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PESI GRIEF SUMMIT  
ANTICIPATORY GRIEF

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>> KATE SAMPLE: Hello, everyone. Welcome back. My name is Kate Sample and I am going to be moderating this session, as well as the next one with Dr. Erica Serrine and then Zach will be back.

Thank you for joining us again. It looks like we've got close to 10,000 people here today in this session so thank you so much for being here.

Just for a reminder, for Q&A you can use the link that is in the chat. It will take you to a form where you can send questions for Dr. Serrine and I'll be kind of fielding those in the background.

But let's get to Dr. Serrine. She has spent the better part of 20 years walking alongside people in a journey of grief and loss and illness and death, and she brings with her just such a sensitive approach to working with these clients, and it's been a pleasure. I've known her for a couple of years now. It's a pleasure to have her here, thank you so much Erica for being here.

>> ERICA SIRRINE: Thank you.

>> KATE SAMPLE: Thank you so much. The floor is yours.

>> ERICA SIRRINE: Good afternoon, afternoon. As Kate said, I am Erica, and I'm so excited to be here. It's such a privilege to be able to share in this space and somebody who has dedicated by career to walking alongside of people experiencing illness, death, and grief, to be able to see over 10,000 of you here wanting to learn about this

is amazing. It's humbling that I was selected to be a part of this, and I'm so excited to be here with you this afternoon.

So I have included a lot of information on your slides, and we'll get to most of it today, but I threw in a few extra things that I wouldn't necessarily speak about today just because I would always want to empower clinicians to have more information than less information.

If you have questions after this, you have to realize that some of this information is in some of the other trainings that I give and so feel free to reach out to me or visit my website and blog at [hopeandgrief.com](http://hopeandgrief.com), and there you can get a lot more information if you have questions about any of the things that we've talked about today.

So let's get started and delve into this topic of anticipatory grief this afternoon. First I wanted to provide an APA disclosure. As you know, we take all the information we receive with a grain of salt. We take all the information out there, my colleagues know that. I wanted to include that here for you.

So what is anticipatory grief? A lot of times when I do speaking engagements about grief, and even whenever I speak to families who are dealing with illness, oftentimes they will say, I didn't know the feelings that I was feeling actually had a name. I've learned that so many people don't know that anticipatory grief is a thing.

And so let's talk about where this concept came from. All right?

So anticipatory grief really was first coined in 1944 by Dr. Eric Lindeman. He was a psychiatrist and he actually published a case study article where he was referring to a soldier who had returned home following deployment and this particular soldier was rejected by his wife and what Dr. Lindeman said the wife had psychologically prepared for him to die and to never return home. She actually relinquished all bonds to her husband, which at the time was very much aligned with Sigmund Freud's work and Dr. Lindeman's grief work theory, which talked about this separation of bonds, and so what he said was this woman relinquished those bonds in anticipation of the grief she expected to come when her husband did not return home, and that's actually where we were first brought into this concept of anticipatory grief.

Now, my colleagues who do a lot of work in health care settings, will be very familiar with Dr. Elizabeth Kubler Ross's ground breaking work on this so in 1969 she published the book on death and dying which I'm sure you're familiar with. And this is where she talked about denial, anger, bargaining, depression, acceptance, DABDA. We're going to talk about that in a second in the next slide, she was really referring to preparatory grief is how she referred to anticipatory grief.

But today we're going to talk about it the way it's conceptualized and the way it's most often understood today which is really relating to the experiences that family members have when they're struggling to manage their own emotions and expectations, really associated with the fear or the worry of losing their loved ones, and

so we know that the person who is dying experiences some of this anticipatory or preparatory grief but what we often don't discuss is the grief that's experienced by the family members as well so that's what we're going to discuss today.

Back to Dr. Elizabeth Kubler Ross. She wrote that famous book in 1969 and then she published an article that I really love in the American journal of nursing and she published it in 1971 and she titled what is it like to be dying. So that's let's talk about her work because I bet if you're new to this grief work, you've heard of these stages in death and dying, and my guess is you may have even found yourself prescribing them on to some of your clients, or prescribing them on to yourself after a loss. But let's talk about where these really came from, okay?

Dr. Elizabeth Kubler Ross developed this by doing qualitative interviews with over 400 patients who were dying, and those who even though what qualitative research is know whenever we do qualitative research, it's data in the form of words, and we look for themes that emerge in our data. And what Dr. Kubler Ross found were there were themes, and remember she interviewed patients that were dying and she found that some of the themes in their emotions were things like denial and bargaining and anger and acceptance. My understanding from her work and the colleagues who worked with her is she didn't intend it for it to be a linear rigid sequence that people followed, nor to prescribe it on to people like we so often do in error today so I hope this frees you a little bit by understanding where her work really comes from.

But I want to highlight some of the important pieces of that 1971 article that she wrote that I love, where she really captures how denial was the no not me. And she said of her 400 participants, only three maintained denial until the very end of their defendant. Anger, right? Oftentimes associated or directed at a higher power, or those of my friends and colleagues in health care know that health care professionals often get the anger from people themselves who are ill.

Or really as Dr. Kubler Ross beautifully described in her article, sometimes the anger can be directed at anyone who appears to be full of hope and full of life.

Bargaining, right? She called this the yes me but where we -- where someone who is ill or finds out that they have a terminal diagnosis may bargain with a higher power. Just give me a little bit more time and I'll do this or act this way.

But what is beautiful and I think is important for the work that we're doing here is that she mentions depression, and I think sometimes and you'll learn maybe through this grief seminar or through other things that I'm not a big fan of pathologizing grief, and she talked about depression this way. And this is a quote from her.

She said if I were to lose one beloved person, everybody would allow, even expect me to grieve. It would be perfectly normal because I would have lost the person I loved. But the dying patient is about to lose not just one beloved person, she says, but everyone he has ever

loved and everything that has ever been meaningful to him. That is a thousand times sadder.

Dr. Kubler Ross said if the patient has the courage to face this, then he should be allowed to grieve. He has a right to it. And then she said we call this preparatory grief. Right?

So that was her depression, and obviously acceptance she said was not a resignation or a giving up. It was more of a thought of I've said what I needed to say, and I am ready when it is time to go. Right? Not a resignation, but I've accomplished what I need to accomplish.

And so that is where preparatory grief came from, and so I wanted to unpack Dr. Lindeman, who really kind of started this concept for us and then Dr. Kubler Ross who built on it and now today obviously our friends and colleagues and professionals who work in this field know that it's being built on even more today and we really are working with our families as well.

Now, sustained hope. There was an article written in 2017 by Kola and Barbosa and they analyzed 29 studies related to anticipatory grief, and they concluded, and I think this is wonderful news for us, that hope remains until the end. They really said that the hope is present throughout the entire end of life trajectory, but it changes shape along the way.

And so this means that it might start with hope for a full recovery that our loved one returns to normal, that we -- that the patient is healed, that they did not have to suffer from this illness anymore, and then later, right, it might change shape, as the disease progresses, it could change into hoping that the loved one is able to have independence or meaningful moments as they live their remaining days.

And then later, people may hope for -- oops, excuse me, I skipped forward. People might hope for a full recovery. They might not hope for a full recovery anymore, but they hope that the person knows that they were loved well, that they were able to provide quality care for them. They may hope for a peaceful death without suffering, being surrounded by loved ones.

So just know that hope is a factor that as clinicians we want to hold on to as well with our clients. It's not denial that help changes shape.

Really quick to my PESI colleagues, for some reason when I'm trying to access the chat, I can't click on any of those buttons so if you need to communicate to me, you may need to text my cell phone so when I try to push it, it advances my slides, so I wanted my PESI friends to know that just in case they were trying to reach me during this presentation.

(Laughter.)

So let's talk about some of the emotions that are associated with anticipatory grief. Some of the things that you might see in the clients that you're serving, or let's pause today too to acknowledge that with 15 now thousands people, probably more by the time we reach

an hour and a half in this presentation, I recognize that many of you who are here today might be experiencing anticipatory grief yourself. Many of you, because of the pandemic in our country, have also just experienced the death of a loved one, and so this can be very raw for you. It can be very real for you, because you've just gone through it and so some of this anticipatory grief emotions mirror, in fact the literature really does support that there is a consistent overlap between symptoms of anticipatory grief and symptoms of traditional or post loss grief.

So when you see these slides, you're going to say, oh, goodness, I recognize myself in those, or I recognize my clients in these.

The other thing is you may be a practitioner -- I mean I realize, right? We all log in to trainings for different reasons. So some of you might have logged into this training simply because you needed some free CEs, right? Can we just say that? And now you find yourself here and think, oh, goodness, this is hitting a little close to home. Or you might say I never intended to work with people who are experiencing grief. That's not my primary population. Yet the people in your primary population that you serve on a daily basis might be diagnosed with an illness, or they might have a family member who is dying. And this is where you come in now with this knowledge and this expertise to help them along the way.

So I highlighted the word motion, did you see that? Because I love to help clients understand that the word emotion has the word motion within it. This means that our grief emotions require movement. They have to move. This is where we talk about mourning as opposed to grieving, right? A lot of educators will define grief as sort of this internal thoughts, feelings, and reactions that we have to a loss, but mourning is when those grief reactions move outside of us, right? It's getting those feelings from the inside to the outside, and so we want to move these emotions.

Some people have heard it say, feelings have one ambition or goal in life. They want to be felt. And so these are some of those emotions that you're going to see on the next slide, but before that, Kola and colleagues and all of these are on your reference sheet that PESI provides you, but they did qualitative research interviews with 26 family caregivers and they discovered that anticipatory grief was characterized by three distinct themes, this is more of that qualitative research and they said one of the first themes is traumatic distress, and this was really from being exposed to life threatening conditions, that these family caregivers were dealing with the uncertainty of the illness, the ambiguity, the -- maybe even feeling as though they weren't qualified to provide care to their loved one, or their lives had been disrupted, and so that fit into that category of traumatic distress.

They said also a second category was separation distress. It was really this anticipation of loss, they were anticipating the death, so they felt some type of separation anxiety, or separation distress.

And then the third category they called emotional regulation

and dysregulation, and so they were saying that sometimes caregivers believe that they had to conceal their emotions to protect the person who was ill or to protect others from their own distress, and that then sometimes as you're going to see, they even experienced physical symptoms of their grief, of their anxiety, panic, intrusive thoughts. So that was from a very recent study published in 2020.

This slide provides you with the most common anticipatory grief reactions, that fall into the reactions that we see.

These reactions are emotional, spiritual, physical, right? Even the fatigue that you see on there, very physical, relation. I think it was CS Lewis, the famous theologian who said, you know, he talked about and no one ever told me about the laziness of grief, is what he called it.

And I think most of us can relate on some level to how we felt bad, didn't we? During the pandemic. Just this feeling of lack of motivation or struggling to get things accomplished. These are very similar feelings, right? The literature supports that anticipatory grief reactions mirror some of those regular grief reactions that we see post death.

I want to take a moment to discuss this difficulty concentrating piece, because I think this is really, really important for us to help our clients understand. I see a lot of times clients will say to me, I'm not remembering things, especially those of you who work in the medical community know that caregivers are coming in and sometimes they're just struggling to take in all of this information. We have to remember, you know, that our brains have a certain capacity limit for new information. I help people think a lot of times about, you know, my computer, and when I click my computer too many times, and ask it to do something, what eventually happens? It freezes, right? It pauses.

But then if I wait a second, 15 windows pop up at one time, right? They all fly up at the same time on my computer.

Well, why is that happening? Because a computer, like our brain, works on a system of input, right? I clicked a button. I've given input. Then my computer processes that input, and then it gives me output, which is that window or that application that I just asked it to open.

The same is true in our brain. We take in information, and we process that information, and we have outputted that information.

But when we take in information that the person we love the most in the world, the person that we've always known to be alive and is going to be here with us forever is not going to live, when we get told that they're not going to survive their illness, that's a lot of information for our brain to take in and to process, and it's going to freeze, momentarily. It's not going to let in new information until we pause to process that information. That's why talk therapy is so helpful to people, right? Because it gives them an opportunity to process, but so are a lot of our other modalities that we know that we use that work

well with our clients to help them process different emotions.

But I think it's important that you educate your clients about these grief reactions, because as you're going to learn during this summit and some of you might have signed up as well and thought I'm not super comfortable about this subject, because in general, in North America especially, we're quite a death avoidant culture and a grief avoidant culture, so we don't grow up learning what common grief reactions are. We don't know the difficulty concentration and forgetfulness is part of it so when it happens to us, we feel abnormal. We feel as though there's something wrong with us, so when we can educate our clients, provide that psychoeducation, we really are empowering them in a lot of ways.

I think the other ones on this slide are pretty self-explanatory. Most of you know what these are. Just know these are common reactions that we see.

Now, the pandemic as I've alluded to before, has had a huge impact on grief. And I think it's going to be even more years before we see the implications of things like loss of ritual, decreased or actually symptoms of isolation and things of that nature.

But we have -- and I just saw a question come in, so I'm going to try to get to that. Thank you.

So a lot of times right now especially, that's increased isolation that people are experiencing leads to a great deal of loneliness and we know that in society, when we experience difficult circumstances, we try to rally around each other, right? We rely on our support.

I'm going to show you something a little bit later this afternoon as a way to assess the support that our clients might be receiving, but the pandemic has significantly impacted that, especially for families who have a loved one who is immunosuppressed, because they are taking even more precautions and are distancing themselves even more for the sake and the well-being and health of their family member.

We know too that there are fewer opportunities for face-to-face support. I mean wouldn't it be wonderful if we could all be in a lecture hall together learning this subject? Instead of being separated via Zoom. Many people now because we are working from home, we're not even getting the support sometimes of our colleagues.

Some people are resistant to telehealth. Other people have really embraced it. And by some people, I mean even our practitioners, right? Some of us, it took longer for us to get on board and embrace this idea of telehealth. Some agencies are slower to accommodate, and so families have not had the support that they might necessarily receive.

And then again when someone is facing an illness, their own support system, their typical support system, is now coping with their own losses from COVID-19. And other types of losses that they've experienced as a result of the pandemic. And so we know that that is also impacting people.

This loss of funeral, many clients have said, and I've heard them say, it doesn't feel real, because I haven't had a ritual. We know that social support networks and our cultural and religious rituals are essential for helping us process with death and helping us process the grief, and so not having that ritual is important.

One of the questions I know that came in that fits with this right now is this idea of women who experience the death of a child, either of a pregnancy, whether it is -- they find out while they're pregnant that the loss -- that the baby is not going to live through the duration of the pregnancy, or women who are having to deliver babies who they know are not alive and are having to support -- or people who are working in hospitals who are supporting these women.

One of my first jobs was working in a hospital where I journeyed alongside women who were experiencing fetal denies and one of the things I noticed was this loss of ritual, in some families it was stigmatized. It was quiet. We want to talk to about miscarriage loss being one of these that is sometimes stigmatized.

So sometimes these anticipatory grief reactions can even be when people are recognizing, for example, that they've had an issue with fertility, and so they're now grieving that loss or as they're going to the doctor's offices to find out if they're going to be able to have children they're experiencing some of this anticipatory grief.

So I wanted to pause here to say that this really does apply to all types of these losses. It's not just specific to an adult who is dying or a senior adult who is dying or a child who is dying. It's people experiencing all types of loss. And the ritual is important. You're going to learn in a little bit, if you're a clinician, for example when I worked with women who maybe directly chose cremation for that baby that they delivered and they said, you know what, I don't want to have any ceremony or ritual, sometimes years later, they would make a determination to now have a ritual because they said I need to publicly acknowledge this, I need to have support. It doesn't feel real. It doesn't feel as though I've created a space for this. So I think we're making really good progress in that area and our hospitals are doing a great job in making progress in this area. But we have more time to go.

But especially now with COVID-19 and that lack of ritual, we're going to see that impacting people that it would not have impacted people before, because we don't have that.

And also the loss of control. Here's the deal. The pandemic brought lack of control to the forefront, right? So the diagnosis or the imminent death of someone that we love makes that reality even more presence when we realize that we're not necessarily in control of our circumstances. Because I don't know about you, but I like to think I'm in control of my circumstances. That makes me feel really good, right? I can put everything in a neat little box.

The pandemic made it very clear to us that we're not. Because none of us have ever lived through a pandemic. It's not something that



we ever anticipated, so it did bring that reality ever present in front of us, and as a result, we've had some of those complications.

All right. Let's talk briefly, just for a second, about continuing bonds, because these inform the interventions which are going to be on the next slides.

So grief work theory by Sigmund Freud, later built upon by Dr. Lindeman as I mentioned earlier, that grief was an illness that survivors had to get over, and initially that theory talked about severing all ties or having this emotional separation or relinquishment to the deceased? Which is not something that Freud continued to believe. He changed his belief. But attachment theory tells us that attachment is primal and instinctual. Really at every age, people's lives revolve around the intimate attachments we form. So now it's unnatural to expect a severance of all bonds following a death, right? We know we are still going to maintain that emotional attachment.

So because we have that knowledge and we have that theory to support it and the research to support it now, what we want to do is we want our anticipatory grief interventions to focus on that emotional attachment, on things like legacy building, establishing those continuing bonds even before death, and continuing bonds, I could do an entire seminar on. That was what my dissertation was on. I'm very passionate about it, but it certainly is relevant here because it informs the work that we do in anticipatory grief work.

So let's talk through some of these possible interventions before the death, and then I'm going to show you how to intervene with a family and help them right after the loss if possible. And then if we have time at the end, I know I have seen quite a significant number of questions are coming in, but so that I don't distract myself or take away from you, I will wait and at the end I'll review some of those and if we have a couple of minutes at the end, we'll try to get to those, all right?

So a case example, and just so that you're aware if you ever attend one of my presentations, I also de-identify, I change enough about this case so that you would not be able to ever recognize the person and they would not be able to identify themselves, so I just want to make sure you're aware it's very HIPAA compliant in that way.

But for anticipatory grief work, in Heather's case, she was a woman who had been told that she had between six months and about a year to live with her cancer. She had two teenagers, and she wanted to develop a way to leave a legacy for them, and she was an amazing person to work with. What she did was she actually started to write journals for each of her children, talking about the things she would want them to know, the things that were important to her, the things that might be important to them one day. She wrote cards for her kids to open on special days, anniversaries, one day, like the anniversary of even of her loss, she wrote a card for. She wrote a card for their birthdays, for if they were to get married one day, if they were to have children one day, their first day of college, their last day of high school,

right? So she wrote these cards.

She purchased gifts for them to open on these specific days. And I think an important piece of this is that she identified a supportive adult or two who would be able to be there with the kids when they were unpacking all of this from her, and that's something that you really do have to emphasize when you're working with families.

I've known someone else who said once somebody just threw him a shoe box full of letters that his father had written to him when his father was ill. And he had no one to help him process those, and so he said to me, Dr. Sirrine, anytime you do a training, can you please make sure that you emphasize it's important for a supportive person to be there with people whenever they're unpacking all of this.

And so I just want to make note of that.

But what Heather did, we'll call her Heather, she really did help establish her own legacy for her children, and then she left them things later to continue that bond with her throughout their lives.

We also can do that in different ways, right? So we could leave linking objects, linking objects is the fancy word for things that people leave us when they die and sometimes the linking objects actually belong to the person and that's sometimes where you can get involved as practitioners.

So as a grief counselor, many times I've heard children say things like this: My dad said I could have his motorcycle jacket, but my mom won't give it to me. Or my grandpa said I was going to get to have his class ring, and that was really, really important to me and he told me that he wanted me to have it but nobody in the family will give it to me and my cousin is going to get it instead and that will be very hurtful to them.

So if you're able to work with someone and intervene, we want people to write this down on give those things before their death.

Time out, because I also understand enough about mental health and understand suicide behavior and the giving of belongings. That's not what we're talking about here. This is different. This is when a person knows and they've been diagnosed with a very limited time to live when we talk about these linking objects.

In addition, sometimes linking objects are things that remind us of a person but don't belong to a person so for me a linking object is a lady bug. She loved lady bugs, and when I see lady bugs, it reminds me of her and I think about her. Sometimes I collect things that are lady bugs, not actual lady bugs, right? I don't have a lady bug farm, but I collect things that have lady bugs on them and things like that to remind me of her, and that would be a linking object of.

We can talk about creating video. Sometimes as people cannot write much anymore. Maybe they're able to do a video recording. Sometimes parents can record their voice in Teddy bears or stuffed animals so their children can have those as well.

And of course participating in life review as you know is very helpful for clients, especially our senior adults, even those not

diagnosed with a terminal illness, but certainly those who have been given a time frame and an illness, we might want to encourage them to participate in a life review process.

Now I reference inheritance of hope, I'm not doing an advertisement for them or anything, but they are an organization that I am aware of. They're a faith based organization. However they serve clients of any denomination or of no faith. But they provide hope at home groups and they also provide retreats pre COVID for young families who are experiencing terminal illness and they provide those free of charge. They get funding from people in the community and national donors. So for example, in order to qualify, it has to be a parent has to have a terminal diagnosis and they have to have at least one child under the age of 18 living in their home, and they can qualify to go to one of the inheritance of hope retreats. I wanted you to be aware of that. I believe there are similar organizations that do similar things. We know there are a lot of organizations who serve children who are sick and the families as well, but I thought it was important to know. There are fewer that serve adults, so that's a good resource for you.

And then finally, practical support and death education is important for you to provide for people that you're serving if you are a clinician working with anticipatory grief, and so I understand not all of you have worked in palliative care, probably most of you have not. Most of you have not worked in health care or as doctors. What can I do? You can provide referrals. You can become familiar in your own area with the palliative and hospice support cases. You can provide even practical support with referrals to funeral homes, advanced directive assistance, things of that nature.

We'll talk in just a second about even explaining things to children, explaining the dying process to children, and I don't expect you to have expertise in those areas, but it's important for you to seek out that expertise from people in your local community so they can help you explain these things to families.

After the death, some things that you might want to consider doing, okay, right now we don't have a lot of funeral rituals happening. However, I do enough PESI webinars to know that certain parts of the country are operating in different ways from other places in the country, right? So you might be in a community where you say, wait, we're still having all of our funeral services, but someone else might say, no, nothing like that has happened in our community.

So I realize there's diversity there for us depending on where we live in our country.

I also recognize that sometimes you cannot attend a funeral, a memorial service, or a viewing or a visitation because of confidentiality or HIPAA guidelines, so you have to use your better judgment here. When I worked for a hospice, it was very common practice for us to attend the funerals and memorial services of the family members that we cared for. But we would not wear our hospice badge and I would

not have a sign that says I was Susie's social worker or her bereavement counselor and I might sit at the very back.

I would also make sure that it was okay with the family that I would attend because I don't want to upset any family member by attending. So keep in mind, HIPAA guidelines and confidentiality.

And if you can't attend, you can send a condolence call, just making a phone call saying I heard this happen. I wanted you to know I'm aware, how can I support you in this, obviously flowers and letters, and then we want to prepare children and adults to return to school or to return to work, which we'll talk about on a subsequent slide, and then prepare children, and I would even say even some adults who have never attended a funeral or memorial service, that we want them -- we want to prepare them for that as well.

So again you might be in practice and you might be doing cognitive behavioral therapy all day long and you think this is what I do and these are the people I see, and then all of a sudden, you have a client who is saying to you, I don't know how to prepare my child to go to her dad's funeral. What do I do? So I wanted you to have that knowledge today and be able to help them through that.

So talking to kids first about terminal illness, this slide just has some do's and don'ts here, right? But we want to discuss what to expect with children if a family member is dying. And what I find is that children often have a lot of questions about these things, and oftentimes the adults are either not answering, or they're just not engaging in discussion or conversation about it, and so you might be that safe person. Now, that said, as a clinician, I have these conversations with the family present as well, because I want to help empower and teach the family how to have these conversations together, right? So if the mom says can you tell her if her dad is dying, right, no, I can't do that. That needs to come from a trusted adult but I can be here to support you through it and I can give you some feedback to how to have that conversation to best help your child.

We may even need information to provide them about the actual dying process, if they're going to be around the person who is dying, and we'll discuss that on the next slide.

So if we're going to do this, right, again I've already mentioned we want that trustworthy adult. If you don't know, if you have never worked for a palliative or a hospice agency or a health care facility and you don't know what happens to the body as someone is dying from an illness, then it might be helpful for you to ask a palliative provider in your community to train you on this. Most hospices have very good books that they give to families to try to help them walk through this process, but they don't often share that knowledge with the children in their home.

And so we want to prepare kids in advance, if they're going into a health care setting to see their sibling who is dying, for example, or to see their grandparent, we want to talk to them about the medical equipment in the room, the devices, what are all the cords and, you know,

the needles and things like that that they might see whenever they get into the room, what are the machines doing. Who are the personnel in the room, right? Is this a nurse? Is this a doctor that's going to be in the room, or a chaplain that's going to be in the room? We want them to know who those people are.

And child life specialists and social workers at hospitals are often very able to assist in these conversations with families, so you want to encourage them to speak to those people.

We also want to prepare children about the body's dying process, things like we have changes in our breathing patterns, or restlessness or decreased communication, withdrawal from people, but we also want to help them understand that what we know for now most times is that hearing if the person was able to hear prior, they are typically able to still hear. The hearing remains until the end, so that if children want to call the person on the phone, you want to hold the phone there to their ear, to tell them I love you, daddy, if daddy is in a hospital unit and the child can't go in to see daddy for some reason, especially right now with COVID restrictions, we want to be able to provide them that opportunity.

Sometimes I even had children write cards or notes or letters and then we might get a picture of someone delivering that or a video of mom going in and reading that note to dad, even though dad is unresponsive. So that the child knows that they had that opportunity to say those things to daddy.

And then obviously we want to allow continued communication with the person who is ill per obviously developmental age of the child. But obviously being honest and being open is very helpful with children.

Now, preparing kids, and I will say even adults, because having taught college students, I know that I more and more as the years go on, I have more college students who have never attended a memorial or a funeral ritual of any kind, and so I find that we're sheltering a lot of children from attending funerals and memorials and I always say, one day, maybe my next blog post, and it has not been my next blog post, one day I want to do some research or talk about this idea of sheltering kids from an opportunity to provide empathy. You know? If you think about it, what does a ceremonial ritual do when it comes to funerals and memorials? It allows the community to come, our community of support, to rally around us, and to say we care for you, we love you, we are here for you.

A lot of times we go, and we might not even know the person who has died, but we go for those survivors, to show them that they're not alone in their grief. That's what has been missing so much right now, is that support network.

And so I worry a little bit that we're in an effort to shelter our children from things that might be emotionally upsetting, that we're also sheltering them from an ability to learn, sometimes at a very young age, that we pause our life sometimes to care for other people. We take a moment to grieve and to extend our concern and our compassion for

people that are hurting, and they take that priority in our day.

And so I don't know. That's my side note, right? I got to have a soap box today, and that's what it is. So now that I've said I think it's important for kids to go, I don't think we should ever force children to attend.

I had a conversation a couple of weeks ago with a person who experienced the death of her spouse and one of her children was an infant and so I said to her, have you thought about recording, I recommend you audio or video record the ceremony because really that infant is not going to remember that and is going to be the one child in the family who doesn't remember daddy's funeral. And what's that going to be like for that child?

So if you have the audio or video recording and she said oh, my goodness, thank you, I thought I thought of everything but I didn't even give that consideration, right?

So I think we shouldn't force children to attend. I've even seen teenagers, especially maybe someone died by -- for example something that the child feels like could have been prevented, right? Maybe the person died by a drug overdose, for example, and sometimes I've seen teenagers say I'm not going. I'm not going to dad's funeral. I'm so mad at him. Okay. You don't have to go, but can we do something so that if you later decide you want to view or participate in that ritual, we have it recorded for you so you're able to do so.

So I just want to mention that that's on the bottom.

But I also think we have to be very concrete about what we prepare our kids go, right? The who what when where and why, things like who is going to be here. We need to let them know if the body is going to be present and viewable or if it's not going to be and that sometimes is how people distinguish between a funeral and a memorial. A funeral being the body is present, a memorial being the body is not present and in some cultural religious traditions the body is never present, okay? At a service, and in others, others of you will say, no, we always have viewings in my family, because this is very cultural as well.

And so we want to prepare kids for this. We want to tell them who the funeral home staff is, if it's going to be there or the place of worship or the synagogue staff. We might even want to discuss things like are there going to be police or law enforcement officers escorting us? Is there going to be news media? So things like the news cameras are going to be across the street because somebody killed your daddy, and so a lot of people want to cover this and put it on the news, and they're going to be across the street. They're not allowed to be near us, but you will see them there, right? So we want to let them know what to expect.

What's going to happen, what should I expect, what am I going to see, including the emotional reactions of the adults, which are also sometimes very much based on cultural standards. So is there going to be keening or wailing or is there going to be a very reserved emotional expression, and some of that depends on our traditions in our own

families and cultures, but we want them to know what to expect there.

We need to know when it's going to take place and where and why are we even doing this? I find that sometimes people forget to say we are doing this because we loved your daddy, and we want to remember his life and we want to remember who he was to us and this is how we're going to honor his life today, is at this memorial service or at this funeral, or we're doing this so that our community can come and also remember your daddy and the contributions he made there, right?

So there's different ways of explaining it.

If there are younger children, and really I would say this for all children, we want to encourage families to allow children to participate in the planning of these, and so can they pick out the urn or the casket if that's going to be something that the family is going to be using? Can they place a note or can they draw something to have displayed? You know, I once knew a teenager who wanted to fix her mother's hair. That was very important to her, and I know some of you are thinking, oh, my goodness, I can't believe that was permitted, but in her case, that was something very important to her.

Are they able to select songs or music or readings for the service? Can they come up with photo collages or photo boards or ways that they might display something at the service to participate in the planning?

And then if you have a very young child attending, I always recommend to parents that they have a supportive adult who doesn't need to be at the service for their own mental health, right? But who just wants to be maybe there as a supportive person. That person, so we might say for example to the three year old child, Miss Susie from your preschool is going to be sitting right behind us and if it becomes too difficult or you want to go to potty or want some goldfish, Ms. Susie can take you to potty or take you to color or whatever you want to do. Because some services can be very, very long, and we need to keep in mind the attention span of our very youngest children, they can't sit through a three hour service so we need to have a supportive adult to take them out.

Obviously I'm not looking at the questions right now just yet, but I always get this one so I'm going to get it out of the way, right? And that is how old does a child have to be to view the body, if that's part of the tradition in the family is to view the body? So I will say this about funerals and many grief educators say these things. It's not just me, but if you're old enough to love, you're old enough to have feelings of grief and to mourn, and if you're old enough to have those things, you're old enough to attend the funeral and you're old enough to view a body.

Now, I think what happens is we have to prepare children again for what they're going to see. We have to discuss the physical appearance of what the person will look like in the casket, the feeling that the body will have. Some families will actually find it helpful to have sort of a private viewing for the children so that they can ask

questions, all kinds of curious questions that they're going to have, and they can sort of have that time together as a family before everybody else comes in.

So I recommend that with children, that you have a private time for them as well.

And then, you know, we just want to make sure that we're not forcing children to view the body if they don't want to, but certainly we want to make it available to them if it is available to other people as an option.

Now, we also want to make sure, right, that whenever we're working with families, that we're keeping their cultural and religious traditions in mind whenever it comes to memorial services, and to funeral services, so we don't want to impose what we think is right or our own beliefs on a family. We want to see what's important to them.

So that's sort of how to prepare children, if you will, or adults who have never attended for a funeral or for a memorial service.

All right. So let's go on to preparing then to maybe return to things like work or to school, right? And so in this case, preparing to return to school, we have to keep in mind that school is a safe haven, right? For a lot of our children. It's a second family. Many of the children that we serve, in fact most kids, if they go to school in a place other than the home, they are actually at school more than they are at home for the most part, and so we have to acknowledge the need for our schools to be able to help our children through this as well.

And so what we want to do is we want to notify any caregivers of the death, so that could include medical providers, school coaches, extracurricular activity directors, guidance counselors, and then we also want to educate them about death in general. What are expected in normal grief reactions.

Remember we talked about difficulty concentrating? Well, I'm doing a session on children right after this, and one of the things one little boy that I used to see said to me, Miss Erica, this is after his dad died, I feel like my brain fell out. And that's how he described disability concentrating which is the best way that captures it. I don't think books capture it that well, that it feels like their brain fell out.

And then we put kids back in math class and introduce algebra and we expect them to understand this when they're processing a great loss? No wonder they're struggling, so we want to educate the caregivers about those things, understanding, and some people actually say, you know, definitions, their root word for grieve is to be torn apart. Some dictionaries define it as to have special needs. And I educate principals of schools on that all the time, this child does for a period of time have special needs, and so we might need to have things like a code word or a safe place or a safe person on campus.

So for example maybe a teenager, all of her teachers are aware that she can say, hey, I need to go to the office to pick up that folder, and when she says that, there really is no folder. It means she's going



to the guidance counselor's office because she's having a time in class and she needs a break.

That said, kids say they don't want to be treated very differently, because imagine that imaginary audience as a kid, you don't want people looking at you as my sibling or my aunt or my dad died mirror on you. However, we still need to be able to provide care for them in a positive way.

And so when we're preparing even our adults to return or our children to return to school, but our adults to return to work, one of the things that we have to be very aware of is providing that psychoeducation, to help them integrate back into those places as best as possible.

I remember vividly when a family member of mine died, and I went back to work, and I was back to work with a room full of grief counselors, so I'm sitting in the office and one of them would walk in and they'd say, oh, Erica, did you pick out that song? Oh, that was lovely. Was that song important to your mother? That was a really nice song. I loved that.

Or somebody else would come in and say oh, that reading, I thought was very meaningful to me at the funeral. Thanks for selecting that.

And then they asked me how I was feeling and basically they were all providing me counseling for a week, in and out of the office and I had this real slow pace back. But one of my family members who was working, you know, in a downtown major urban city, went to work, and she called me, her first day back at work and said how is it going? And I said oh, it's going okay. It's hard, it's going okay. She said, well, this is how my day started. I got flowers delivered to my desk this morning from my boss who said take your time. We're so sorry, we know it's going to be hard for you to get back. Then at noon someone came into my office and said, you know that report that was actually due last week, but you were gone, we didn't want to ask you for it then but we're really going to need it by the end of the day at 5. She said, oh, the sympathy wore off by noon.

So that's helpful to prepare our clients for, that our workplaces are not always supportive when we go back, that we are going to have cognitive difficulties. We're going to struggle to concentrate at times on our work or on our school, that we might need to take some emotional or spiritual or physical time outs for a little bit of time just to pause and reflect.

And then obviously, you know, we want to have -- we want to be sure to prepare them for things like feeling isolated, and if you have experienced a potential loss, you know what's that like when you're in a grocery store because you thought that person saw you and you don't know what to say and that happens a lot of times when people go back to school or work as feeling ignored or things of that nature.

Now, what we're going to do is I'm going to show you a few different interventions. If we have some time for these. And then

we're going to open it up to some questions as well.

And so I want to pause before we do this, and really acknowledge that as I mentioned earlier on, and I realize I probably mentioned this when there were only 10,000 of you on and now there's 16,000, so we need to say it again. Our country, and really you're probably attending from all over, not just North America, but our country has experienced an enormous amount of loss, and a lot of it has been death loss. But a lot of it has been non-death loss, and that's a totally different scenario, right? But things like unemployment or, you know, physical illness, all kinds of things that we've experienced, which we'll talk about in the next presentation on children, that we have experienced as practitioners ourselves.

And so I think we have to pause for a minute and recognize that a lot of what our clients are going through, we've also experienced, and we've also gone through, and so it's really important for us to take care of ourselves as well.

I believe tomorrow, I could be wrong, so PESI might have to correct me if the chat if I'm wrong, but I think Dr. Gentry is actually speaking tomorrow I think on things like vicarious trauma or compassion fatigue I think is what he's going to be talking about. How do we provide for ourselves when we are seeing all of this loss and also when we're experiencing a magnitude of losses as well.

And so let's talk about, maybe we can do this for ourselves even, you know, how do we identify our own sources of support, and then let's use this to try to help our clients identify their sources of support.

So here's what I do with clients. I'm going to show you a little activity.

Okay. What we're going to do is I start out drawing a circle, okay? So I'm going to have one circle here in the middle, so you'll see that, hopefully see that, and it might be a little shaky because of this pen, but I'm going to have the client write their name there. This is me. Let's think about the people, places and things where you receive support. Let's do this for ourselves and let's see how big our sources or circles of support are.

I'll draw it here, so you can see it better.

We have one, and that's me. We might draw something else, so maybe it is your family, right? And just pretend like I'm writing it because it's hard for you to see here. If I touch my screen, it'll go away. So maybe my immediate family here is a source of support.

And then perhaps I have a group of friends that I go running with through the neighborhood, right? And they're very important, so I would write my friends right here, okay? This is my group of friends who I go running with in the neighborhood.

And then maybe, because I always think pets count, by the way, as sources of support, and also sources of loss, and so we might -- maybe I'm going to put my dog is really important to me here, so I might put that out here.

And then maybe I have a support group that I attend for my grief,

so I'm going to put my support group here, and then I might have more, right? And it would go on and on.

Now, in some intervention books, you will see pre drawn circles, and people do this in all different ways. I like to have clients draw it themselves as they go, because this is a conversation point where sometimes our clients only have maybe two rings, right, filled, because they don't have a lot of places of support.

And so what we want to do as clinicians is we want to try to help them mobilize new resources of support, because we know that when a family is experiencing an illness, their capacity to cope is largely going to be dependent on their support around them and we want it to be positive support.

And so when I see this, it reminds me of rings on a tree, right? Some of you might say, oh, this looks like a bulls-eye or something like that, but I see rings on a tree, and having been born in Florida, you know, I have lived through some hurricanes, and what I think about when I see a tree is I think about a tree with a really big foundation is going to be able to better withstand the storm and the winds, the high winds of change, as opposed to a little baby tree that maybe we just planted and its roots are not as firmly established.

So what I talk to my clients is let's look at ways in which we can establish a firmer foundation for you, because anytime we're experiencing illness, or anytime we have experienced grief, okay, we want to be able to withstand the winds and the storm that's coming our way, right? And so we want to enlarge our circle of support.

I'm going to show you two examples. These are pre drawn, and things have been changed a little bit, so that you cannot identify any of these people, and I had to redraw them. I tried to make it look like kid and adult as best I can. But this is one that was completed by an adult. Obviously I redrew this, so I'm protecting and changed some information to protect any confidentiality at all to be de-identifiable, but we've got me and best friend since junior high school, my father, network of friends (indiscernible) and you see a child, Rachel, obviously these names have been changed, Erin, which was a sibling or a friend, mama and Bill, a cat, a church, and group friends.

So that's a way that we can establish those sources of support for our clients.

Now, the other thing that I want to share with you that's brought up quite a bit and is an opportunity for people, particularly parents who are ill, to be able to help best equip and prepare their children for their death, is to really talk about this concept of love after loss, and so before we talk about that, let's think about this for a moment, right? And I saw a couple of questions come in about how do we help people, or how do we help ourselves when everybody else wants us to move on or get over it.

So that get over it language, that move on language, comes way back all the way to grief work theory back in the 40s that I mentioned, right? That's a grief work theory. And it's sort of this idea that

grief is an illness that we have to just get over. And we don't -- our modern models of grief do not support that now, and I'll talk a little bit more about that in my next seminar with children, but what I tend to use, and a lot of other grief educators use this language, this is not just my language, right, is this concept of reconciliation instead. And so reconciliation is defined in the dictionary as a process of finding a way to make two different ideas or beliefs exist to be true at the same time, right? I'll repeat that. It's the process of finding a way to make two different ideas or beliefs or truths exist to be true at the same time.

So in grief, reconciliation means, yes, I have experienced a great loss, and I am forever changed. And I can also invite hope and joy and love into my life if I choose. That is the goal of grief. Grief's goal really is reconciling those losses.

Let's think about this from a pandemic perspective. How many of us, right, guilty, so many of us I think in the beginning said things like this: When this is over, then I'm going to blank, okay? When this is done, then I'll do this, but not until then.

It was an either/or. But I have the privilege of journeying alongside a lot of families who are experiencing illness, and what I find is they can't wait to invite joy into when this is over. Because I don't know that we would have joy if we waited.

And so what reconciliation says is it says, and I think this might be true for a lot of you, that we can have tears and sorrow in the same day as laughter and joy, and you know what? Sometimes in the same hour, and sometimes even in the same ten minutes. And it can feel real hard at first when we have that, especially after our loved one has died or we're thinking, no, I'm in this bad situation and I can't have of this now. That's why they're two opposite and different ideas. Reconciliation helps them to be true at the same time or in the same day or in the same week or in the same month or the same year. It feels impossible right after a diagnosis, and I think it might be in that moment, right? And it feels impossible at the moment after death, and it probably is, but it comes with the work of mourning, and with the work of grieving, and that's where you as clinicians come in. You have the amazing opportunity to create the spaces where your client feels safe enough to share the really painful parts, and then you're able to journey alongside of them, as some of that pain softens over time, and I think we've experienced that ourselves.

At a certain point many of us thought, okay, well, goodness, I get I'm going to have to adapt, right? I guess I'm going to have to do telehealth. I was waiting -- okay, for six months, I'm just going to do phone calls. This will be over. And then I'll go on to do this over here.

And that has not been our reality. And so this is kind of where we're at.

So I want us to complete this exercise, and then I think I will have some time to get to questions, which is very exciting, but I want

us now to take some time to talk about love after loss, and this is a way too that obviously some of this, I'm sure, has been difficult for some of you to take in, so doing an activity like this I think is a way maybe to help us close some of the information that we've received sort of to think about how has this impacted me, and how is the journey of reconciliation able to impact me and able to impact my clients.

So I want to illustrate for you love after loss. And here's how this idea came up. I was working with a client once, and she had a step mom or was going to get a step mom, and her mom died and she really, really liked this lady, this step mom, but she said to me, it feels like I'm cheating on my mother, was the word she used. It feels like I'm cheating on her. I don't want to have fun with her, I don't want to go prom dress shopping with her, I don't want her to pick out my graduation cake because my mom was supposed to do all these things with me, and I feel like I'll cheating on my mom if I do that and we tried talking about love and tried to help her see is and it was hard for her to conceptualize it. So I decided to have her draw it.

She said -- here's a way where we can talk about love after loss. So let's use her -- well, let's make up -- we'll make up somebody else. Let's say it's a ten year old little girl whose daddy died. So here we go. I draw a heart here. And you will soon see you don't have to be a great artist to be able to do this, right? So I asked her who do you love? Tell me who you love. So let's say she says she loves her mom, and so we put an M there for mom, which I would really write it out, but we're in internet land right now, and I'm trying to be concise, so we have an M for mom.

And then she loves her dad too, and maybe her brother. We'll give her brother a spot there. She gave her brother a spot, I would say, and then maybe her grandma. So we'll say G ma for grandma. I love my grandpa, so we'll put grandpa down, and then she has a cat that she really loves. We definitely need a space for the cat, and then maybe she has a friend at school, so we'll put a friend there and then she says I have this other friend so we put the other friend there, right? And then we start looking and I say, you know, well, what do we do, what are we -- what do we keep in our hearts? What do we store in our hearts and I talk about this with client. And she said we store my love, and I say we might store our love and maybe our memories, our experiences with people. Those are the things we store there, but see in her case, and I think the same is true for you, I would say even if you're 95 years old and you're watching today, we might have the same problem that this imaginary ten year old little girl had is look, her heart is full. She sectioned it off. She sectioned her heart off.

In this little girl's case, she had more. The problem is, whenever we deal with a client, it's full. We have this little issue, your heart is full and you're only ten years old. I mean what happens if you meet a new friend or you get a new pet or the neighbor next door has a little girl that's super sweet and you want to be her friend? What are you going to do? Your heart is full. There's no more space for

people, right?

So we talk about what happens when someone that we love dies. And we learned about continuing bonds, didn't we? And we learned that our emotional attachment remains.

And so I say that spot gets shaded in. That spot of your heart becomes permanent, if you choose, all right? And there's a whole 'nother seminar we could do on conflictual and ambivalent relationships and I have only an hour and a half and only 15 minutes left now, so we can't get into everything today but you can certainly attend another presentation and we can get into some of that, but for now, this positive relationship with her mom. So we say that spot gets shaded in and becomes permanent so I'm drawing that and saying it's permanent and once it becomes shaded in and permanent, nobody can take your mommy's place in your heart. Her spot will always be there and it will always be her spot.

But what are we going to do about the fact that it's full? Because we can't take over other people's spots, we don't want to love dad less just so we can have another friend, that's not how love works.

What we do is we know our heart can grow in its capacity to love. This is a really good conversation about boundaries also, that we choose who we want to invite into our hearts, right? We choose to give them space.

So I might say maybe your new friend can go over here, or maybe your sister, maybe you have a new baby sister one day and they want to go here or your new dog that you're going to get can go here. And then maybe let's say that dad is dating someone named Jessica, right? And maybe, if you want, if you choose, you can allow Jessica to have a space in your heart as well. And that's where all of her love and memories, right, love, and memories and experiences can go, is in her spot, but you see it's not physically possible for those things to take your mom's spot, because your mom's spot is permanently there.

And I've illustrated this before to college students and adults. I've had families use this when they're blending families, even with divorce, where we might not shade in the spot here, because mom is still very much alive, but maybe mom and dad are getting a divorce and dad is getting remarried. But we want to talk about how the new person can have a different spot that's separate but we're not cheating or forgetting the person. This is really an illustration of reconciliation, of how our hearts as humans are able to grow in their capacity to love.

And so this is just one that is kind of pre drawn so that you can see a little bit more how it's done, and this fictional person, maybe they were going to get a dog or something like that, and so we pre drew that there.

That is love after loss.

Now, let me see if I can get to a couple questions real quick. And so I'm going to read some of these, so hang on. You have to bear with me here. It's like we're live, only there's way, way more of them.

One said how is the grief process affected when a funeral or memorial occurs months after the loss of the loved one?

You know, I don't know that we know entirely yet. I would say that I have seen it be complicated, and that's where I think that as practitioners, one of the interventions that I use a lot is to create funeral or memorial ritual type of experiences for clients, and so I would say, for example, we can do letter writing. We can do things, if we can't do a public service, maybe we can do a web service as a way. Some sort of Internet-based service to get people together, or can you create some sort of individual service for the person.

I had a student once whose family member died in another country, and she was unable to attend the service, and it had been a couple of years and she said, you know, it just doesn't feel real, because I wasn't seeing this person on a regular basis, and she said I really didn't know that I had sort of suspended my grief, because there was no ritual. And so what she did is she actually wrote a eulogy for her loved one, and she eulogized that person publicly in front of the class as a way to begin to acknowledge that ritual and really acknowledge -- or have the ritual, excuse me, and acknowledge the loss, and that was very, very healing for her. She said then she was really able to begin the grief journey.

Here's the thing. Most of the modern models of grief, whether we're talking about (indiscernible) model, the dual process model of coping, Dr. Rubin out of Israel who has done a lot of work as well it the two track model of bereavement or Dr. Warden's tasks of grief. Most of these will say things like we have to acknowledge the reality of the loss. And that's what kind of helps us in our reconciliation process. So it's hard to reconcile that which our brains have not quite comprehended, and the ritual experience helps our brains make sense of it and helps our brains comprehend it. So I think to the person who asked that question, it's going to be quite a long time before we know, but we are already seeing it complicate things quite a bit for people, yeah.

And then someone said talking about drawing attention to the fact that finding out about cultural expectations around grief rituals. Yes, I could have done an entire presentation on grief rituals and cultures. That's really important, even with continuing bonds. The way that different people maintain a bond is a lot of times dependent on cultural, societal, and religious expectations, and so what one person said is what's considered typical could be construed as disrespectful to another culture, and that's very true.

I also do my own research, but then I ask people themselves. Because what I find sometimes is even research stereotypes people, right? So I can do research on, okay, what are the Muslim traditions, what are the Hindu traditions, what are the Christian traditions but then I find the people within those traditions, yeah, I don't actually follow that practice as stringently as it says, so I ask my clients, tell me about your rituals in grief and loss. What is important to you?

What do I need to know to best help your family? I want them to educate me about that, and I think that's a very important aspect.

Let's see. In circles of support, is there any significance in the placement of certain supports, like the ones close to me and further away?

Goodness, I don't know. That's a great question. I would imagine for some clients, there could be a significance there. You know? I haven't seen it be real significant. What I have seen is this: The ones that the people draw quickly the things that they automatically and very quickly know are their sources of support, okay? This person, this person, my dog, my cat, whatever, is a source of support.

The things farther out are oftentimes I have to help them think of. So I might say, you know, you mentioned to me that you go to a group where you crochet with other people on Thursday nights, and now you all have been doing that on Zoom. Is that crochet group a source of support for you or no? Because sometimes people go to the crochet group, and they are not supportive at all. In fact they might minimize our grief. They might tell us we should be, quote, over it by now. They may not be supportive. We may not want them on our circle of support but I mention that because as the clinician the person mentioned that to me before.

So the things on the outer circles may be things they didn't think about right away, but sometimes they say my sister -- I put my sister as the most primary person of support right next to me, but then I come in to the session with you and I'm telling you that my sister has said something that's really upset me. Now you know why that's so impactful to me because that is a person that I valued and considered to be the most supportive person and now I feel as though I've lost their support too. Or at least temporarily.

The other thing to keep in mind related to support is this idea, and I've heard Dr. Allen Wolfelt talk about this, I've heard other grief educators mention this. I don't know whose idea it was first, but I'll share it, is the idea of the therapeutic third. Have you heard about this? The therapeutic third is this idea that when we experience a crisis, a loss, an illness, something difficult in our lives, the people in our lives tend to fall into categories of thirds. This is not evidence based right here, okay? Take it with a grain of salt. But I think you're going to say, it might be practically based. It might have some clinical significance, even if it doesn't have statistical significance and that is this.

One-third of the people are kind of the neutral third. They're neither harmful nor helpful, right? We don't feel worse when they come around but we also don't necessarily feel better because they came to support us.

A third of the people tend to fall into the category of our harmful third, and these are the people and you know who these people are in your life, think about it for a second, these are the why did I call her. I knew she would say this. These people dismiss us,



(indiscernible) they say keep your chin up. You'll be fine. This isn't a big deal. Those are our harmful third. We actually feel worse when they come to help us.

But then some people say there's a therapeutic third, and those are the people who don't necessarily make us feel better, right? They can't change our situation. They can't necessarily take our pain away. But the best way I describe it is I think they make us feel lighter.

You know, and I think in our own lives as clinicians, it's really important for us to identify who is in our therapeutic third. I would challenge you to do that today, right? Who is in your therapeutic third? Because those people, I imagine if I'm carrying in a backpack full of everything I'm dealing with with the illness or the loss, right, and it's filled with all these heavy stones and they're just weighing me down, when I welcome the presence of somebody in my therapeutic third, I can throw that backpack on the ground, and just breathe. Right? I can breathe. For a moment I feel lighter.

Maybe, maybe I even choose to take one of those stones out of my backpack and maybe I leave it there with them. Maybe I decide I'm going to leave it there. And then I pick it up and it's one less stone heavy, and all of a sudden I feel a renewed sense of stamina and energy and courage to carry the backpack out of the door again. That's the therapeutic third. It's helpful for clients to know when they are experiencing illness, some of their friends, as a client said to me, they, quote, bailed, right? Meaning they leave. They're not here for me. Not everybody is there for this stuff called loss and grief, and here's the thing too. If as a practitioner this is bringing up a lot of stuff for you too on your own, then that's something to think about, you know what, I need to do my own work of grief so I can better help my clients. In the meantime I'm going to refer my clients who have experienced loss and grief because I don't want to be harmful. I want to be in the therapeutic third and the therapeutic third has to honor the space of the pain, the painful emotions that accompany grief, illness, and loss.

And so that's something important to consider with the support circles too.

Let me see. Hm. Oh, how would you recommend helping clients who are not ready for a loved one to remarry after a loss, but the loved one wants to move on and remarry.

So one of the things I would do is talk about this love after loss illustration but also help people understand, if an illness was involved as well, I have often had people that other people looking will say that's, quote, too fast, but I've had a lot of survivors say to me, we had conversations before he died about this, our relationship changed significantly for the past two years, prior to the loss. While my children find this very difficult, this is something that I've been preparing for for a while and that I'm ready to take this next step, right? So I think it's important to have open conversations in families about these things, even though it's hard sometimes for families to have

open conversations about these things, but we want to have open conversations, and we also really want to help them understand, and that's where that open communication can come in handy, is to help them understand that also they can't control someone else's behavior, and so oftentimes we just have to help them cope with their own feelings of struggle here with the person remarrying, because they're not able to change that behavior in another person, right? They can change their response to that or their emotions. We can help them cope with those emotions that are coming as a result, but they might not necessarily have the control to change that situation.

Okay. Can we find similar interventions like circle of support if a family member or significant other attempted suicide?

Absolutely. It's certainly part of the other presentations that I do, but I think identifying sources of support is essential for any client that you are working with who has experienced a loss. It doesn't matter if it was an illness. It could be homicide, suicide. It could be a loss that was not a death loss. It could be incarceration. It could be amputation. It could be unemployment.

It is -- the pandemic has shown us what lack of support can do, and how hard situations are to cope with when we don't have support. This is why we need more of you, right? We need more practitioners. We need more mental health clinicians, social workers, psychologists, psychiatrists, being able to help people, because we know that often our clients lack support.

As well I'll challenge you to this. If you're in a community and telehealth is your thing, you're getting good at this, do some groups. Start facilitating some groups. I have facilitated some pretty cool telehealth groups for one organization as a volunteer. And it's really neat to see people from all over the country come together and talk about their loss, and so if there's a way that you can begin to offer an additional place of support for people in your communities, like a support group, then I encourage you to do something like that in your areas, get the training and then do something like that in your area.

All right. Am I out of time for one more question before I close this out? So let me see what we've got here.

Let's see. I'm sorry. I'm rereading some of these before.

How do we help clients get support months after the loss when everyone moves on with life? Yeah, I think that would be where I find most people seek grief counseling. Usually after the first year, going into that second year or maybe even sometimes on the tail end of the second year, because they feel like all those natural social support systems get tired of hearing about it, right? Why aren't you over it? Why are you still talking about this?

And so we need to make sure that we have support, and so some of the places I would receive support are support groups, maybe if it's a child, maybe a grief camp or a children's grief center which we'll talk about in the next hour.

And obviously individual therapy as well for clients.

Let's see. Attend rituals but then drop off in terms of offering support. Oh, yes, so they're asking attendance at rituals impacting grief again and so sometimes people who attend rituals, but then they drop off from being supportive.

I think that goes back to the therapeutic third and does it compound the loss? It does, because again in grief what research shows us is people feel a little more isolated, so that's all being magnified right now by the pandemic, so we see even further isolation.

And that's a huge impact, right? On our clients. Because they might not have had the ritual or even if they did have the ritual, now they're feeling more isolated and our friends are not as accessible as before simply because of the pandemic, so it is sort of an honestly a little bit of a public health crisis. We know COVID-19 is, but the losses that are in the wake of COVID-19 are a crisis.

I just completed some research on college student loss in the pandemic that I'm actually submitting for publication in a couple of weeks, and I was just really astounded to see how many college students were significantly impacted by a variety of losses as a result of the pandemic. I mean most students identify at least six or seven different types of losses, not just death loss, that they had experienced as a result of the pandemic. So that grief is very real.

Somebody asked do you have some tools for understanding and working with loss in highly ambivalent relationships?

I don't have much time to talk about this, but there is an article that you can find that was published in maybe 2016. I believe it's Nancy -- oh, I don't want to get this wrong. It's being recorded, but it's Goldberg or Peterson maybe. It was in relationship trees. It's a really neat arts intervention that you can use with adults and children, but it is really identifying after loss the ambivalent aspects of the relationship, the positive aspects of the relationship, and the negative aspects of the relationship, because again -- and that is something that I didn't talk about with anticipatory grief, but that you should know.

There's a possibility to resolve some of that conflict, to have some of those meaningful conversations. Dr. Rubin in Tel Aviv Israel did a longitudinal study of bereaved parents and what he found was ten years later, those parents that had more negative memories or recollections about their child who died, and some of that was because of the relationship or things like that, they had higher symptoms of grief ten years post loss than the ones who had more positive recollections so what that tells us is if we have an opportunity before death to deal with some of that conflict and some of the ambivalence to help resolve that, we want to. But if not, we want to cater our interventions towards addressing not just the positive aspects of the relationship, which sometimes happens in quote the honeymoon phase of grief as you hear people refer to but we want to address the negative and ambivalent things as well.

We're almost out of time so I want to leave you as we close with this quote which is my favorite from Meister Eckhart, and it is truly it is in the darkness that one finds the light, so when we are in sorrow, then this light is nearest of all to us.

My colleagues, my friends, from all across that are joining me today, I want this quote to resonate with your heart, to know that you have the privilege of sitting alongside people who feel as though they are in those darkest moments, and you get to fan that flame, that light for them, until they come into your office one day, and you know they've seen it again for themselves. That is the amazing privilege of this work. Is it hard? Yeah. Is it meaningful? Absolutely. And is it necessary? It is. And we need more practitioners equipped to do this amazing work in our communities.

So thank you. I hope that this has equipped you a little bit more. I hope that it has been uplifting for your spirits. I hope that it has helped you to see that reconciliation following great loss is possible, and that hope and healing, even in that anticipatory grief, is possible as well for our clients.

So thank you for being with me. It has been an absolute honor. I'll see some of you on the session on children's grief next. Have a wonderful day. Thank you.

(End of session.)

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