

A Night to Remember: An Autoethnographic Window into Facilitating a *Dinner and Stories* Event for Healthcare Workers

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Abstract: In this autoethnography, a counsellor from British Columbia, Canada shares her story of facilitating a *Dinner and Stories* group intended to respond to the documented need for emotional support for professional healthcare providers. Arising from a research group intended to assess the value of sharing significant moments of awe or despair while providing palliative care, authentic dialogue was used. The purpose of this piece is to show the skills needed by the facilitator, which include but are not limited to: setting the tone; establishing rapport; building a safe container for emotion; providing physical comfort and nourishment; creating engagement; and modelling intimate conversation. With these skills, a facilitator can create an atmosphere in which participants can be intimate and vulnerable, and can explore issues in a supportive environment. This research will be of interest to those wanting to promote emotional well-being and support in healthcare settings.

Keywords: self-care, palliative care, healthcare, creative writing, group work, culture of care, autoethnography

In a palliative care setting, my colleagues and I attend to the needs of the dying and their social networks. It is also part of our everyday experience to witness death itself, which can unfold, at times, in a beautiful way that connects us to all people throughout history who have, like us, been challenged to accept that death occurs. However, in other instances, death comes under extremely difficult, stressful, and ugly circumstances that challenge every person present and cause each of them to wonder why life can be so painful and why some people have to struggle so much.

Volunteers and those who work in healthcare settings where death occurs--nurses, counsellors, care aides, front desk staff, spiritual care providers, floor cleaners, bookkeepers, porters, and fundraisers--are, of course, personally impacted by the intensity of emotion that surrounds them. Given the intimacy and connection they feel toward those they serve, it is clear that self-care for those working in such healthcare settings is paramount (Breiddal, 2013; Dechamps, 2011; Jones, 2005; Papadatou, 2009; Wainwright, 2011) and that all levels of an organization, from frontline staff to management, must participate in attending to staff well-being (Breiddal, 2012).

Dinner and Stories is one strategy to prevent burnout by using a creative process to build a culture of care in a workplace where staff can be overburdened with grief from caring for the dying and their social networks. The purpose of the group is to normalize intense responses on the part of staff members by encouraging them to be vulnerable in order to be supported in what are often private moments of despair or awe. In identifying the need for emotional support and providing a safe place and structure to bear witness, the team as a whole can be strengthened. While research into the *Dinner and Story* event has shown to have a positive effect (Bruce, Daudt, & Breiddal, 2018), more qualitative research into programs that use creative processes to address emotional stress is needed.

In the following story, the counsellor has invited an interdisciplinary group of professionals, who work or volunteer in healthcare settings where death occurs, to share a meal and a written story about their work. The story of this group is revealed through autoethnography.

“Autoethnography is an approach to research and writing that seeks to describe and systematically analyze (*graphy*) personal experience (*auto*) in order to understand cultural experience (*ethno*)” (Ellis, Adams, & Bochner, 2011, p. 138). Autoethnography is similar to an autobiography, but rather than commenting on personal experience, it reveals the culture of a specific group (Ellis et al., 2011).

In this piece, the skill of the counsellor in creating a safe and nurturing space is shown through dialogue, plot, and detailed description. Reliability was assured by using authentic dialogue taken from detailed notes over the course of six dinner and story groups. As is consistent with autoethnography, the story shows rather than tells.

“Hello,” I say warmly as I open the front door to my home. I see a young woman, perhaps in her early thirties, standing with a big bag and a folded paper in her hand. I’m guessing that the quilt I see peeking out is the “something wonderful” that she was asked to bring, and the paper is her written story of an event at work that has stayed with her. She looks a bit unsure but introduces herself as Sadie.

“Come on in,” I say. “Welcome.”

“Should I take my shoes off?” she asks a bit hesitantly.

“Oh, heavens no, not unless you want to,” I respond.

“Come, let me show you where we’ll be tonight.”

I take her through the glass doors off the hall and into the living room, where I have placed the down-filled couches in a tight, intimate circle. They are arranged so that participants can see and hear each other clearly--a distance ideal for low, sensitive conversation.

Sadie notices my home and tells me that she has just bought a turn-of-the-century vintage house. “This is what mine will look like when it grows up,” she quips. I think she might be referring to my stuff: paintings, sculptures, musical instruments, and an array of family photos. The collection makes for many conversation starters.

There is a certain kind of vulnerability that occurs when we invite people into our private spaces. My decision to host *Dinner and Stories* night in my home was a deliberate choice, and I believe an important one. Although meeting rooms at work can be private, they do not promote intimacy. In my home, participants see a part of me that is usually reserved for my closest friends and family--glimpses of a bed through an open doorway, family photos, and mementoes. Since I am both a colleague, facilitator, and the hostess, I cannot fully be myself, but by opening my home, I am inviting everyone to move away from the mask of professionalism and toward a more personal way of being. It is my way of subtly communicating not only that I trust my

colleagues enough to reveal something of my private self, but that they too can trust me with *their* private selves. Through my words, actions, and demeanor, I am making a statement that I am willing to be vulnerable and that I care.

“Please make yourself at home,” I say, indicating for Sadie to help herself to hors d’oeuvres, which are spread out on the table beside a pot of hot lemon, ginger, and honey tea. While she occupies herself, I answer the door as several more people arrive at the same time.

“Come in, come in,” I say, as I throw open the door.

I notice that both Denise and Peggy, who have just introduced themselves, are instantly drawn to the mandalas that hang in the wide front hall, forming a perfect gallery.

“Go ahead and look, if you like,” I say. It’s important that group members have a chance to connect, and in this case, their mutual interest in the artwork is a non-threatening way to get a sense of each other.

I move back into the dining room and make sure that the others who have arrived are helping themselves to food.

“You must be Jake,” I say, as a tall, active-looking man reaches out to firmly shake my hand. “And you’ve probably guessed that I am Susan,” I add.

“Yep,” he says with a broad grin.

I notice that Candice has let herself in. I’ve worked closely with her, so I know quite a bit about her.

“Hey, Candice, guess what? Jake here is as passionate about windsurfing as you are. I think you’ll really like him. Jake, meet Candice. Candice, meet Jake.” They immediately enter into enthusiastic dialogue about windsurfing.

I see that everyone is engaged in looking around or in talking to each other. Since most people don’t know each other or me, this is a time for them to assess the situation, even if subconsciously, and settle themselves. I find that some people like to have extra time to arrive. After a few minutes, I encourage everyone to grab a plate of food, and we all settle into the couches.

“Please feel free to adjust the cushions so that you are comfortable, and put your feet on the furniture if you want. We’re pretty casual around here.” I want everyone to know that it is okay to take the time to make themselves comfortable and safe. I pause while everyone positions the down cushions behind their backs, under their feet, or in their laps.

Once they are settled, I say laughingly, “Ah!! Being comfortable. It’s so important!”

Peggy gives a big sigh and says, “I’ve really been looking forward to this.” Others nod their heads.

I say, “Well, you are all pretty brave. It takes courage to come to someone’s house and to write and tell a story. You don’t really know what will happen. So, thank you.”

“Yeah,” Jake says. “When I told my wife about where I was going, she said, ‘Wait a minute, you are going to a stranger’s house to meet with people you don’t know to talk about death? Sounds like a thrilling evening.’” Everyone laughs in understanding.

Sadie tells us that when she saw the poster for the *Dinner and Stories* event, she felt like the universe was answering her call for something that would help her to process some recent events at work.

I realize this seems like the perfect segue into outlining what’s about to happen, so I begin. “Sometimes, if you are feeling a bit nervous, it helps to know exactly what will happen, so maybe I can take a few minutes to lay out how the night will look.” Everyone seems amenable to that idea.

“First, I want to take care of a few things. The expectation is that what we say here tonight is confidential. It’s important that we agree to not identify who has come or anything that group members talk about. You can, however, talk about your own experience. Is everyone okay with that?” I see agreement as everyone nods their heads.

“The bathroom is down the hall,” I say as I point in the right direction. “Please feel free to get up and get a drink or more food whenever you feel the need, or to use the toilet.”

“I’d like to hear from each of you about what drew you to come here tonight, where you work and what your role is there, and how you’re doing at this moment. Then we can further introduce ourselves by sharing something wonderful. This will be followed by dinner”—I point to the adjoining dining room where the table is prepared and is complete with flowers, candles, and a bottle of wine—“and just enjoy each other’s company.” I continue, “After that, we can come back to the living room and take turns reading stories, followed by a discussion of each one and whatever the story has evoked. And, believe me, that will take up our whole evening.”

At that moment, I catch the slightly sweet aroma of garlic, mushrooms, and cheese that is drifting in from the kitchen. It smells so good! I’ve asked the participants to let me know ahead of time what they like, and I’ve custom-made the dinner based on their responses. I think they are really going to enjoy the meal, so I’m excited.

My attention is drawn back when Candice speaks out. “That sounds good, but I have a question,” she says, covering her body with one of several soft mohair blankets that are distributed among the couches. “What got you started on this project?” I was going to talk about this later, but since she asked, I might as well explain. When I look around the room, others seem interested in hearing my answer.

“Great question Candice,” I say. “I’ve always been interested in the subject of self-care, but I have often found the current literature to be pathetically trite”--I pause--“in my humble opinion, that is.” I laugh. “Take a bubble bath, go for a walk, laugh with friends! Is this the best advice they can come up with for people who see pain, suffering, and death every day?”

Okay, stop ranting, I say to myself. I pause and take a breath.

“While we do need sleep, exercise, and good food, we need a lot more than that. I believe, and research agrees, that creative processes can help to contain and express the big emotions that we carry, so I decided to bring together things that I love--group work, stories, cooking, and, of course, palliative care--hoping that I would encourage all of you to work toward building a culture of care in your workplaces. And what I mean by a culture of care is a work environment where it is understood that emotional responses to pain and suffering are normal, to be expected, and worthy of support.”

Now I’m wondering if I have gone on too long. I feel very passionate about this subject, but I know that I need to wrap it up.

“I think it’s a great idea,” says Jake. “I’m really happy to be here.” Others nod in agreement.

Wanting to shift the mood before going into introductions, I spontaneously decide that this might be a good time to tell my story. I want to show my own willingness to be vulnerable and to set the tone for the night, maybe giving others permission to feel strong emotion, and, above all, to create a sense of sacred space.

“Before we start with our introductions, I just want to take a minute to acknowledge--and maybe feel, or take in--what’s happening right now. Since we are telling stories tonight, I want to tell you one about a man that I met--a man I’ll call Brad.”

Brad was a patient at hospice, and I was asked to see him because his nurse said that “he just seemed sad.” I went into the room and saw a man about my age, very small in the bed, and with huge blue eyes that looked out at me from behind heavy glasses.

I introduced myself and asked if he wanted to talk. He did. He began to tell me about his wife, about how wonderful she had been right from the beginning of his illness. Then there was a long silence, and we just sat quietly together. After a while, I asked him what he was thinking about.

“You know, Susan,” he said, “all my friends and family are coming now. They want to say goodbye. They come in here and we talk. I’m so lucky, really, to have so many people who care about me.”

His voice trailed off and I waited.

“They leave here and they go back to their lives, and I...it’s just that...”--he struggled to keep his composure--“...it’s just that... Well, it’s...such a privilege to be alive.” He began to sob, and then after a very long silence, he quietly said, “I really get that now.”

I look around the room and make eye contact with everyone. “Like Brad, I feel like it’s a privilege to be alive and to be here with you, and I don’t want to let the moment pass without acknowledging that. Palliative care teaches us to notice and appreciate the present moment, and I think that when people share who they really are, it’s sacred, and that’s what we’re about to enter—a time that is both special and profound.” I feel my own emotion rise to the surface and need to pause for a moment in order to collect myself.

“I am sensing from what you all have said, and I’m feeling it myself, that we share a mixture of excitement, apprehension, awkwardness, and anticipation as we begin. This makes sense because we don’t all know each other yet. One thing that comes from my experience working with groups, though, is that by the end of the night, I’m pretty sure that we are going to feel close and warm toward each other. It seems, at least from my experience, that a feeling of connection happens when people are authentic and allow themselves to be vulnerable.”

Although what I have said is what counsellors refer to as a hypnotic suggestion, it is also what I know to be true—a fascinating phenomenon that delights me every time I’m part of a group like this.

I continue, “When people feel safe, being in a group creates magic. I don’t know how it works, just that it does. And I’m pretty sure that it will happen for us here tonight. So let’s go around the circle and hear a little bit about each of you.”

After introductions, I pause to see if anyone has a question, but everyone seems content.

“Would anyone like to begin by showing us something wonderful?” I ask.

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