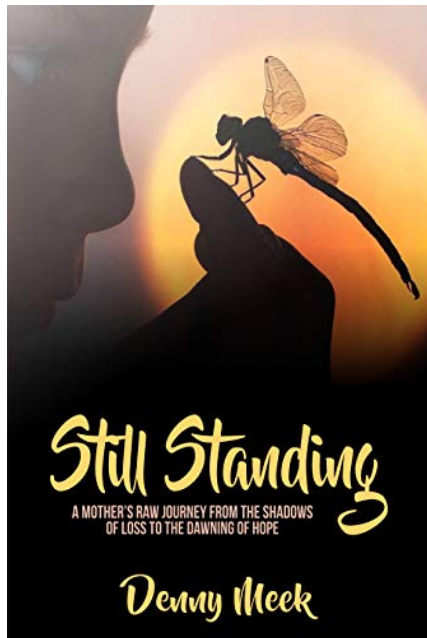


## A Touching and Honest Glimpse Inside The Vulnerable Soul Of A Single Mum Who Lost 3 Of Her 4 Children In Three Separate Tragic Moments. Her Inspirational Story Shows How To Find A Way, Day By Day, To Seek Meaning, Even Pleasure, In Life.



“*Still Standing: A Mother’s Raw Journey from the Shadows of Loss to the Dawning of Hope* is a human-interest memoir by Denny Meek. In this book, she takes us through a spiritual journey in her life that began as a Christian, and as a mother who not only lost one child to heart disease, but also her two teens who took their own life. This book tackles topics such as suicide, domestic violence, anorexia nervosa, akathisia, CPTSD, and a lifelong grief of losing one’s children.” --**BookBub**

“This book will take you there without needing to experience loss yourself. It will also remind you of grief lessons forgotten and buried, and the wisdom of the many steps necessary to take on as impressive a journey as Denny's.” --**Alan Richardson, Psychologist, Educator and Clinical Psychotherapy Supervisor**

Every parent’s nightmare is to lose a child. In an exceptional situation, Denny Meek has lived the nightmare not once, but three times.

Her award-winning book, *Still Standing: A Mother’s Raw Journey from the Shadows of Loss to the Dawning of Hope*, reveals a poignant, well-written, and shocking look inside the heart, soul, and mind of a mother who has had to grieve unbearable losses over and over.

It is also an inspiring story of one woman’s ability to remain standing in the face of infant loss, domestic violence, her daughter’s battle with Anorexia Nervosa, and the suicides of two of her teenagers.

“I wrote this book in the hope that others who grieve the loss of a child could identify with the inner landscapes I was describing – especially the ones they couldn’t share with others – and see that they weren’t alone,” Denny says. “I wanted to give voice to my children’s lives, and I also felt that helping others might bring some meaning to my own losses.”

She hopes people will see the book’s title – *Still Standing* – as a celebration of what the human spirit is capable of. “Exceptional strengths can come from the most difficult places,” says Meek who resides on the Gold Coast, Australia. “If impossible experiences can be endured, they can bring untold personal growth. It’s the sharing of this that can offer insight, hope and empowerment to others.”

### **Denny shares the following insights in interviews:**

- How to help one who grieves a loss.
- How she finds the courage to live on in the face of death.
- What she does to answer “Why me?”
- The complexities of domestic violence and becoming a single mother.
- What to do when domestic violence visits your home.
- How to help a child deal with an eating disorder.
- Why suicide prevention sometimes just isn’t possible.
- Where our network of mental health support falls short.
- The power of journaling to cope with life’s challenges.

Her powerful story is conveyed with rawness and immediacy through excerpts from her journals, and in one chapter, her daughter’s. Readers can relate personally when they see Denny portray some of the most painful human experiences on the page.

Denny, who suffers from Generalised Anxiety Disorder, Social Anxiety, intermittent Agoraphobia, and Complex-PTSD, finds ways to live with trauma. Recognising it, journaling, outdoor exercise, and through meditation, she continually commits to her healing.

“*Still Standing* is a ‘lived experience’ journey through multiple losses,” says Denny. “After reading it, a bereaved mother realises her grief is normal, and stops beating up on herself, which releases energy for other areas of her life. *Still Standing* is currently being used in three Australian universities, one of which rewrote a social work subject to use it as required reading, another using it for post-graduate study in grief, specifically suicide bereavement, and the insights from multiple child loss; i.e. our story is contributing to the minds in the helping fields of tomorrow. Socially, I would challenge the stigmas of suffering – infant loss, domestic violence, anorexia, teen suicide, grief – by talking about them – the devastation, and the journey through them – openly.”

Above all, Denny wants to address these stigmas of suffering. She agrees that a ‘legacy of shame, secrecy and silence’ overshadows those bereaved by suicide, and feels that leaving these taboo subjects undiscussed helps perpetuate their stigmas. She leads the reader into a world they would never choose to enter, but once inside, they can see and feel not just pain, loss, and death – but strength, hope, and inspiration, even through events they’ve never experienced themselves.

“No two people grieve the same way,” she observes. “No two *deaths* are grieved the same way, either. We don’t have to be taught how to grieve or how to love – both are instinctive.... Nothing replaces going deep inside yourself to find *your* direction for your own way through.”

With a degree in psychology, a diploma in journalism, and a determination to survive for whichever of her children are left in her care, this heartbreaking yet hopeful book is Denny's meaning-making journey; the light pulling her through a long 'dark night of the soul'. Readers will identify with Denny's courage and candour as she questions self and society. The strength and sincerity of her spiritual yearning will hearten and inspire as she shows with soul-searching honesty through the depths of her heartbreaks how she's *Still Standing*.

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# Denny Meek

## Biography



Denny Meek is an author, speaker, and a fighter.

Her book, *Still Standing: A Mother's Raw Journey from the Shadows of Loss to the Dawning of Hope*, received an award as a MMH Press Book Award finalist. It is a stirring memoir that raises awareness about several issues, including: domestic violence, infant loss, anorexia nervosa, teen suicide, and grief. The book is being used at three Australian universities to inform undergrad and post-grad students in health sciences, social work, psychology, education, and nursing.

She raised her children primarily as a single mom. Of her four children, three are deceased. One was lost to a rare heart disease as an infant, and two others committed suicide as teenagers on separate occasions. Denny was in two main relationships that subjected her to domestic abuse. She has had to confront many losses, pains, and challenging situations, but through it all, she has endured, survived, and learned to live again.

Her fulltime mothering was supplemented by a series of odd jobs, from bar staffer to photographer, as well as a professional tarot reader, video editor, and teacher's special aide.

Born in Moree, outback NSW, Australia, Denny was raised in country town Northern NSW, near Queensland's Gold Coast. She earned a psychology degree from Macquarie University, Sydney NSW, and later a diploma of freelance journalism by correspondence. She's lived in Tasmania, Melbourne Victoria, Gympie Queensland, Coffs Harbour New South Wales, and now on 12 acres, on the southern Gold Coast with her adult son.

On her property lives the world's second deadliest snake – the Eastern Brown – which was spotted and filmed in ritual combat by Denny – and received over 200,000 views on YouTube.

**For more information, please consult:**

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

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

Facebook Business: <https://www.facebook.com/stillstandingdenny>

LinkedIn: <https://www.linkedin.com/in/denny-m-1a360997/>

Instagram: [https://www.instagram.com/meek\\_and\\_wild/](https://www.instagram.com/meek_and_wild/)

# Denny Meek

## Q & A

### *Still Standing*



- 1. What is your book about?** In *Still Standing* I write about major life challenges I've experienced, including the sudden deaths of three of my four children; first in my mid-twenties, the death of my infant son; later in my forties, two teenagers – a son and a daughter – in separate suicides. I write of the life I shared with my children as a single mother, of our struggles, and of my soul-wrenching search for understanding through each deeply personal loss. In my quest for answers, I found invaluable support in health care professionals – doctors, psychologists, a psychiatrist – and a bereaved parents' support group. I write as fairly yet honestly as I can, about an unfair life and the challenging places it takes me, in the ongoing journey to find 'meaning'.
- 2. Denny, what inspired you to share your painful story in your book, *Still Standing: A Mother's Raw Journey from the Shadows of Loss to the Dawning of Hope*?** Initially I wanted to reach out to other bereaved parents, to show them they weren't alone in their suffering. As our unusual story continued to unfold, I was challenged by an Elie Wiesel quote: "Whosoever survives a test, whatever it may be, must tell the story. That is his duty." From the uncommon places I was visiting inside myself, I was gathering insights I felt obliged to share. I also wanted to give us all – my children and me – a voice. I wanted us to 'have our say'. Then I hoped *Still Standing* would also inspire non-bereaved people to feel encouraged, and inspired to draw out their own strengths when they needed to.
- 3. What does your book's title mean?** Here in Australia, larrikins sometimes like to understate themselves. If you ask a person who's been through a particularly difficult stretch how they are, a common response might be, 'Ah ya know – still standing!' It's a dry reassurance of resilience, tenacity, perseverance, and other admirable character traits. On a serious note, *Still Standing* is a statement of what the human spirit is really capable of. It celebrates that exceptional strengths can come from the most difficult places, that extreme circumstances – like multiple tragedies – can be endured,

and that the sharing of them can bring insight, hope, meaning and empowerment to others.

4. **You have lost three children, each to different tragedies. Do you question: Why me?** I certainly have! I was angry – felt like a pawn, swept around a chessboard without reason. For some of us, injustice can be a tough subject, and ‘Why me?’ is a difficult psychic pain. I think it’s harder when your challenging experiences and circumstances are not the norm, but vary noticeably from your culture, or from the home experiences that nurtured you. I felt very isolated, as though I was living on a different planet, with different rules for me than for others. Confiding even in those close, like family or friends, became a deterrent, because it reinforced my differentness. I’m so grateful that that ‘Why me?’ question doesn’t burn inside me now like it used to. That represents *years* of grief work!
5. **How do you find the courage and strength to move forward in your life after each loss?** A day at a time. Sometimes an hour at a time. Each time I’ve lost a child, I had another one at home. So I’ve lived for whichever children I’ve had left in my care. Now it’s my youngest son I think of and cannot abandon. I have the utmost respect for him. I haven’t wanted my parents to be bereaved parents either. ‘Moving forward’ sometimes means standing still, and when I do move forward, it’s with lots of survival skills. My pride, determination and dark sense of humour are a great help. Having a goal of sharing our uncommon story with the world has also given me something to keep working towards.
6. **What advice do you have for a parent that’s lost a child?** Unless asked, I would not offer advice. I would invite a bereaved parent to speak, and listen carefully.  
If asked:
  - \* The world will feel like a harsh place without your child in it. Allow yourself moments of sanctuary in your grief.
  - \* As you mourn, major systems are reorganising themselves within you, including your relationship with your child. Whenever you can, go gently with yourself.
  - \* Find a good counsellor, support group, &/or online help, and remember: you are the expert in your own grief.
  - \* Honour your feelings; express them somehow.
  - \* Their hellos are real.
  - \* Care for your body – go for a walk, keep a sleep routine, eat well.When you can’t do these things, forgive yourself, and try again tomorrow.
7. **Your book covers a number of issues, including the challenges of single parenting. What can be done to help women, like yourself, who left a marriage and subsequent relationship damaged by domestic violence?** In a word: support. From personal to professional, emotional and financial. From whichever avenue or agency is available to you: family, friends, neighbours, police, hospital emergency departments, dentists if necessary, government agencies, charities, legal aid. DV is the leading cause of homelessness for women and children. Parenting payments are available, DV-related paid leave for employees. You are at greatest risk when you first leave, so contact a national DV counselling line for advice. Get personal counselling if you can, for yourself and your children. DV causes damage you cannot see. Support groups for single parents are helpful for sharing ideas, feelings and

experiences with other people in the same boat. Talking openly, as we are, raises social awareness of the magnitude of the problem.

- 8. One of your children suffered from Anorexia Nervosa. How can other lives be saved from this eating disorder?** Anorexia Nervosa is one of the most complex mental illnesses, notoriously difficult to treat, and still holds the highest mortality rate of any mental illness (20% for fully blown sufferers). Let's bring it out of the shadows and demystify it. Awareness of the illness and its risk factors is the first step. Familiarity with its physical and psychological behaviours is important so it can be identified sooner: EARLY INTERVENTION with eating disorders achieves better results. A GP can keep an eye on your vital signs and weight, blood counts when necessary, refer you to a dietician and a very good mental health professional. Keeping appointments with these three should be prioritised; then hopefully hospitalisation can be avoided.
- 9. Your book includes journal entries that your daughter had made while she struggled with Anorexia. What do those entries reveal to you?** A beautiful, gifted, talented girl with a sharp dry sense of humour, incredible intellect, especially for her age, a spiritual person with insights beyond her years, who was working her way through life. I can see the illness in her journals – but so could she. They reveal from the inside of her what I was seeing from the outside. After her hospitalisation, she had good help from her psychologist and psychiatrist, but her journals always showed astute observations about herself and her illness. They're objective, perceptive, and real. She ranted when she needed to, told stories, sorted issues. There was nothing she wasn't prepared to face in herself. And again: her journals reveal that the world lost a very special person.
- 10. You were the victim of domestic abuse in several of your relationships. What is wrong with men? What do women need to do at the first signs of abuse?** Keep yourself and your children safe. Take it seriously. Protect yourself with rational thinking. It *will* most likely escalate. Have a separate account for yourself, called 'Emergency' funds. Seek counselling. It's here I learned, 'At the first instance of violence in a relationship – leave.' It's not that clear-cut for many victims, but 'my body is the boundary you do not cross with your anger' is an essential *mantra* to live by. Domestic Violence is an acute social issue, experienced across every socio-economic stratum in society, and needs to be addressed at that level. The World Health Organisation says gender inequality and norms about violence are a root cause. From where I stand, for whichever gender, DV continues to be held in place by the patriarchy.
- 11. Do you feel guilt or the judgment of others for what has happened to you and your family?** Guilt I definitely have felt. Do I still? Consciously, not as much. On rare occasions, I'll feel the wrench of 'failure' at not having kept alive my big children especially. From others, thankfully I mostly feel compassion to begin with – if disbelieving because it's an uncommon story in a first-world country. However, fear has many disguises, and there are layers of judgment we don't always recognise. We're a death-denying society, I do find the stigmas of suffering alive & well, and further along an interaction, people sometimes withdraw for unexpected reasons that I suspect mask a deeper fear. I've tried hard these years to navigate the discomfort others feel around our story, minus my intensity, but at times it's still a challenge.

- 12. You lost two teenagers to suicide. What can you say or do to help family survivors pick up the pieces?** Suicide bereavement is one of the most difficult losses to bear and deserves its space with care. I would always recommend one-on-one counselling for all the family, as the risk of dying in this way is increased for each family member – as is the risk of developing various mental illnesses throughout your grieving. Talking about the loss is important for most survivors, but this is often thwarted by the stigma. There are good suicide post-vention support organisations that understand the unique burdens of this loss, and the compound weight they add to grief. Having their number on hand, and that of a bereavement-by-suicide support group can be comforting, as is reaching out online to other parents in your situation. Please take special care of yourself.
- 13. One of your coping methods is to journal. When you reflect back on your entries that go back many years, do you see the growth you've undergone?** Definitely! I've journalled three million words in my life, and in the excerpts I chose for *Still Standing*, I tried to show seams of personal growth so that readers could feel they'd been on that journey with me. Journaling's been an irreplaceable help in externalising and giving form to an unusual life, and anything I've needed to express or process. It openly records a level of detail the natural memory doesn't, documenting a priceless expedition through which I could encourage myself, clarifying countless aspects of life, where I developed a growing relationship with myself, and explored whatever I was calling 'God'. It's been a trusted friend that holds the many secrets I need it to. It reveals: the growth through this life's journey was inevitable.
- 14. To those who have not experienced loss anywhere near the level of yours, is there a disconnect that keeps others from understanding where you've been to in the Valley of Grief? Help us understand what you've been through.** Isolation is one of the hardest aspects of deep grief. And for multiple child loss, in a first-world country, with two teen suicides, it's intensified. Individual suffering is not seen as a societal problem, and that *disconnect* happens in many forms within our culture. On Dr Gabor Maté's new book, he says, 'When you isolate people, you make them feel guilty or weak, telling them to get over their trauma. You're just shaming them more, entrenching them further in a traumatic imprint.' This is a subject I explore more in chapter 8 of *Still Standing*. I didn't need advice, or projections of others' unrecognised fears. I needed others to just 'hold space' for me; and as a culture, ask, 'How can we effectively support you?'
- 15. You have a degree in psychology. Does this make it harder or easier to understand and come to grips with what you have been through?** I've always been grateful for my psychology background. It's the lens through which I look at life. But there've been some huge questions that haven't been understandable through that lens, and it's been very hard learning to live with those questions unanswered. Questions are asked from various places in us, and most of my unanswered ones aren't psychology questions, but existential/'spiritual'. I've had stretches of understanding others' behaviour – like their fascination with my circumstances – that didn't enable me to handle it (past tense). While I understand the role the stigmas of suffering play socially, they frustrate me too. *Explanations are not excuses*. I try to channel that frustration into action. But overall I am very glad to have my psychological understanding.

- 16. Your first loss was of an infant son while you were in your mid-twenties. From that point on, how did you develop a resilience to life?** After Joseph died, and I felt like I'd got through the deeper grief, it became a reference point in my life. Each time a big challenge came along, I'd think, 'I got through Joseph's death, and that impossible deep grief – I can do this.' Our bereavement support leader would say, 'Grief is the hardest work you'll ever do.' In my grief, I went deep into myself and allowed my feelings, and it *was* hard work. But I didn't want all that effort wasted, and that determination established a groove for me. Looking at life this way, each new trial I got through validated all my previous efforts, honouring them on some level, building on them, and perhaps developing some 'tenacity' in life.
- 17. You write of the pursuit of perfection. Is society too demanding of each of us. Are we too hard on ourselves?** The type of perfectionism I was writing about contributed to a serious mental illness, so its 'pursuit' was more about an extreme form of anxiety than general perfectionism. As to whether society is too demanding, it depends whether a person finds compassionate connection and meaning within it or not. Suicidologist David Webb, says that 'more attention to the sickness of our society is needed than an emphasis on the sickness of the individual,' and trauma expert Gabor Maté, that 'what we call civilisation demands the denial of human needs'. If our society meets our human needs as they are, nurtures wholeness, and cultivates unconditional self-acceptance, it might weaken our urge to strive for perfection.
- 18. What can governments and societies do to help address the mental wellness challenges faced by so many people?** Mental illness affects all Australians, directly or indirectly. An estimated 44% of the population have experienced a mental disorder sometime in their life (AIHW). This will be underreported because of the stigma. Statistically, this makes mental illness 'normal'. We need to first acknowledge the size of the problem, including the scale and subtlety of its stigma. Public conversation needs to follow where it's discussed openly, with solutions being sought from those with professional expertise in the field, in partnership with those with lived experience. This addresses it socially, seeing it as a human rights issue rather than a 'mental health issue', normalising it as part of the human condition. Implementing trauma-informed workplace policies should follow, mental health days, flexible work arrangements, income support, and paid leave.
- 19. You wrote "No two griefs have been the same, each death is impossible, each brings its own sets of challenges." So, how do you find a way through loss when everyone's situation is so unique?** No two people grieve the same way. As I discovered, no two *deaths* are grieved the same way either. We don't have to be taught how to grieve – or how to love. Both are instinctive, unique for each person, although a death-denying/positivity-focused society won't necessarily support us to *allow* our grief. The still-popular 'Five Stages of Grieving' has been updated with the 'Continuing Bonds' model, encouraging us to establish a new relationship with our loved one, and find places for them in our ongoing lives. There are aspects to each loss that need grieving individually, with challenges for each type of loss – by suicide, car accident, old age, etc. Nothing replaces going deep inside yourself to find *your* direction for your own way through.



- 20. You also write that you have “come to see that my deeper grief journey was my spirituality.” Can you explain this?** *Spirituality* means ‘of the spirit’, i.e. relative to your spirit/soul, a non-physical creative inner drive from which we develop, according to our experiences. My notions of ‘the spiritual ’ have changed a lot over the years! I think for many parents, our children intensify our growth – on all levels. In my loss of each child, my grief drove me, obligated me, to face more deeply, and enquire more exhaustively than I ever had, and to learn differently, about the nature and involvement of the *spirit*. My beliefs couldn’t remain unchanged – and neither could I. My deeper grief formed a big part of me, and continues to as I share our story with the world. My *spirituality* now is my ongoing relationship to life – however it unfolds.
- 21. Do too many people assume that one suffers from mental illness if they took their own life? Do suicides differ from each other?** Lives ended in suicide are often viewed backwards through the suicide lens, with normal behaviours pathologised, and only the death seen rather than the life, e.g. Robin Williams. Mental illness obviously *is* a known main correlate with suicide. My daughter’s Child-&-Adolescent Psychiatrist said, “Plenty of people suicide due to mental illness, but plenty don’t. There are *layers* to a suicide.” Backgrounds, personalities, risk factors, triggers. The 960 who died at Masada didn’t suicide from mental illness. Nor the 9/11 jumpers. Or the thousands of Jews in WWII concentration camps who chose not to keep enduring those conditions. My children were different people to each other, and they died for different reasons. Some people’s life experiences don’t fit neatly into a box.
- 22. By telling your story through the lens of journal entries that date back to nearly four decades ago, is the reader able to feel and think some of what you had expressed in a way that they can now find hope in their own lives?** The feedback I get is that the journal excerpts in *Still Standing* give it its rawness and immediacy, that help readers relate personally. Communicating from those depths can help normalise others’ experiences more for them. My first motive for the book was that by sharing from the depths – especially details that those who haven’t been there wouldn’t know – readers might see and feel that they’re not alone, that ‘this person’s been in this stark landscape before me and knows what I’m going through’. That isolation is a very difficult part of the journey, and if they see ‘this person made it through’, that might be all they need to keep them going: a light that can help pull them through.

## Testimonials & Reviews

“If the universe can make decisions, it could not have chosen more wisely when selecting Denny to become an educator of grief. A book like this requires great personal strength, courage and insight, and in writing it, Denny confirms she possesses these in abundance. Dragged unwillingly and repeatedly through the Valley of Death, Denny's story is both heartbreaking and hopeful. It paints an uncompromising image of the often-chaotic indifference of life, yet gives hope to all of us, not only those affected by grief, that despite the darkest of days there is always the potential for life and love. This is a masterful work, and is deserving of its place alongside other literary giants on the topic. With authority and clarity, Denny has composed a powerful lens for looking at the bigger picture of life, and death, for everyone; particularly those who have to stop, and learn to put one foot after the other again.”

**--Nathaniel Buchanan, Former History Head, Qld Education Dept**

“This is a brutally honest and candid account of a life lived to the limits of emotional endurance and a mother's unrelenting search for answers. The descriptions are raw and the pain behind them is palpable, but this is no 'why me' story. It's the journey of a mother navigating her way through a well-meaning but often disjointed health care system programmed to standardise the human experience. It reveals the extent to which 'mother blame', in the absence of definitive science, continued to provide a convenient fallback position as a general assumption. It explores the impacts of family violence, and challenges traditional patriarchal notions of parenting. It's also a story of a family, a mother's loving tribute to her four beautiful and unique children – because they were, and are, here and their stories need to be heard.”

**--Jane Alison Day, BA Psychology**

“*Still Standing* should be compulsory reading for everyone working or intending to work in health and human services. It is impossible to put down once you start. Writing with vivid intelligence, courage and compassion Denny Meek documents her life at 'the edge of the world where the dragons are' through some of the most painful human experiences: the death of a baby, domestic violence, anorexia and teen suicide. Through her relentless interrogation of self and society, Denny challenges powerful myths about mother and woman blaming while sharing hard-earned lessons on how to live with 'big questions unanswered'. Professionals will benefit from the insights Denny offers into what is actually helpful during the darkest times and beyond, from a voice rarely heard: the woman, partner and mother.”

**--Wendy Bowles, Professor of Social Work and Human Services, Acting Head, School of Humanities and Social Sciences, Charles Sturt University**

“Denny's story will not only touch you as a parent, it will inspire you to want to be better. Her strength, humbleness, openness and courage is on every page. You will finish this book and immediately want to read it again.”

**--Dr Peta Stapleton (nee Hartmann), Clinical and Health Psychologist, Associate Professor Bond University**

“Denny Meek is a ridiculously resilient woman. It has been a privilege and a pleasure to know two generations of her family as they have dealt with tragedies that would break most people's spirit.”

**--Child & Adolescent Psychiatrist Dr David Furrows, MBBS (London) FRANZCP**

“Any book which seeks to encourage bereaved parents to walk with courage through the Valley of the Shadow, back into the sunlight of a new day is a real life-giver.”

**--The Revd Canon Dr Simon Stephens, OBE RN, world Founder of The Compassionate Friends**

“In deconstructing concepts of grief and eloquently rebuilding inceptions, Denny has poignantly changed the landscape for understanding grief. This book is charged with masterful psychology and impressive academic and well-researched content.”

**--Julie Von Grum, Managing Director of Clinical Engineers Australia**

“I recommend it to parents who have lost their children to either suicide or those whose children succumbed to any of the various mental illnesses. They will greatly benefit from the author's knowledge and experience in dealing with suicide. The references included at the end of the book will also enable readers to read widely on the various topics discussed. I am certain that this outstanding memoir deserves the maximum rating of five out of five stars, for its literary presentation and extensive research that led to its production.”

**--Amazon Reviewer Helen Muriithi**

“I'm giving this book 5 out of 5 stars. This was such a devastating read, but it was well-depicted and beautifully written. There were historical events and research facts, as well as philosophies during the latter part that could be beneficial to readers. In fact, the entire book could raise awareness and touch the hearts of readers who also lost a child, or readers who have suffered from domestic violence, mental issues, or other health issues.”

**--GoodReads Reviewer Shey Saints**

“It is hard to imagine that one person could face so many of life's disparate challenges as those encountered by Denny Meek. From violent marriages to the death of three children, this skilfully written memoir highlights the anguish of a mother's heart as Denny struggles to make sense of different, yet seemingly interwoven, tragedies. The inclusion of journal entries enables the reader to journey with Denny as she faces the overwhelming grief associated with the loss of multiple children. Similarly, her daughter's diary helps to demystify a young girl's struggle with anorexia nervosa. The book is a brutally honest encounter with sorrow; yet, there is also hope, as Denny finally climbs from the valley of despair. This harrowing story of immense loss, grief and resilience makes an important contribution to the understanding of domestic violence, anorexia, suicide and maternal love. In this aptly named book the author details the processes of grief and reveals that, despite it all, she is *Still Standing*.

**--Rosemary Knight, PhD, BA(Hons), BEd, BA, GradCert**

## Selected Excerpts

### Infant Son With Rare Heart Abnormality

We follow staff as they rush Joseph's humidicrib through the passageways.

Striding down a corridor of the Mater Children's Hospital, I'm disembodied – one of those mothers whose baby had to be taken to a large city hospital. Into the darkened children's ward, passing large windowed rooms, small children pop up from their beds to watch. Toddlers on the other side of the glass, attached by tubes to drip-stands at their sides. Three and four-year-olds, large newly stitched scars right across the top of their small shaven heads. Each step we take pulls us further inside this other world of seriously sick babies, alarm bells screaming. *Where in this scene do we belong?! What's in store for us? Don't think! Breathe deep. Look straight ahead.*

Joseph's humidicrib is wheeled into a square well-lit room, monitors, sockets, leads, medical equipment packed around its walls.

Donna turns to us. 'All the best!' ...and the only person who knew our names leaves the big Brisbane hospital.

### Domestic Abuse

The violence from each of my partners was different. Each was being directed by inner core beliefs that they should be in charge of me, that I should do as they said. My husband wasn't verbally abusive. Even his rarer physical violence was from a different place – almost as though driven by volatile biochemistry. It was explosive, it was terrifying. But he was a spiritual man. Right through our marriage, he loved me and I knew it.

Rob's violence rose suddenly too. More predictable, it was way more frequent. His verbal assault far exceeded his physical abuse; it was shocking. 'Don't kid yourself I love you!' he'd jeer. 'I've only got you here because it's the only way I can live with my son.' *He no longer looks at himself, doesn't seem to know how.*

*Explanations are not excuses.*

I'd learned THE worst feeling in the world was to let a string of abusive comments go by, or a violent incident, and do nothing to stand up for myself. When you're being attacked, it's a fine line between asserting yourself and attacking back, and I didn't always return respect for abuse. Sometimes I let myself fight like a normal person. It's tough to interface, especially when your attacker speaks no other language, although such venom doesn't flow readily from my mouth. Self-protection in the home was something I *had* to learn, followed by standing up for myself, and eventually fighting back. I hated living like this; I didn't like fighting, and didn't like being the person I had to become. It was an empty existence to me. I was staying because this *was* our second chance, many days being faced with the decision: which was worse? My children living amidst the abuse, or growing up without a dad?

## **Simon: A Teen's Death**

And here, the lifeless body, the beautiful face so familiar, communicating with me only hours before, animated, loving... now cold, unmoving on a mortuary trolley.

My gasps tear at the police officer's shoulder. I sign his papers. *Yes, this is my son.*

*Simon! Where are you? What pushed you??*

*I know the Charger crash was a blow. I saw how anxious it made you.*

*We'd talked about life, speculated about this, but I didn't think you'd do this.*

The thought of his pain is unbearable.

The telling. The shock. The re-telling, over and over. Gasps, whimpers, stunned silences, as vulnerable humans interface with Death. In that first week, through exhaustion and the impossible new reality – 'Simon has *died*' – we're laid bare in ways we never are any other time; humbled, mortal after all, the profound closeness it brings with others, a rare deep comfort.

*Perhaps this is manageable?* whispers the Shock.

*Perhaps it's Strength?* Hope plies.

*Maybe Death isn't as big a deal as everyone makes it out to be?* Denial's soft tones echo.

## **Anorexia**

*Mum's Journal 9 May 2001*

A fortnight since Allie came home, a new grief emerges. She's sicker than before admission. Her rituals are a little more extreme. She used bowls instead of plates before, and teaspoons – now she uses the smallest bowls and the tiniest teaspoons. She walks round the house, now openly taking the longest way, from bedroom to kitchen, to bathroom, and back, eyes downcast. I don't know if she's aware it's more obvious to us. Anorexia's rituals are supposed to be a secret. They've increased. Before she eats, she prays over her food, hands clasped, for longer periods – up to 20 minutes. She just obeys anorexia on auto now, like a robot. Although technically her organs are all fine (except her heart, but her pericardial effusion doesn't compromise the function of her heart), and four-and-a-half months of nasogastric tube-feeding has rebuilt her body and she looks physically good, she has a *pallor* which hasn't been adequately explained to me. A worrying look. I saw these behaviours as manipulation when she first came home, but it seems half the time she's just not there.

This is such a shock, after the five months we've been through. A shock that reverberates through me, bringing grief close. I've cried every day this week.

I feel I've lost my daughter, perhaps for a very long time.

## **Allie's Gone**

When Simon died, and I'd told the story of opening the door to three police officers, some replied, 'You must've known as soon as you saw them.'

'No - I didn't.'

'Well...' they'd reconsider, '...yeah... Why would you?'

I'd had four years to ponder that.

*Why would you assume three police officers had come to deliver such news?*

Because you'd seen it before.

I look at all three of them heading, with unrelenting deliberation to my door, my eyes settling on the policewoman.

'Oh no,' I blurt. 'Oh no. No. No! Oh god, No!! Oh God, NO!' My protests don't budge their beeline into my life. 'Oh No! NO! Where's Allie?' I gasp at them. I look out at their cars, vain hope she might be there. 'Where's *Allie*?' The somber air around them tells me she's not there. 'No! No! Go Away! GO AWAY!' They're undeterred. 'NO! NO! GO AWAY!' That's how I know.

Allie's gone.

## **Multiple Losses**

I could only grieve one loss at a time, not two or three at once. This was not a choice; it happened naturally. They'd take turns. And as it was in birth, the one who'd died last each time was my baby in spirit. I still sometimes worry about them, occasionally suffering motherguilt if I don't 'adequately' acknowledge them.

From the other side, my children have seemed to want me to know they're together.

I believe that losing several children is not about plumbing the same depth repeatedly, but is a worse psychic pain than the loss of one child. A deeper more complicated psychological journey, especially in a country where multiple losses is uncommon, it's asked more of my sanity, and in additional ways, stretches me further.

Many assume the death of a baby hurts less because 'you didn't get to know them'. For many parents, it *is* like that. It was *because* I didn't get my lifetime with Joseph that I grieved him so much – no less the loss of a son because I'd had him for only two months, not 18 years. The disenfranchisement of a baby's death is a difficult hurt.

No two griefs have been the same, each death is impossible, each brings its own sets of challenges.

Spiritual explanations lost their relevance for me down in the Valley. '*You chose this before you came.*' '*You won't be put through more than you can handle.*' '*We manifest 100% our own reality.*' The explanations were not the reasons. Most were an irritant to me, an assault on deep suffering.

I've come to see that my deeper grief journey *was* my spirituality.

# **Domestic Violence Facts & Stats**

## **National Coalition Against Domestic Violence**

### **What is domestic violence?**

Domestic violence is the wilful intimidation, physical assault, battery, sexual assault, and/or other abusive behaviour as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, threats, economic, and emotional/psychological abuse. The frequency and severity of domestic violence varies dramatically.

### **Did you know?**

- In the United States, more than 10 million adults experience domestic violence annually.
- If each of these adults experienced only one incidence of violence, an adult in the US would experience violence every three seconds. However, because domestic violence is a pattern, many experience repeated acts of abuse annually, so an incident of abuse happens far more frequently than every three seconds.
- 1 in 4 women and 1 in 10 men experience sexual violence, physical violence and/or stalking by an intimate partner during their lifetime with 'IPV-related impact' such as being concerned for their safety, PTSD symptoms, injury, or needing victim services.
- Approximately 1 in 5 female victims and 1 in 20 male victims need medical care.
- Female victims sustain injuries 3 X more often than male victims.
- 1 in 5 female victims and 1 in 9 male victims need legal services.
- 23.2% of women and 13.9% of men have experienced severe physical violence by an intimate partner during their lifetime.
- From 2016 through 2018 the number of intimate partner violence victimizations in the United States increased 42%.
- On a typical day, domestic violence hotlines nationwide receive over 19,000 calls.
- An abuser's access to a firearm increases the risk of intimate partner femicide by 400%.
- In 2018, partner violence accounted for 20% of all violent crime.
- Intimate partner violence is most common against women between the ages of 18-24.
- 19% of intimate partner violence involves a weapon.

### **Impact**

Domestic violence is prevalent in every community, and affects all people regardless of age, socioeconomic status, sexual orientation, gender, race, religion, or nationality. Physical violence is often accompanied by emotionally abusive and controlling behaviour as part of a much larger, systematic pattern of dominance and control. Domestic violence can result in physical injury, psychological trauma, and even death. The devastating consequences of domestic violence can cross generations and last a lifetime.

# **Teen Suicide Facts & Stats**

**Source: Walden University**

1. Suicide is the third leading cause of death for youth between 10 and 24 years of age, claiming 4,600 lives annually.
2. Suicide kills more teenagers and young adults than does cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined.
3. 16% of high school students report seriously considering suicide.
4. 13% of high school students report creating a plan.
5. 8% of high school students report trying to take their own life in the past 12 months.
6. Every day, 5,400 youth in grades 7–12 attempt suicide.
7. Each year, around 157,000 youth between the ages of 10 and 24 are treated in emergency rooms for self-inflicted injuries.
8. Boys account for 81% of suicide deaths.
9. Girls are more likely to report attempting suicide than boys.



# Grief & Mourning Facts & Stats

## HealGrief.Org Excerpt

Common responses to a child's death:

**Shock:** After the death and loss of a child, you may initially feel numb, which is your mind's way of shielding you from the pain.

**Denial:** Your child can't be dead. You expect to see your son or daughter walk through the door or hear a cry on the baby monitor.

**Replay:** After the death and loss of a child, your mind may center on the "what if's" as you replay scenarios in which you could have saved your child.

**Yearning:** Many parents report praying obsessively to have even five more minutes with their child wanting to tell them how much they love them.

**Confusion:** After the death and loss of a child, your memory may become clouded. You may find yourself driving and not remembering where you're going. Because your mind is trying to process such a huge shock, normal memory functions can be precluded, putting you in a "haze." You may sometimes even question your sanity, though you are not crazy. Your pain is affecting your emotional and psychological systems at an extreme level — a sense of being on overload is common.

**Guilt:** Guilt appears to be one of the most common responses to dealing with the death of a child. Parents often mentally replay their actions before the death and wonder what they could have done differently.

**Powerlessness:** In addition to guilt, parents often have a sense of powerlessness attributed to feeling unable to protect their child from harm.

**Anger:** Anger and frustration are also reported by most parents and are common to grief in general. If your child's death was accidental, these emotions might be intensified. You may also be angry that life seems to go on for others — as if nothing has happened.

**Loss of hope:** After a child's death, you are grieving for your child and the loss of your hopes, dreams, and expectations for that child. Time will not necessarily provide relief from this aspect of grief. Parents often experience an upsurge of grief when they would have expected their child to start school, graduate, get married, etc. Parents are rarely prepared for these triggers and the wave of grief they bring. Be aware of these triggers, and allow yourself to grieve. This is normal, appropriate, and a necessary part of the healing process.

# Complex-PTSD Facts

healthline.com

mind.org.uk

Complex post-traumatic stress disorder (C-PTSD) is closely related to post-traumatic stress disorder (PTSD). C-PTSD usually develops due to repeated trauma over months or years rather than a single event. The symptoms of CPTSD usually include those of PTSD, plus an additional set of symptoms.

## Symptoms of PTSD

- *Reliving the traumatic experience:* This can include nightmares or flashbacks.
- *Avoiding certain situations:* You might avoid situations or activities, such as large crowds or driving, that remind you of the traumatic event, or keeping yourself preoccupied to avoid thinking about the event.
- *Changes in beliefs and feelings about yourself and others:* This can include avoiding relationships with other people, not being able to trust others, or believing the world is very dangerous.
- *Hyper-arousal:* Hyper-arousal refers to constantly being on-alert or jittery. For example, you might have a hard time sleeping or concentrating. You might also be unusually startled by loud or unexpected noises.
- *Somatic symptoms:* physical symptoms that don't have any underlying medical cause, eg. when something reminds you of the traumatic event, you might feel dizzy or nauseated.

## Symptoms of CPTSD

People with CPTSD typically have the above PTSD symptoms along with additional symptoms, including:

- *Lack of emotional regulation:* This refers to having uncontrollable feelings, such as explosive anger or ongoing sadness.
- *Changes in consciousness:* This can include forgetting the traumatic event or feeling detached from your emotions or body, which is also called dissociation.
- *Negative self-perception:* You may feel helpless, guilty or ashamed, to the point that you feel completely different from other people. You may have constant feelings of emptiness or hopelessness, feeling as if you are permanently damaged or worthless.
- *Difficulty with relationships:* You may feel like nobody can understand what happened to you, and find yourself avoiding relationships with other people out of mistrust or a feeling of not knowing how to interact. Some may develop unhealthy relationships with others.
- *Distorted perception of abuser:* This includes becoming preoccupied with the relationship between you and your abuser.
- *Loss of systems of meanings:* Systems of meaning refer to your religion or beliefs about the world, eg. you might lose faith in some long-held beliefs you had or develop a strong sense of despair or hopelessness about the world.
- *Regular suicidal feelings.*

It's important to note that symptoms of both PTSD and CPTSD can vary widely between people and even within one person over time. For example, you might find yourself avoiding

social situations for a period of time, only to start seeking potentially dangerous situations months or years later.

If you're close to someone with CPTSD, it's also important to remember that their thoughts and beliefs might not always match up with their emotions.

# **Anorexia Nervosa Facts & Stats**

## **US Dept of Health and Human Services Excerpt**

Anorexia nervosa, often called anorexia, is a type of eating disorder. Eating disorders are mental health problems that cause extreme and dangerous eating behaviours. These extreme eating behaviours cause other serious health problems and sometimes death. Some eating disorders also involve extreme exercise.

Women with anorexia severely limit the amount of food they eat to prevent weight gain. People with anorexia usually have an intense fear of gaining weight and may think they are fat even when they are thin. Women with anorexia may also exercise too much so that they do not gain weight. Over time, eating so little food leads to serious health problems and sometimes death.

Anorexia is also more common among girls and younger women than older women. On average, girls develop anorexia at 16 or 17. Teen girls between 13 and 19 and young women in their early 20s are most at risk. But women in mid-life and beyond also experience eating disorders. In one study, 13% of American women over 50 had signs of an eating disorder.

Anorexia causes physical and psychological changes. A girl or woman with anorexia often looks very thin and may not act like herself. Some other symptoms of anorexia include:

- Sadness, Moodiness, or Confused or slow thinking
- Poor memory or judgment
- Thin, brittle hair and nails
- Feeling cold all the time because of a drop in internal body temperature
- Feeling faint, dizzy, or weak or feeling tired or sluggish
- Irregular periods or never getting a period
- Dry, blotchy, or yellow skin
- Growth of fine hair all over the body (called lanugo)
- Severe constipation or bloating
- Weak muscles or swollen joints

Girls or women with anorexia may also have behaviour changes such as:

- Talking about weight or food all the time
- Not eating or eating very little
- Refusing to eat in front of others
- Not wanting to go out with friends
- Taking laxatives or diet pills
- Exercising a lot

People with anorexia may also have other mental disorders, including depression, anxiety, or problems with substance use.