Seema Sehrawat: I am Seema Sehrawat, I am a professor in the school of social work, I am also the director for the Interdisciplinary Center on Aging here at Chico State. This workshop is for the [inaudible]. We are doing too many things today, I guess that is why I am running around more than, I do with my workshops. We usually video to all of our workshops and put them on the website, for people who want to watch them, that's what this student here is helping us do you see some people in the back with a [inaudible] camera. [Laughter] We are hoping to do is make a YouTube video for the center to let people know what we do, so that is the purpose of that. During the break or after the workshop is over, if you have a few minutes, please stay here we would like to ask you a question or two that might help us, you know, make that you tube video really usable for people, so your contribution would be greatly appreciated.

Thank you so much for coming, I see so many new faces here today, I am just blown away. I was telling Ric and Lyn it's all because of you because Ric and Lyn are great speakers. They have huge reputation in our community, in local Chico. So I will have them introduce themselves, but just to give you a brief on the Center on Aging. In December 2009, we came official in December 2009. Since then we have been putting a lot of workshops on various different topics. We show very interesting films, you know, on [inaudible] and how we deal with issues around that population. These are attended by students, faculty, community members, and it is just a good way to watch a good movie and have a good conversation about it. I hope you have information on all the workshops we are doing this semester, and you do come to them, but you know, most of all thank you for being here today. I will hand it over to Lynn, Lynn will go first and then we will take a small break and then we will go with Ric.
Lyn Dorenzo: Am I on? [Laughter] Good morning, I am impressed, I am so impressed, we thought, oh she told us 10, I thought it started raining so I maybe 5. So I was somewhat positive if I made 15 handouts, so I am impressed that you are all here. This is not an easy topic, yet one that affects all of us and can have a profound effect on our lives and the lives of other people. A brief background, my background. How many of you are students? I see a few. Ok, I was sitting where you are at one time [Laughter] and I thought that I was going to be an elementary school teacher, and then I found out that here there was a gerontology program, and I was in the second class of that program, and I knew right away that is where I wanted to go.

And so, I did a double major, psychology and gerontology, and in my psychology classes we had to propose a group, in my group class. So I thought paring with what I had learned in gerontology, which was that the average age of a widow is 55, and I honestly don't think it changed much, there should be a support group. Was there a support group for widows and widowers? And so I called the cancer society, I called the churches, I called every agency I could think of to find out what was available, and there was nothing, there was nothing. And so I don't know if hospice is even, I don't think that hospice was even started then, now this was -- I don't want to even tell you [Laughter] over 30 years ago, it seems incredible that it was even that long ago. So I started the widowhood program as an intern at family services, and for those of you who have been around a while, you might remember that family services was a private no-profit agency that did counselling services, mainly for children, and they wanted -- some of you may remember Robert Rankin, Dr. Rankin, I know that Rick did, he has since retired, but he wanted someone on family services board who could start programs for seniors. So that was what my job was as an intern.

So of course that was no pay, [Laughter] and then I saw that the need was so great, so I started writing grants, and I didn’t know how to do any of this. No clue, but if there is a need, you can find a way to meet that need. So when I was working at family services, I also was responsible for the ombudsmen program. And that provides advocates to residents in long term care facilities, and as that -- in that position I had to see all of the facilities in actually 5 counties. But when I saw what was available in Chico, which was almost nothing again, I got brave, a friend talked me into it, she said "You can do this." And I said, "I don't even know how to cook." [Laughter] She said, "Build bigger than I did and hire a cook," which I did.

So I now have expanded, I now have 19 residents in the country house, which is mainly for people without memory loss, although we are seeing a huge change there. And the country [Inaudible] which is for people strictly with dementia, and so every day I work with people in grief. No one comes to the front door and says, "Can I live here?" [Laughter] Trust me, nobody. And then the families that are grieving, because especially with the dementia. That is how I have been immersed in this subject for over 30 years. As I have moved along in my life, I have seen how important it is to grieve the losses as we go.
So what I am going to ask you to do, there are 2 important things that I think we need to do in our lifetime. And I am glad to see the younger people here because you need to start now. And that is to grieve those losses as they come, they say that we will have 20 secondary losses and seven to 10 major losses in our lifetime. And a lot of those major ones will occur later in life. And I can tell you for myself four in the last five years, of my major losses, and so I have seen it happen to me, and as I was talking to Kathleen we both had a good friend die recently and how different it is when it is close to home. You can know -- I know it in my head, I know all of this stuff, but when my mother died, and my father died, and my brother died, and my friend died, and my grandson died, it was just like, "Oh this is very different." I'm using those, I'm going on those to hopefully help you.

So -- what I also see is that we need to develop healthy coping skills. Because sometimes we as young, as when we're young we might start out with a very unhealthy coping skill, and we keep using the same one because we may not know any other ones, because you know, your all here, I am so impressed, but most of the time you put up "widow-hood, or grief" and people seem to run the other way. [Laugh] You know. So it is really important that you -- your here and you look at this issue.

The first thing I want you to do, you each have a packet. In that packet, the second sheet will be blank. What I'd like you to do is take a few minutes and do a life loss graph. This is mine, it's longer because I am probably the oldest person here. But, what I want you to do is just put the major losses, you can put some of the secondary ones, but mainly the major losses and maybe a longer line for major losses, shorter line for things that we don't realize, things like when you were a kid and you moved, or your pet died, or your grandparent died, those are all losses. And then the first sheet will give you some ideas. If you can't, oh my gosh. Because I -- until I did the loss graph I really didn't realize how many I had experienced. So take, oh, maybe five minutes and do your own loss graph.

Are most of them listed on the sheet that I gave you? One -- there were two others that I just realized. One was loss of a dream. I can tell you where I was the day I realized I was always going to have to work. That wasn't -- in my generation that wasn't a part of it. I was going to get married, have kids, be a homemaker, and I remember talking to a friend and going, "Oh my gosh, I just always have to work." So that was kind of a loss of a dream, not that -- I mean, I've enjoyed working, but I think I will enjoy semi-retirement someday too. The other one that came up Saturday, when Rick and I did another talk was being defriended on Facebook, that was just like, we never thought of that, but that could be, you know, one of those secondary losses. And as I am reading more literature, I am reading about losses, friendship losses, long lifetime losses, not from death, but some misunderstanding that happens and, you know, how traumatic that would be, too. That would be a major loss.

So now please take your major losses and put them on your chart -- I mean not on your chart, on the form that says "Losses and Coping Skills". I think it is about the third or fourth page down. And they are divided by different stages in your lifetime.
So just put the losses down. The next thing I want you to do is think about how you have coped with those losses, so give me some ideas off the top of your head. How do you cope with losses?

**Audience member:** Cry a lot.
**Lyn Dorenzo:** Cry a lot. Kathleen and I cry a lot. Nobody else has a coping skill?
**Audience member:** Talk.
**Lyn Dorenzo:** Talk. Talk to someone. Yes?
**Audience member:** When I was with my father, he died when I was six, I went to the library and I just read everything [inaudible].
**Lyn Dorenzo:** Good. So seeking information, and finding peace in doing that. Yes?
**Audience member:** [Inaudible response]
**Lyn Dorenzo:** Yes, that's something that I am seeing at more and more funerals, and it is wonderful because it does seem to give you a chance to do that, to look at the person's life and go through that life -- that rich lifetime.

There is another list of coping skills, and some of them -- I added another one. I want you to let me know if there is some that I didn't put there, the one that I put is that I see my friends getting older is denial [Laughter] and oh, we are so lucky because we can get out hair colored, and we can get stuff done to our face, and we can go to Pilates, and we can do all of these things and get tummy tucks and all that. All that because we're in denial, so -- I don't know if it was healthy or not, I think it was kind of healthy. But the problem with this is what does it tell us about our society, you know, that you want to still keep looking like you are 45 even if you're 70. That's not so good.

But please take a few minutes now, I want you to focus on, because this is the meat of it I think, is how do you cope with your losses and is it time to look at positive ways. So write down how you have coped with each one of those. It will probably be different as you get older, as a child you might have of been angry and cried, and as a young adult, maybe you started to party, so it is going to change over time. Hopefully it will change, to something positive as you go along. So just take a few minutes and write down how you coped with that loss, using this as some examples, or anything else that you have done. Did you see a pattern? Did anybody see a pattern? So people have all changed in the way that they are coping? Good, so are they going from -- to healthier patterns? Good. For you young people, I hope you are not using drugs and alcohol, or sex, any one of those, because they are not real healthy. That is good that you are seeing a pattern that is improving. Were there any that were not on the list that are coping skills for you? Yes?

**Audience member:** Reading.
**Lyn Dorenzo:** Reading, that's good, I'm kind of surprised because sometimes we can't concentrate, but if it is a good read. I was just reading "The Girl With the Dragon Tattoo," my gosh, I couldn't put it down. Yeah so yeah, something that gets you so absorbed, reading. Anything else? Yes, Kathleen...
**Audience member:** I myself find as I age I do a lot more things [inaudible] that are tangible things that help.
Lyn Dorenzo: That help you and that person. I just -- I'm going to just write that down, but I agree. And it's doing two things, it's helping both of you. I heard a German proverb recently that was, if you want to bury grief, plant a seed. And the point of it is to not bury your grief to hide it, to escape from it, it is to have something good come out of it, and that's what you're doing. I remember when a friend's husband was killed instantly in an accident, I had that sense that I have to do something, and this happens often, you have a sense that you need to do something, but you don't know what, and I knew the family had -- she was from a large family, and I knew that there were plenty of people there and my being there was not the answer. So I had something put on the back of my car. I had a "in memory of Steve, please slow down", cause he was killed cause somebody was going too fast and went out of control, so that was something that I had to do. I had to do something, and that was something that I could think to do. Yes?

Audience member: I write music and lyrics [inaudible].

Lyn Dorenzo: Awesome, awesome, awesome. So that helps you a lot, can you share those with other people?

Audience member: I have.

Lyn Dorenzo: Good. Awesome. So writing music, so whatever is creative for you. Yes?

Audience member: Giving back, and getting involved in things. I got involved with Hospice.

[Inaudible]

Lyn Dorenzo: Exactly, giving back, maybe even too an organization that helped you in the process. Giving back always seems to be a really good healthy thing to do. I notice that -- I noticed that some of the people I have worked with -- like one lady her granddaughter died of cancer at a young age, and she was very into animals, she was studying to be a vet. So they had some of the kennels at the Humane Society named in her memory. Again that is something that was close to her heart and could help the agency, as well, so it benefits two people. Those are very healthy, and they work. So the next thing that we are going to do is switch our focus a little bit to aging really that is why I am here. [Laughing]. Rick is the expert too on grief, and I am the expert on aging.

Now, what I want you to do is, everybody has five sheets of paper. I want you to write down the five most important things in your life, one on each sheet. So mine is friends and, family, and children... Okay, now you need to pair off, so find somebody that you can pair off with. If you don't have a partner, there are three of us up here. [Laughter] [People talking] Everybody have a partner? Okay. Is there anyone that doesn't? Okay.

Okay. [Background talking] Okay, now I want you to hold your five important things like a deck of cards, so hold them, don't let the other person see what they are. You don't want the other person to know what they are. And then what you're going to do is take one from the person and then throw it away and then just go back and forth till you only have one left. No, you won't know -- well, you can look at hers after you -- yeah -- but you can't -- yeah -- she will pick whatever she wants to pick. Have you got five here?

Okay, so you're going to pick one of mine. [Background people talking] Yeah, tell the person what it is when you pick it.
Okay. Throw it away, yeah. [Inaudible talking], you can tell the person which one you picked. What they -- tell them what they just lost.

[Inaudible talking] Okay. So how did that feel, the whole thing - what did you get left with? I've lost everything but my grandchildren thank goodness I have them. What did you all lose?

**Audience member**: I've lost everything, but my dog.

**Lyn Dorenzo**: You -- oh my gosh. Oh my. That would be very hard.

**Audience member**: I lost everything but my health, but we just [inaudible]. [Laughter]

**Lyn Dorenzo**: It's interesting -- was it hard to think about what are the five most important things in your life? And some things, you know, you don't -- gosh what are they? You know, this is something we don't usually think about, but those are the things that are lost, that can be lost. And so we have to just know how again, they could be lost and how we could cope with those losses as they come in life. Was there one that was shocking to you? That struck you more than you expected?

**Audience member**: Well, I was left with work [inaudible].

**Lyn Dorenzo**: Oh my goodness, oh my goodness. Well that would be awful, [laugh] and that happens to people, but you know, at least that work is therapeutic for you, it is not like you hate, thank goodness. My -- yeah no balance there at all, we all want balance in our lives. And the reason I did that is the beginning of the season of loss, this is -- these are some of the things that people experience as they get older, so like right now, I have a lady whose husband is in our care facility, he had dementia, she is losing him slowly, she just got back from burying her daughter. So she is being hit with two major losses at once, so that was the purpose of that, is to hopefully to be more sensitive to people who are getting older, because the losses do -- are significant and do become closer together. Which is again, is why you need good healthy coping skills now. So moving along more with how loss affects the elderly, the next sheet you have is "Residents and Loss Fantasy exercise." It's a separate sheet, it is not clipped together. It's this one...

And so there are different losses now that people now face when they move into a long term care facility, they may have already lost a whole bunch of these, but now they're going to lose other things. So, you are to write down, the five, just check off the five that are most important to you. I had the other -- I had going to church, that is very important to me. And I would be very sad if nobody would take me to church. So if there is another one, you can put that down, maybe you like going to the park, or doing things, some other thing. So take a few minutes and categorize those. So did some of these surprise you? Did any surprise you? No? Yes? No? Have you had experience with people in long term care facilities? Has anybody? Some of you have, okay.

So you might not have realized that most of these come into play, and these often come into play, even -- this is not just nursing homes, I have very nice assisted living facilities and these things come into play, we try very hard, to continue to meet the needs of our residents, but some it just isn't possible. One that I didn't put down is, I just realized thinking about one of my residents -- her story, her husband died I think a year ago in December, and so that is not that long ago. I think it will be two years in December, and of course his death made it more difficult for her to stay at home alone.
And she was starting to fall, and -- so she came to our place first of all for respite for a couple weeks when her family went away for vacation, and then she went back home and fell again, so that's when they said no she needs to move. Well that meant her dog, she had to leave her dog, she really didn't have to if she had told us and the dog had been okay, she could have kept the dog.

The only thing we have seen that happens with dogs sometimes we've had pets. One man brought his dog, but his dog was so protective that he bit one of the caregivers, so we couldn't care for him because of the dog. But anyways, she -- so her husband died, she moved from her home, she had to give up her dog, and then much to our surprise, she -- her family never visits, ever, maybe on holidays, they live in town, and so that sense of abandonment must be so great for her. And so, you know, those are the other things, and that's why -- of course I am always, if any of you want to volunteer, Tonya is here, she co-ordinates our activity program, because it's wonderful for them to have visitors, and especially younger people, they really like that. I think that one of the things that is on the list is that they do not maybe see a lot of younger people. So we like to incorporate children and pets and music, are the three most important things that we have found for them. Yes...

**Audience member:** [Inaudible]

**Lyn Dorenzo:** Yes. Yes. Yes. That is an absolute special treat for them. And in fact we have one gentleman that has dementia and sadly enough, his daughter, and he is a widower, his family never sees him, but they have hired someone to come every day to take him for a ride and get ice cream. And that says that is what he looks forward to. And on weekends, when they don't come, it is hard for him. But yeah, those are the little things, I guess the point is too, it does not have to be huge, you don't have to come and spend the day, an hour is precious for people. And that sense of I'm important, you know, you're coming to see me. That is really, really valuable.

So I will just go over some of the other things, kind of quickly. What elders feel, first thing is the empty nest syndrome, I never had it, glad to say. My husband and I were glad to say "Bye" but I know some of my friends that have really been homemakers and that was their job, and they took it seriously, so when the kids went off it was very difficult. And the physical changes that happen, almost all of my friends, they say "How do we get rid of this" [Laughter]. We change -- we change physically, our eyesight, I have to tell you, I had cataract surgery. And I remember when my cousin said she had to have cataract surgery, only old people have cataract surgery, hey, it was great, I can see now. So if your parents, or grandparents say -- encourage them, you know, I don't wear glasses anymore which is great. And Medicare paid for it.

Hearing, a lot of, especially the guys in their 60s or more are having hearing loss, my husband is a Vietnam vet and he is having hearing loss, a lot of my friends husbands are experiencing hearing loss and unfortunately, most people hearing loss don't want to admit it, and they resist wearing hearing aids. And then you just have to really practice your skills on speaking directly at the person. And I have to learn to do that with my husband, I can't talk to him from another room, especially if there is background noise. So we have to learn to communicate properly with older people.
Digestive system changes, so we need to watch what we eat more, I take probiotics, I take enzymes. I can't eat carbs anymore, or white anymore, wheat. Ahhh, all those little muffins, I can't have them.

Stamina, you know, we have to pace ourselves a little bit more. Some people have a little bit of joint pain. I take something for joints. Thank goodness there are all these things out there that are good, they're not, you know, there are vitamins and supplements that can help us with this.

Just mobility, some people retirement is huge, huge issue. If you really hate your job, of course you look forward to it. But, if you love your job, and are forced into retirement, that's very, very, very difficult. Because for most people, now I can say men and women, it -- well, used to just be men, but men and women, that is such a part of their identity -- I have to say its mind. You know, I have been doing this business for so long, that when I retire the joke is that I will move into the facility, because I am just not ready to give that up. And also you have the issue of the husband and wife, if they haven't -- if one or the other isn't -- they don't have good communication and a purpose. I remember when my dad retired, oh my gosh, it was awful. He was tall, my mother was short, he would go around saying, "You didn't dust the top of this." He didn't have anything else to do, but check her cleaning. So, you know, it's very important that a couple, that is a key point, and where I think counselling could be really helpful with a couple. Does somebody have a question? Do you have a question?

**Audience member:** [Inaudible] social worker for over 20 years. [Inaudible].

**Lyn Dorenzo:** That is so true, so true, and we make sure that the families, we tell them don't have a lot of money, make sure there is some though, and also for the woman, carrying a purse, that generation carried a purse everywhere, and being able to pay for things. Like the one lady that feels abandoned, the staff will often do things for her, the will go and pick up things for her and do little things for her, and she keeps wanting to pay them, and they can be paid. But, for her we have to find a way, so luckily she is a seamstress so we say, "Okay, well you can mend my pants." So we're giving her a sense of purpose, and yet -- letting her feel like she is giving back. I think the sense of purpose is huge, so you know, as people get older, again looking for - you might have to search, especially as you retire. There are so many volunteer opportunities, and I know in the facility we have people folding clothes, it sounds like a simple thing, but my goodness if I'm sitting doing nothing all day I will drive you crazy. So I don't mind folding clothes or doing whatever needs to be done.

The many deaths that occur are huge and you probably experienced that when you did your little exercise, I lost everybody but my grandchildren. That would be awful. I won't keep going I promise you I'm not going to breakdown. I do this a lot, my voice goes, [makes sounds] but then I'm okay. But pets, colleagues, friends, those all start happening. Like I said four in the last five years. Driver's license is probably, I hear women say that it was harder than losing their husband.

Not really, but it is so -- it is such a major loss, think about if you couldn't drive, it is hard to imagine. Because it is hard to ask people to take you places, it's really hard.
Maybe our generation it will be a little easier, but for the ones that we see, it's really hard for them to ask to be taken somewhere.

Status, I think status is huge, my mother in law is one who has always been married, she is 94, she has outlived four husbands, a boyfriend and she now has an 82 year old boyfriend. For her having a man is such a status thing, being a misses is, having a male companion that she must be sending out signals or something [laughs] because she always finds one. I don't think it's -- that it will change for us a little bit, for my generation, and for the younger, but for some of the older ones, having a spouse is major, and also our status in society, I know that for me, I was shopping with one of our daughters and we went into a store, and -- really I think I was the one really looking for shoes, and she was with me but she was off [inaudible] -- Do you think any sales person came to me? None. But she had a couple of them, following her around. And it was the first time that I felt invisible. And so that does start to happen as we get older.

Independence, of course, and that really, that really comes out when a person has to move to a facility, but you know, the moving from the home privacy, even though we try to give people as much privacy as possible, it is a lot more difficult. And especially if someone is in a nursing home and there are several people in a room and all you have between you is a curtain, it is very difficult, be very sensitive to that. Personal belongings, when a person moves into a care facility, they -- you know, might have gone from a house, full of furniture and everything, and now they are in a room, and they can only have a few things.

Decision making, often it's the adult child, and it's usually the daughter who makes the decisions. Hopefully, you know, with input from the elder, but often times that -- sometimes you have to do tough love, you know, and then I have to say to the families, maybe its quality of life versus quantity of life, maybe a person would rather be at home and not do quite so well, than to move into a facility where we think they will have companionship, good food, and activities, but maybe for that person it is not the right fit. So, I hope my girls will listen to me, because I -- for me I'm going to move in, because I like people, so I wouldn't want to be alone in my house. But for other people maybe it isn't the right thing. So we have to remember, you know, is quality versus quantity can become the issue.

Another thing that people as they get older miss is being touched, I remember a film that you might have, if you don't have it I have it, it is called "Mimi Remembers." I saw it when I was a student. And it's just like five minutes, but she goes through her lifetime as a child, as a young adult, and married and children and there she is sitting by herself, and she says, "Nobody touches me anymore" maybe I raised my children to be too respectful. And so you know if you see an older person, if they will let you give them a hug, a little rub, I love back rubs, every time someone rubs my back I start purring, so I know an older person would like that touch too. So I hope this all brings you more sensitivity to the needs of the elderly, that's the point of this and to keep working on your coping skills, as you go through life so that you're prepared for the losses that you may face. Are there any questions? Break time right? [Applause]
Seema Sehrawat: We have Ric Newton with us today to also present on the topic of loss and grief, you -- all of you might know Ric more than I do. I, you know, recently got in touch with Ric, Ric is a sociology professor here on our campus, and I was just blown away that I did not even utilize that resource earlier and never approached him before. Ric is also the owner for the Newton Braceview Funeral Home, and many of you who have been in this community for a long time might know Ric and maybe have gone to his presentations in the community that he organizes. Ric is really, really active in our community, he has done exhaustive research in loss and grief, and we are pleased to have him here and that he accepted our invitation to come here and present, so I am really thankful to him.

Ric Newton: Thank you, Seema, I have 40 minutes to bring it to the top of the hour, correct? All right, first of all I want to share a back-up to Lyn and give her an accolade, saying that Lyn Miller, or Lyn Lorenzo was the pioneer of the widowhood program in Chico of Butte County, and so she did not come out and say it that way but basically she was the vanguard, she birthed that program, I was able to only give her money, but also the names of widows and widowers, so there was a population there that was right, so to speak, for her to be able to help. To this day, 2000 in twenty-first century 2012, that widowhood program is still going on, in Chico, Oroville, there is different leadership with that, so thank you Lyn for caring for others and kind of taking a risk to jump out there. It was a new thing for funeral homes to do that, now it is pretty common to even have their own family service, widower counselor as part of the funeral home team.
The other thing that I wanted to mention is that I didn't grow up and say that I wanted to be a funeral home director, I didn't grow up and say that I wanted to be a part time teacher, ended up in funeral service and I'll make the story short, because we are short on time to begin with. That I ended up in funeral service, and as I was working here across the street which is now Bedroll chapel, used to be called Paul Vanhook Funeral Chapel where we birthed the widower program, and we continue to carry it on today, I was the funeral director driving a funeral or a casket in a coach and a hearse to a cemetery and the clergy person was Dr. Bob Rankin. Who was chair of the sociology program here, and I was talking to him about helping children more when it came to grief, as a funeral director I felt that children were often forgotten mourners. That we just were so overwhelmed as adults in our own grief that we did not just know how to deal with kids grief.

So I was kind of probing Dr. Rankin and next thing I know, he said you know Rick I know you have your degree in funeral service, mortuary science he said but what about sociology, he said "I would go over here during the session and check it out and see if you can't get in the program." So long story short, I was a re-entry student working full time in funeral service I went into sociology program and fell in love with social theory, which was unusual because, most students don't subscribe to social theory but because I was out in the real word for a while, dealing with real life and death situations some of this theory that I was learning about I was resonating with.
So then that got me into academia and then of course getting through that program, now being able to enhance my work into funeral service and share that with other funeral providers. It wasn't enough so Steve Neumann, a good mentor of mine, who recently passed away, in social science said, "Rick let's do some graduate work." And in that graduate program I did my thesis on children and funerals. Children grief and funerals. Not making me an expert in any means, but it just -- I still had this continued passion to learn how we can help children who are grieving, because their personalities are still developing, and we know the laden effects of children who are not nurtured there isn't continuity in their lives, even in utero.

So that is how I got into the business, and then I -- once I got that academic degree, you know what happens, they say that we are very credentialized as society, I started to do similar work around the country, to nurses, for CE, and funeral directors and clergy, and began doing that for almost a decade, and that was interesting too because my profession as a funeral director even in the 21st century, was interesting as far as stigma still associated with it. And that was evident to me when the person next to me on the United Airlines flying 35,000 feet in the air asked me what I did for a living, and I would tell him that I was a funeral director, and he would go to the restroom and never come back and sit next to [audience laughing] me, until we landed at the terminal. So I thought, you know, I can deal with that because I know the work I do is helping people, and then there was people on the plane that said, "Oh my gosh, I know people that helped my family when my grandmother died were wonderful." And of course there we enjoy that conversation. So people still have a taboo about funeral service.
Well then I called over here to Cathy in the social department and said "Cathy I am tired of missing flights and doing seminar work, can I teach at Chico State?" And you know this it is always not what you know it is who you know sometimes that can open the door for you, and so Cathy put in a good word for me to Dr. Lloyd Wermouth who was the department chair in sociology and she said, "You know you might think of this guy as a part time teacher." And so Lloyd calls me and says "You know, Rick I know you have done a lot of seminar work, you have your graduate degree, sociology undergraduate," and she said, "We can get you into a program, we can get you teaching." So I am thinking I am going to do this death and dying course, grief and loss and bereavement. She says "But the class is going to be human sexuality." [Audience laugh] Darn.

So now I am on the airplane, and people say, "What do you do?" I say "I'm an educator." "Where do you teach?" I teach at Chico state. Ah good, it's a good party school, I mean good school. And what subject do you teach? Human sexuality. Oh my god, how do you teach human sexuality for 17 weeks, I go, you know, the students had to help me the first time around. So I just share that with a little [inaudible], that social stigmas come with us -- and I think with grief and loss, its huge because you know we all want to be well, we all want to have the sense of maximizing our potentials, in fact in my stress class one of our themes -- our theme is that we should try to maximize our potentials while going with the process of optimal health and helping others to do the same. Wouldn't that be -- isn't that an ideal type?
Now the truth is we should try to maximize out potentials, those god given gifts that we have to maximize those, most importantly we should try to enjoy the process which most of us don't because we are postponing someday to enjoy the process when we get through school, when we get married, when we have kids, when we retire, so we don't always embrace the enjoying the process now, myself included. And then with optimal health, and we strive for that, realizing that many people suffer from infirmities and with grief, grief has a huge impact upon us, physically, mentally, emotionally, sociologically in so many ways, so it's hard to carry out that life theme of stress management when we are going through changes.

And I'm going -- I have more slides than what we are going to show today so upfront I don't to disappoint you by saying, I think Ric had more slides or why did you to go through this so quickly, I want to make sure that we are here to help others express their grief and also help ourselves. And usually that's true when we learn to help others we also hopefully apply to ourselves. So if you go to the next slide, that can kind of get us to move forward.
And before I talk about those, and many of you may know more about this subject of death and dying, and grief and loss, I am not an expert, every time we do a workshop -- when we did one, one Saturday for [inaudible] county we had a lot of time to interact and share, and we learned so much from people who are walking their own pathway of grief and I remember the lady said to me, she said, "I have up on my refrigerator this little saying that, grief is the pain -- we pay -- grief is the price we pay for love, grief is the price we pay for love." And I thought wow she was radiating with that, that made sense to her, because she was in a lot of pain, but it was a true statement, we can word it differently, but grief is love not wanting to let go. I don't think we let go of love, but metaphorically we take that and say we react to loosing somebody we are in love with or something we are in love with, and there is pain with that.

It is interesting though, to that even Freud at the turn of the 20th century said that, "There is a fine line between mourning and melancholia." In other words when people say to me and I have over the last 42 years learning about them and wanting to academically learn more to help them, although people have helped me more, or just as much, you know, I'm sure it feels like you are going insane, it must feel like you might be losing it, all those things that people say, are so normal part of grief. But as Freud said "There's that fine line." And C.S. Lewis in his book, as we observed, you know, he said, "I never thought grief would be so painful experience." [Inaudible] We talk about spirituality.
So the bottom line is we all react to loss in different ways, we all grieve in different ways, and there is many influences that can affect how healthy we do grieve, and another way to look at this whole arena of grief and loss is to say that loss sometimes becomes the greatest teacher of life.

I know that sounds trite and I am careful not to go there with that, but many of our loss experiences has been the greatest teachers for us in how to change our behavior in what we say, how we react, what is important to us. The enigma is we don't want to go through a loss experience to say that I have grown and changed, I am a different person now, and I hope I can experience more loss and change along the way. Wouldn't it be great if we could read the textbook and say we learned so much and we are going to apply it to our lives, loss does become a huge teacher, in fact, Robert Edemiemer, writes a book, "Lessons of Loss, A Guide to Coping," and he talks about the many, many different types of losses, as well.

Two stories I know it takes time and I know we don't have a lot of time and that I think these stories are worth sharing, and I want to say also, that anything I share today isn't to create sensationalism, isn't for me to reach into your heart, evoke emotion. But these are just two real stories that always affected me and my drive to want to help others who are grieving. Back in the early days when I got out of mortuary college before chief of state, actually, as a re-entry student they always had the new funeral director graduate drive the family car and the limousine, because I was a young kid, and the boss would say, you go pick up the family, bring them to the funeral home, take
them out to the cemetery, and take them home in the limousine, well today we don't use the limousines much in Chico except for proms and private parties and things. Families choose to take their own car, to go to the funeral service and then go to the cemetery, if there is a burial.

I remember one day winding through Chico cemetery after the gravesite service of this man who had been married to his wife for 80 some years, this one of the first few times, you know, in doing my job, and his son from the back of the limousine and he was right there next to me and I think his other son was on the passenger side. And as we wound through Chico cemetery he looked over at his wife's casket for the last time, and he said to me with a quiver in his voice, and tears falling down his wrinkle cheeks, he said, "Ric" he said, "In my entire 80 years of life," he said," This is the most difficult moment that I ever experienced. Whoa, how am I going to respond to that? I was tempted with tried expression of -- she is not suffering, she is in a better place, you have your kids, -- she's in heaven, she is not suffering. All those things that wanted to come out, which may have been true statements, I thought, I don't think I've learned how to respond to this in Mortuary College, and I just simply said, "Gilbert I believe you, I believe this is the most difficult time for you." And what I learned from that many, many years ago, that it's to meet grievers where they are sounds so simple, didn't have to come here to learn that, but it sounds so simple anytime I have the opportunity to work with people helping grievers is meet the griever where he or she is. And when we do that, we can since their presence, where they're at instead of giving these cliches.
In fact Anna Lynn writes a book about cliches, and it's all about good cliches, people cliches, and the whole thing and we say these things because we mean well, we want people to be better. Well, that story continued on, and this isn't to sensationalize, but it certainly got my interest in grief and widowhood, that Lyn and I later did research on, I said, "Do you mind if I come back," because I was doing field research in one of my socio classes as undergraduate for credit.

He said "No, you can come back." And so about a month after the funeral I came back to the house and I shook Gilbert's hand, and Gilbert said - I said "How he was doing?", he said what so many men say when their hearts are breaking, "I am doing fine," and I wasn't there to play with his emotions, I was there to hope he was doing better, and he said "You know Ric, the picture over the television of our 50th anniversary, I am going to have to put it away, it reminds me so much of her, the afghan over the sofa, I am going to have to put away in the closet." He says, "You know we were married for 60 some years, it's just very difficult." Well tears started coming on those wrinkled cheeks again, but I knew that grief expressed is grief diminished. That I wasn't there to sensationalize him, I wasn't there to manipulate him I was there to let him express his grief. And so those tears did not bother me, and to talk about her didn't bother me I encouraged the facilitation of that since he brought it up.

I can't go on the story goes longer and longer but, let me just share this with you and this is not to frighten us. Because the good news is through widowhood we grow and
we change and we are survivors, the good news there widowhood, through losses we grow and change, but in this situation I had gone back every month it was the same story -- picture was still above the television, afghan was still over the sofa, 6 months following his wife death, his son called me and said, "Rick, we need you to come and transfer dad back to the funeral home." I said to him on the phone, "I think I know what your father died from." And he said "I think you know too." I said "A broken heart."

That is an exception of what happens when we lose someone we love, as it turns out that Gilbert had pneumonia, should have been probably hospitalized, maybe would have lived, but in the middle of his grief this is where he was, and that motivated me to go -- this is pretty serious stuff, when we talk about normal grieving. And of course, he was an elderly person, and today 80 wouldn't be that - isn't considered that old. And so it caught my attention. As a result we ended up doing research on Lynn's widowhood program. To see how does that play out, how does it help people. Because of some of that interview I did -- now the polarity of that story is when I was driving another family into the cemetery, this time it was a mother and her young son and daughter for her husband's funeral, who had died unexpectedly. And as we got in to the gated Chico cemetery, the mother said to her 8 year old son, -- in the back seat with his sister who was about three or four. She said "Honey, mommy is going to weep and cry at the funeral but daddy wants you -- mommy wants you to be her little man and not cry." And you might say "Come on Rick, this is 21st century this stuff doesn't happen anymore, and mind you it did happen a few years ago. I wanted to hit the brakes, on the limousine and I wanted to say that's not a healthy thing to say to your 8 year old son.
What happened was I ended up grieving a loss of not gently intervening, by going over to him, -- I'm just going to pick and [inaudible] -- and put my arm around that little boy and said "It's ok to cry at your daddy's funeral, you're going to miss your daddy. But you know what you have your mommy here to care for you, your sister, your Aunt Connie, your Aunt Lyn, and it's a hard time. But you're going to be okay." I did not intervene. Because who am I? The paid funeral director to keep his mouth shut and do what the parent said. To this day I wonder where that young man is in his grief, regarding his father. Why those two stories, a polarity almost. An 80 year old man and an 8 year old boy. And so grief affects all of us in different ways.

And so by way of introduction, which is probably half my time that I have left, I just wanted to kind of frame things and to say that this is why we have a concern, of helping those that are grieving and ourselves. Another thing I have learned too is, a good mental health never begins with denial of tragedy. We really didn't refer to those deaths as tragedies, but, there are tragedies in life. And our get quick fixed society that's difficult to lay out, good mental health does not begin with the denial of tragedy. I don't hit people over the head with -- reality of a sudden loss, and when I'm with him. But I know to deny the reality of actually what happened is not healthy. I could care less from [inaudible] but I have 30 slides, so what do I do class?

Talking about reality, the man calls me a week ago, we had done his funeral service -- his wife's funeral service two weeks ago, and he said, "Rick, I need you to help me find my wife." Obviously, I am going into a memory loss situation here, but I knew this man,
ANATOMY OF GRIEF

- Loss
- Bereavement
- Grief
- Mourning

sharp educated man, coherent when we did the service, and about a year later he is looking for his wife. And so I knew not to deny the reality of his wife's death, but I wanted to meet him where he was, so I listened to him, somehow someone at the cemetery connected -- yeah, somebody at the cemetery was doing construction and in fact the construction man was running off with his wife, and he was upset about that and he said, "Rick, I need you to help me find my wife," and so I said to him, I said, "You know we did her service about year ago, and you said how nice she looked in her casket." He said "Yes. You did a beautiful job on her." And I said, "Yeah, I remember that Ron, we talked about that, and then we went to the cemetery, and we had her burial, and her head stone is still out there." He goes, "Yes it is." And he said, "But I need you to help me find her, because I don't know who this guy is who is running around with her."

Now why do I share that story? It's just because grief can be sometimes all over the place with us, but if we can meet the griever where he or she is and not deny the reality of the loss, but not shove it in someone's face, I think that we can be helping ourselves and helping others. And yet denial is a huge cushion to help us cope with things that we don't want to have to deal with. Okay, back to this real quick, this is a -- in case I ran out of things to say, these slides. So loss - you know, lessons of loss, if we didn't experience attachment we wouldn't lose, we wouldn't react to it. Bereavement and loss by the way you know, could be relationships, could be people, could be your car keys, your wallet. Ever lose your car keys, or your wallet? All of a sudden you find yourself going through a reaction of loss. Bereavement, more the objective part, of
grief itself, and I think that the objective event of the loss itself, you know, to be torn away, to be robbed of something, yet we use it sometimes as the bereavement process, but the real root itself is to take away, to lose. Grief then becomes the reaction to loss, as far as, behavioral, emotional, cognitive -- spiritual, all those reactions of loss. So we say this seminar is dealing with helping others deal with grief. Mourning tends to be -- and you can read different definitions by different experts, they will have different definitions of these, mourning is more the healing process the healing-grieve process. So, she’s in mourning, he is in mourning, well I am also grieving, but I also experience bereavement, it all goes. Okay?
Go in to a long time with this -- I won't -- just to sensitizze this a little bit. We understand the cognitive aspects of grief that some - we've just been told - that I have just been told - and this is hypothetical, I have just been told that I have cancer - diagnosed, I'm going to kick in an [inaudible] grief is going to happen, if I define a situation and it is real, it's going to be real in its outcome so I'm going to have this schematic cognitive effects of reality. We say [inaudible] stress, we say [inaudible] grief, current stress, current grief, residual stress, residual grief, but what happens is [audio skip] that numbing sensation kind of -- nature's way of numbing us, the cortisol increases, adrenalin increases through our adrenal glands, the brain processing this whole thing [audio skips] [inaudible] we're going to protect you a little bit. And if you know your stress history and [inaudible] and the stress reaction is the alarm stage, the resistance, and then exhaustion.

And with long term chronic grief, what happens is, is an exhaustion the cortisol level from our adrenal cortex, stays really high in our body, to fight inflammation, but you can see after a while if we're in grieving mourning so long to where our immune systems become comprised, it doesn't have to be a death, but it can be stress that we become very vulnerable. Empirical data, in fact. And you all know this already, but just to affirm the fact, when Gilbert Kelly was grieving his wife's death, and not being well, it is a high probability that his immune system was lowered - was compromised. So we need to be careful with that. [Audio skips] Which is my interest -- and [inaudible] writes a lot about it, and he's a sociologist. You know, wife becomes a widow, a man becomes
GRIEF: A REACTION TO LOSS

- Physiological
- Psychological
- Sociological

A widower, children become orphaned, you lose your job, you are jobless, you lose your status, there is so many things [inaudible]. And yet society is usually saying, "How are you doing?" We say "I'm doing fine."

Even sometimes -- I'm not picking on a church or other social institutions, but sometimes those places where we're suppose to get the most comfort - I've had widows share with me that - I've lost my best friend because when I became single -- my couple friend she looked at me now, as a possible threat to her husband and that ended our relationship. I'm not generalizing that but I've had people share that with me. So you don't want to hear those things, but it happens. Especially don't want to hear them where there should be -- institution of comfort and support. So we could go on and on psychologically, but we'll go on to next slide.
Just -- and let's do and go ahead to the next one. Why we grieve in the first place. And a lot of this is from John [inaudible], Bill Lamers -- child psychiatrists -- you know, as a child we develop a self, whether it's instinct able or socialization. We become very attached eventually to the adult dependents. What's interesting though as we become more independent and develop a self -- what happens when we lose a spouse here all of a sudden -- this can go down.
But next slide - so infancy, self, object -- uses a mother -- I know this sounds very psychological and it is -- but it's also social, infant, mom, infant mom -- memories are able to stretch to adult.
Next slide -- what happens when objects gone memories are still there? In our and others, you know, six months of age, infancy and other studies maybe have shown at a younger age even but, infancy -- we're not talking just instinctual things of change me, feed me, I'm hungry. With a game of peek-a-boo, the infant is attaching him or herself. In utero we know the effects of this stress on the infant, whether it's substance abuse or lack of nurturing and caring. So that -- those studies are affirming all those things that we didn't even have back when [inaudible] was doing this.
Okay, next slide. So patterns -- why have this in here -- I heard her back in Boston. Phyllis Kosminsky -- getting back to life when grief won't heal - [audio skip] psychologists and a lot of her thesis is, is from her work is that - patterns of early attachment for family influence help people view themselves in the world at large, relationships with others across the lifespan and people's reactions to loss. And I won't say any more about that outside of what she's saying is, our relationships in life have a lot to do the way we grieve. Doesn't mean we have perfect relationships we're not going to grieve as long, but it just says a lot of complicated grief issues have to do with issues of attachment or lack of attachment, while living in life and starting at a very young age.
Okay, next -- I don't know what I'm supposed to say about this. This is interesting - from to spare oneself at all cost can be achieved only at the price of total detachment, which excludes ability to experience happiness. So the man says -- these are funeral antidotes and I apologize -- well, but that's my 42 years of field research. The man comes in the funeral home six months following his wife's death and I ask him, nonverbally in a genuine way, "How are you doing?" Because how many times do we ask grievers, "How are you doing Connie?" [Inaudible audience response] Catch you later. I ask this man, I said -- serve this -- we served him, did his wife's service. I said, "How are you doing?" He said, "Right now not to good." He said "In fact," he says, "I'll never love again, the pain is too great." Okay, cardinal rule, meet the griever where he's at. I believe you. I believe that's how you feel now. About a year later, "Ric," twinkle in his eye, "I want you to meet somebody." I'm so happy for you, to see that he had come full circle. To know that there was life after grief or to incorporate that. So I guess we can look at this in the social psychologist and say it and it makes some sense.
NEW UNDERSTANDINGS OF GRIEF

- From universal stages to a recognition of personal pathways;
- From relinquishing ties to revising and renewing relationships;
- From viewing grief as affect to recognizing the multiple and multifaceted reactions that persons have toward loss and the ways that responses to grief are influenced by culture, gender and spirituality;
- From seeing grief as an individual problem to viewing it as relational.

Well I think the way to paraphrase this, is that we used to look at grief, [inaudible] 1969 I have her slide, denial, anger, bargaining, withdrawal, acceptance, with dying patients, dying patients some of those -- so we took those to survivors and said, we think survivors go through a lot of that too. But our new which is, probably old. Because you know in theories things kind of come-back -- oh, I don't think that's new it's kind of recycling again, maybe we're reinventing it. From universal stages to recognitions of personal pathways. To relinquish ties to revising and renewing relationships -- instead of accept it, get on with it, life's new. We're saying, "No relinquish don't forget, a revise and renew relationships, which is kind of a new in grief theory, and yet many of you have been teaching it or learned that, that you know, lost your spouse, you have lost your -- the break up relationship, the divorce is over, but now how does that person, how do you reincorporate that person or thing back into your life, that you have lost. From viewing grief as affect to recognizing the multiple and multifaceted reactions that persons have toward loss and the ways that responses to grief or influenced by culture.

Oh yeah, American paleontologist's are now looking at culture, gender and spirituality not to say that they weren't before, but I could totally relate to this when I did my first Hmong funeral service in Chico, California in the '80s, let me tell you I had no idea about the Hmong funeral ritual, and I wanted to help accommodate them in their ritual, to [inaudible] their grief and I was doing all of the wrong things. I was doing direct eye contact, good communication skills, which I later found out was a sign of aggression. I was looking for the widow, not realizing that the elders in the group were
making the funeral arrangements, and here I was looking for the widow. So needless to say, I learned the hard way that for me to look at the Hmong culture and help them in their grief, they had to teach me.

We did a lot of Hmong services until our facility can no longer accommodate them in an adequate way and now the funeral home over here Bidwell Chapel does most of the Hmong service as do the Oroville funeral home. I became good friends with [inaudible] to study that culture and did some research on that. So that is an example of how -- not just because of the immigration and migration and multi-racial issues now, but that has always been an issue, we just now kind of sense its part of grief. From seeing grief as an individual problem to viewing as relational, so it's not just all about you but, it's about a relationships. Okay.

NEW UNDERSTANDINGS OF GRIEF

• From universal stages to a recognition of personal pathways;
• From relinquishing ties to revising and renewing relationships;
• From viewing grief as affect to recognizing the multiple and multifaceted reactions that persons have toward loss and the ways that responses to grief are influenced by culture, gender and spirituality;
• From seeing grief as an individual problem to viewing it as relational.
I think on disenfranchised grief. I'm going to skip over that -- but -- by just saying Ken Doka writes "Grieving Beyond Gender", he also writes "Disenfranchise Grief" but by -- definition of disenfranchise grief is -- grief that relationships are not sanctioned, the lost isn't sanctioned, the person isn't sanction. Does that make sense? So I could lose my job and no one really thinks Ric's grieving. "What's wrong with you?" "Oh, you lost your job? You will get another one." No, it's a grief thing, it's a real reaction to loss.
It could be perinatal loss, elective abortion, incarceration, job loss, infertility, broken relationships, divorce, which is high on the list of a grief issue. Loss of an animal, companion, memory loss, illness, anticipatory grief. People are not recognized with developmental disabilities, illness, dementia, the very young, the very old. So these could be what we call disenfranchised types of losses. Let's jump to complicated grief, right to the examples, which keep going. Keep going -- okay.
These I want to point out, because these are four types of loses that [inaudible] and others, and myself, certainly can affirm can create complicated grief. An unexpected death because you don't have time to say goodbye, and I am sure that there is a lot of other things to that. But based on clinical research working with patients, working with me, families, clients, this becomes very difficult because it is sudden, it is unexpected, the stress response is kicking in, numbness, denial, which is good, under the circumstances, but it becomes really huge.

Over a lengthy chronic illness is another type of complicated grief, it doesn't mean that the grief isn't going to heal, it just means there is some more detours along the way. And you can kind of figure it out a little bit. I had people say, "I wish dad's Lou Gehrig's disease, I wish this disease -- I wish [audio skips]. And I had them come in the funeral home and actually say, "This has been hellish for us to deal with this."

Death of a child, it does not take anybody to figure that out that much that -- that is so out of the norm of the life cycle, parents should die before their children, and with this happens it is at -- it just doesn't not to fit in the life cycle. My rabbi friend Earl Gorman says, and he says, "When we lose a parent part of our past dies, when we lose a spouse part of our present dies, when we lose a child part of our future dies, our dreams and our hopes," and I could give anecdote after anecdote of a -- one in particular, the father who lost his daughter, and granddaughter, and he said, "Rick I have lost my future." And I listen to him and he meant that -- he was -- that was his future, he wanted to watch his daughter -- granddaughter play baseball, and to play soccer, and to walk -- help her in a marriage, or what have you.
Death -- and the other is death, the griever perceives as preventable. I didn't put the words suicide or self-inflicted, but obviously self-inflicted death becomes a preventable death, and why Kaminski, [inaudible], and all those who you can buy their book -- would agree with this is because when we think the death or the loss could have been prevented, you know, we're kind of in this detour again, how do you kind of start moving forward if you think that you could have done something to change it. With suicidal death, of course it's if I only would have seen, if I only would have known, and those are huge issues, in fact, they say many times with suicide the victim becomes the survivors. Don't mean to minimize the death but sometimes the pain is so great for the survivors to have to deal with.

So death at a degree is preventable, that can also be a sudden unexpected death, a case in point -- and I know all my anecdotes are very poignant, and I don't mean to be loose with them, but as -- you can be -- two young boys were killed by a car crash a number of years ago, they were hit by a young man who was intoxicated going 90 miles an hour and killed all three of them, at an intersection. It wasn't sudden and unexpected and it wasn't the death of a child but something that was perceived as preventable. Now I got three things, now I don't meet with family and say, "Wow, let me tell you about the four types of complicated losses," but I know I'm wanting to help them, counseling is going to help them, clergy is going to help them, someone is going to help them. And this is where [inaudible] what about people who are stuck in their grief with issues. I think a lot of times these are the triggers of some of those, can we heal in our grief? Yes absolutely.
DEATHS CONTRIBUTING TO COMPLICATED GRIEF

- Unexpected death
- Overly lengthy illness
- Death of a child
- Death the griever perceives as preventable

Who -- what supports that are people who have gone through these losses, there in a support group, new people come in with a raw wound of grief, these people have been here and they are evident that life is not going to be like it seems. Oh, there is light, do you learn to live with your grief? Yes. Is life as blessed or is everything just the same, no. But it becomes a new you, a new normal. And it's easier said than done. Okay, well any questions? I'm just rambling here, I don't mean too - yes?

**Audience question:** [Inaudible]

**Ric Newton:** I think that Lynn might be able to -- might want to respond to that. Lynn, can you? I mean, I could, but I think Lynn...

[Inaudible conversation]

**Ric Newton:** Yeah. One thing that I learned from Lynn is meet them emotionally, especially with memory loss issues too, meet them where they are. And don't say to them, "We've already talked about this," but maybe you change the subject. Am I right on that, from our class workshop? Okay, let's see -- we have 5 minutes, [laugh] -- can't show you coming full circle, grief will, can't show you 6 R's, which is my mistake.
I can in part this to you that -- [inaudible], talks about the instrumental and the intuitive griever, and the blended griever, see these are kind of new things, right? The instrumental griever is more cognitive, don't start talking a lot of affect to me, I had that happen, making funeral arrangements with the attorney whose wife had died, and I said, "Can you tell me a little bit about your wife's illness?" He goes, [pounds fist down] "Cut the small chatter, let's get down to business I want to get the hell out of here." Instrumental griever, okay. Cognitively, okay we're not going to talk about feeling states, grief expressed is grief diminished, but we're going to maybe other ways of expressing it. When we got to the obituary he kept going, going, and going. He was at a fence for him, he didn't want to talk about emotions and feelings.
The intuitive grieve does express his or her emotions more when the affect with feelings of expressions, and we can talk about those things, and most people do. But a lot of us have a blend. So instead of intuitive, instrumental we're kind of blended, and can it be a gender thing? I think it is a gender thing, I've seen more men slam their fists down on the table than I have women, but I have also had women say, "My grief is on time out, I've got to figure out how I am going to raise my kids now." And she came back in a year later to the funeral home, she said "It's been on time out for a year and all of a sudden now I have to grieve."
THE ROLE OF CULTURE

- There are no universals in grief
- The only similarity is that death (loss) may be difficult for everyone
- Each society constructs its own way to understand grief and mourning.

(Rosenblatt)

Obviously, culture -- now I'm just looking at my notes -- culture there's no universals in grief, this is Rosenblatt, the only similarity is that the death loss may be difficult for everyone. Each society constructs its own way to understand grief and mourning. There is a tribe in Africa when there is grief -- [inaudible] -- I'm not sure the name of the tribe. They chop off a piece of bark on the tree trunk, wear part of the bark. And when the sap begins to heal the wound, that's a symbolic time for them that mourning is healing. America has pretty good funeral rituals, but sometimes I think, you know, we want the quick ones. Three days bereavement, you know, you're over it now, right, your back to work. It doesn't work that way. Let's go towards the end of the videos, where it says "Tasks of Healing from Grief."
I know, this -- this six R’s will all come back later, if there's a time to do that. Because I really wanted to take you on the model that I use coming full circle. Ah, C. S. Lewis -- nobody ever told me that grief felt so much like fear. Victor Frankl, pain is only bearable if we know it will end, not if we deny it exists. The world is full of suffering, and is also full of overcoming it. Helen Keller. And then the next slide -- and these are for grievers.
SUGGESTIONS FOR GRIEVERS

- Accept the grief
- Talk about your loss
- Deal with guilt
- Eat well & exercise regularly
- Join a support group
- Record your thoughts in a journal
- Postpone major decisions
- Turn grief into creative energy
- Take advantage of religious affiliation
- Get Professional help

And these are pretty, I mean, pretty universal, but for grievers to be in the healing process to accept grief and talk about your loss, deal with guilt. I think guilt is huge, but I also think it ties in to forgiveness. And with forgiveness -- I would like just a couple minutes on this last slide. Forgiveness we have to be [audio skips] or we suggested to ourselves and to others, but I believe it's very powerful to help us reconcile a loss, or somebody who was part of the loss. But I believe forgiveness is a process and I believe forgiveness doesn't always mean reconciliation, but I believe it's very powerful, a component, as far as, healing grief. And that's very difficult do when you know somebody ended your love one's life. And someone says, "You need to forgive them." And I say, "You need to think about forgiving them, you need to work through your grief and when you're ready to forgive."

This is what I have learned -- this is almost in my more field research on that -- so I throw in forgiveness next to a -- I don't have it there, but I want to talk about it. Eat well and exercise regularly, it's hard to do when you're bereaving. Support groups to be empathic for others, it's huge. Journaling, postpone major decisions -- what did we talk -- 18 months average American widowhood length of time coming full circle, turning grief in to energy, take advantage of religious affiliations and get professional help. And then the next slide, which is Mother Teresa's, one of my favorites, the one more, one more, okay sorry.
I just like Mother Teresa. I know God will not give me anything I can’t handle, I just wish he didn't trust me so much. So you have been wonderful and delightful, and I want to apologize, because I knew I had more slides, then I had time to talk about but, if we did get back together -- I'm not suggesting you have me back for a second time. I could spend the hour on coming full circle and the 6 R's of healing, that's a model that I subscribe to that seems to help. Because it's not a linear, it's more of a cyclical two forward one back, and I like to use it. And I didn't get a chance to do that today. I want to thank you for really taking the risk of grieving even being here to learn more about, ways of expressing grief to grow in your own losses and when we are able to do that, we usually also become able to help others or walking that path of grieving.

And let's -- I'll wind down with this metaphor and it's simple, but think of grief as a wound, at first it hurts so bad that you don't feel it, there is numbness, if you treat the wound, rinse it out, apply the antiseptic, before you put the dressing over it, so now you cleaned the wound. That's where people don't want to go, they want the dressing right away over the wound, but if you do that after a while a scab will form, and after a while what happens to the scab? Falls off. And what's left? A scar. So the scar doesn't control your yesterday, today, or even tomorrow, but if you touch the scar in the right place, it can still be a part of who you are, but you have healed and grieved, and that is the metaphor that I like to use, even though it seems simple when we compare it to huge losses, it is still an example of ways that we can express our grief and heal.