah.

D - So, there are ways of doing that, there are talking therapies that do that too, as well as the stuff that he's taught you.

P - Yeah.

D - So, we could go down—or you could go down the talking therapy avenue if you wanted to.

P - Yes.

D - There are cognitive techniques, like cognitive behavioural therapy techniques, either on the computer or face-to-face.

P - Yes.

D - Or, from a book that you could channel down if you wanted to, or there's mindfulness, and that can sometimes be a quite positive thing, as well, for you.

P - Yeah.

D - Any thoughts?

P - I would like the face-to-face communication.

D - Okay, lets do a face-to-face assessment in the first instance, we've got a very good service, talking therapy team locally, they're called IAPT, which is 'Increasing Access to Psychological Therapies'.

P - Okay.

D - I'll give you their phone number.

P - Okay, thank you.

D - And you can give them a call.

P - Thanks.

D - From what you're describing, I know your husband said do you need something, I'm not getting the feeling that you think you need something.

P - I don't think that's the answer, I don't know.

D - But medication could be a potential thing for you, but it doesn't sound like it's necessary at the moment. From the bereavement side of things, I'm wondering if a couple of tools might potentially be helpful to you.

P - Yeah.

D - I produced a leaflet about bereavement, but I think you've probably gone through all of that stuff already, but I can give you a copy of that if that's helpful to you.

P - Yeah, please.

D - Something that I've personally found very positive and helpful when it comes to talking about grief and loss and bereavement is a podcast called *The Grief Cast*.

P - Right.

D - Have you got a smartphone?

P - Yeah.

D - Download it onto your smartphone, listen to it, and expect to cry, that's fine, but also expect to laugh a little bit - it's comedians talking about them coping with their grief. Some of it's horrific, but do expect that it's normal for it to be difficult.

P - Yes.

D - But to come to terms with it sometimes takes much longer than you'd expect.

P - Yeah.

D - Where shall we leave things today? So, I'm going to give you the phone number today for IAPT, for talking therapies. I'm also going to give you the podcast details.

P - Please do so, yeah.

D - And why don't we touch base again - whichever you prefer, either face-to-face or on the phone, if you prefer.

P - Face-to-face, yeah.

D - Okay, and when shall we meet again?

P - When do you think would be appropriate?

D - Little bit of time to pass, between four and six weeks, maybe?

P - Yes.

D - And then you can pop back and see me.

P - Yes.

D - Yeah, is that alright?

P - Yes.

D - If you're struggling, if you're having any really dark thoughts - it's okay to have momentary thoughts and then move on from that, it's okay.

P - Yes.

D - But, if you're having deep thoughts that seem to be persisting, feel free to give me a call.

P - Okay, thank you.

D - That's fine, or come to see me sooner if you need to.

P - Oh, thank you.

D - And this is so you can priority book, so you can book me the week before you need the appointment, just come in and say, 'I'd like an appointment for next week'.

P - Thank you.

D - Does that sound reasonable?

P - That sounds lovely, thank you.

D - Is there anything else you were hoping we would cover today?

P - No, that's been great, actually, it has.

D - Okay, alright.

P - I wish I just didn't leave it so long.

D - Well, it's a brave step, it's a brave step to share that, isn't it?

P - It is, yeah.

D - It's important that you don't feel on your own with that, but let's touch base again, feel free to give me a call if you need it in between times.

P - Thank you so much.

D - You're welcome.

P - Yeah, that's great.

D - Okay, I'll write that stuff down for you as well.

P - Yeah. Don't think I've ever cried in a surgery before.

D - Well, it's healthy isn't it to cry whenever you need to.

P - Yeah, it is healthy.

D - And this is the talking therapy's phone number, as well, for you.

P - Yep.

D - And usually they do a—on the phone, they'll talk to you about where things are at, and make a plan of when you're going to meet and do the face-to-face.

P - Yeah, lovely, great. Thank you.

D - I'll see you again shortly.

P - Okay, take care. Thank you Dr Birrell, thank you.

D - You're welcome, anytime.

P - Bye.