

Caring Connections

A hope and comfort in grief program

Volume 18, Issue 2

Spring 2014

nursing.utah.edu/caring-connections

A Message from the Director Kathie Supiano



Remembering those we love—remembering who we are. An important part of a healthy grief process is remembering the person who died with both realism and compassion. Often, early grief memory is shaped by the circumstances of the death—or by an overwhelming

awareness of absence. Over time, and with good support, memory can be shaped by fond recollections and joy in the life that once was. We also do well to remember ourselves and be fair in our expectations of our abilities in grief. In doing so, it is good to think of ourselves with compassion and hope for our future. Noted educator and theologian Parker Palmer has said, “We need a coat with two pockets. In one pocket there is dust, and in the other pocket there is gold. We need a coat with two pockets to remind us who we are.” In sorrow, we need to recognize and accept our weaknesses with compassionate humility—and value our lives with tender care.

The purpose of *Caring Connections* is to help those journeying through grief, to offer support, to connect grieving people with other caring grievers, and to offer opportunities to remember. We’re looking ahead to our spring *Seeds of Remembrance* event, scheduled for Tuesday, May 20. We will be hosting a Mindfulness Retreat for bereavement caregivers and other health care professionals this spring. We invite you to join us for the Race for Grief on Memorial Day. These activities are described within this newsletter, and we extend our invitation to participate.

We are especially appreciative of our home in the

College of Nursing, our grief group facilitators, our volunteer advisory board and our faithful sustaining sponsor, Larkin Mortuary.

“Have patience with everything that remains unsolved in your heart...live in the question.”

— *Rainer Maria Rilke*

Sincerely,

Kathie Supiano, PhD, LCSW
Director, *Caring Connections*

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**Upcoming Grief Groups
Spring 2014: Eight Weekly Sessions**

Salt Lake City

**May 7 - June 25, 2014
(Wednesday Evenings)
6:00 - 7:30 p.m. (All groups)**

**University of Utah College of Nursing
Annette Poulson Cumming Building
10 South 2000 East
Salt Lake City, UT 84112**

This location offers seven types of grief groups, all in the evening:

- Children (7-11) - Adjusting to the death of a loved one
- Adolescents (12-17) - Adjusting to the death of a loved one
- Adjusting to the death of a loved one (adult)
- Adjusting to the death of a spouse or partner
- Adjusting to the death of a loved one to suicide
- Adjusting to the death of a loved one to murder
- Adjusting to the death of a loved one to perinatal loss

**Midvale
(South Salt Lake)**

**May 8 - June 26, 2014
(Thursday Evenings)
6:00 - 7:30 p.m. (Two groups)**

**UUHC Greenwood Health Center
7495 South State Street
Salt Lake City, UT 84047**

Two adult grief groups for those adjusting to the death of a loved one, or adjusting to the death of a loved one to **suicide**.

Orem

**May 7 - June 25, 2014
(Wednesday Evenings)
5:30 - 7:00 p.m. (Two groups)**

**University of Utah Parkway Health Center
145 West University Parkway
Orem, UT 84058**

Two adult grief groups for those adjusting to the death of a loved one, or adjusting to the death of a loved one to **suicide**.

Layton

**A group will be starting in June.
To register, call (801) 585-9522
6:00 - 7:30 p.m.**

Wingman Advocate Program Suicide Survivors Group
Adult grief group for those adjusting to the death of a loved one to **suicide**.

Caring Connections
Advisory Board

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Design/Layout/Production
Katie Schrier

To register for any class or location, please call:
(801) 585-9522.

There is a participation fee of \$50. If this fee is a hardship, please notify *Caring Connections*. Scholarships are available.

Should there not be enough people registered for a particular group, the group may be postponed.

Book Review

If Only by Carole Geithner, LCSW

Reviewed by Vicki Pond, Board Certified Clinical Chaplain and
Caring Connections Group Facilitator

Real. Open. Healing. Refreshing.

After more than 20 years of experience as a clinical social worker in schools, hospitals, counseling agencies, and private practice with children, teens, and adults, Carol Geithner has written her first novel. In it she exposes the heart of a 13 year-old girl whose mother has just died of cancer. We go with Corinna as she starts 8th grade, facing friends, teachers, and the ups and downs of middle school life, all while living with her father who is also struggling with his grief. The story is engaging from the first page: “How can I continue to put one foot in front of the other when I can barely breathe? How can I smile and talk to everyone like I’m the old me, like nothing has changed?”

Although written to an adolescent audience, the book is a wonderful read for anyone walking with grief, or who would like to understand grief better. Ms Geithner, whose own mother died when she was 25, “really gets it” as Corinna would say, and captures so many familiar dynamics for teens and adults alike who face accepting and adjusting to life after a huge loss. Readers can feel understood and hopeful without being patronized or preached to, and rejoice as Corinna begins to navigate her world of hurts, misunderstandings, forgiveness and moving forward.

***Caring Connections* is able to carry out our mission thanks to the generous support of our sustaining sponsor:**

Over 125 Years Serving Utah Families



Mortuaries • Cemeteries • Mausoleums • Cremation Center

News in Bereavement Research

Welch, J.G., Mannix, M.M., Boergers, J., Jelalian, E., Barbosa, F., Fujii-Rios, H., & Forman, E.N. (2012). Parental interest in a bereavement support visit when a child dies of cancer. *OMEGA, Vol. 65(4) 335-346.*

This study of parents whose child died of cancer while hospitalized in Israel investigated the impact of a bereavement home visit by the oncology care team—the primary oncologist, the social worker and the nurse who felt closest to the family. The home visits were designed to fill the void created by that loss, and to facilitate the early phases of grieving. The visits were also intended to provide staff with a sense of closure.

The research team recognized that every family grieves differently, and found that 84% of families were highly positive about the visit. The research team noted these visits also facilitated transition to community bereavement care services for families in need of additional support. While located in a nation with established and socially endorsed practices of mourning, the approach may have application in children’s hospitals in many countries.

Meet Our Participants

“I was sinking into an endless abyss.” This is how **Joe Butterfield** describes the pain he was experiencing after the murder-suicide deaths of his dear friends Sean and Toni. Joe had known Sean for more than 20 years, and Toni for over a decade, when what can only be presumed as an argument between the married couple resulted in Sean shooting Toni before turning the gun on himself.

Reeling not only from the deaths of his beloved friends, but from the trauma of having been the first person to arrive on the scene, Joe was struggling with horrible images of the crime scene that still continued to pop into his mind on his own. He joined *Caring Connections* in a last ditch effort to address his feelings of being completely alone and full of despair.

After six months of dealing with his grief on his own, Joe enrolled in a grief support group offered by *Caring Connections*. “I finally found people that made me feel OK about what I was carrying,” he says. “Participating in a grief group also helped me recognize my feelings and learn how to deal with them. Knowing someone else was going through their own journey gave me empathy, not only for others, but also for myself, which I hadn’t had for a long time.”

Joe admits he continues to experience the stages of grief, including anger, sadness and guilt. The difference now is how he manages his grief. “I have been given amazing tools that have brought me to where I am today,” he says. “And I feel in my heart that I am OK with that.”

Meet Our Students

Like many of those who enroll in a *Caring Connections* grief group to seek assistance in managing their grief, student facilitator Melissa Powers, BSN, RN, PMHN-BC, who was enlisted to help facilitate a grief group, went into the experience “not knowing what to expect and knowing little of what would be expected of me,” she says.

Looking back on her role as a grief group co-facilitator with Mark de St Aubin, this Board Certified Psychiatric Mental Health Nurse says what began as a class assignment through the psychiatric mental health nurse practitioner program at the University of Utah College of Nursing, turned into a project in life lessons. “Mark taught me to put people at ease by being real, down to earth, and validating,” she says. “He has a great skill at providing empathy and compassion when it is needed and uses humor very effectively and appropriately.”

As a nurse who has been specializing in mental health since 2009, Melissa describes herself as often “being in the ‘fixing’ role.” Through *Caring Connections*, she says she become more aware of the fact that often, the urge to help is based on the need to alleviate one’s own discomfort, rather than on understanding and meeting the needs of the individual. “I have learned to take a step back and understand when empathy and validation are what is truly needed,” she says.

Co-facilitating a grief group has also taught Melissa managing grief is more like a pendulum than a step-by-step process. “Different stages of loss can be repeated, co-occur, or even be skipped, depending on the individual,” she says. “I have learned from grieving people they do not need sympathy or for their grief to be ignored.” In fact, Melissa found many grieving individuals want validation of their experience and the chance to either be present in their grief or to set that grief aside for a moment to live life. “One must be willing to meet the needs of the grieving person where they are,” she says. “This means being able to sit with that grief, to bear the discomfort without responding to the urge to make suggestions, trying to ‘make it better’ or judging the other’s journey.”

Gabriella ‘Gabi’ Cetrola was born and raised in a small town in Argentina. Determined to move to the United States and pursue a college degree, Gabi came to the country in the 1980s and found work picking apples in Idaho. She earned a bachelor’s degree in psychology and a master’s degree in social work. Today, Gabi is a psychosocial oncology clinician at Huntsman Cancer Hospital.

Gabi’s own journey makes her a compassionate facilitator of the Spanish speaking grief group offered through *Caring Connections*. “As an immigrant myself, I understand the difficulties of trying to express oneself in a second language,” she says. “So when I heard *Caring Connections* was interested in providing Spanish speakers with a grief group in their native language, I knew I had to do it.”

We all experience loss and we all grieve, however, grieving can be a very painful and lonely experience. “Grief groups can help reduce the sense of isolation, normalize the grief experience and provide an opportunity to receive and give help,” says Gabi.

Additionally, Gabi says the opportunity to facilitate grief groups has provided her with an “emotionally safe” setting in which to process and express thoughts and feelings. “For me, to be able to provide assistance to griever in their native language is extremely valuable,” she says. “I feel fortunate to be trusted to accompany people in their pain and sorrow and I am grateful to have the chance to be involved in such deep, personal and important work.”

Help for Helpers

Most of the readers of this newsletter are intimately acquainted with loss and grief, and because of their life experiences, may be drawn to or reach out to others who are suffering. Yet, all of us can find ourselves at a loss for words, or uncertain about what to do when we learn of someone who has experienced the death of a loved one. We have learned from our participants how frustrated they feel at the well-intentioned but often thoughtless things people say or do in the time of grief.

The Call to do Some—Not All

When we care deeply about a suffering person—perhaps a person in grief, it can be easy to become overwhelmed by their sorrow and despair. The best intentioned people can jump into the situation, try to help in any and every way and become engulfed in the griever’s pain. It is important to help—grieving people often feel lonely and long for a comforting friend. It’s important to recognize that the need observed is not always a call—and not always your call. It’s useful to reflect—what does my friend need—what of those needs can and should I address—and what needs are best left to others and their giftedness? With grief—perhaps more than other forms of suffering, it’s wise to remember it is not our job to take away grief—it isn’t a problem to be “solved,” after all. If you offer help and care in measured, proportionate ways, you are likelier to be able to help over the long duration of the grief journey.

“Do not be daunted by the enormity of the world's grief. Do justly, now. Love mercy, now. Walk humbly, now. You are not obligated to complete the work, but neither are you free to abandon it.” Talmud (attributed)

Deficient

By: Amy Cowan, MD

I first met Joyce last year in clinic. It was the beginning of my fellowship in geriatrics and the prior three years of residency had left me tired, worn out and slightly suspicious. I was used to sleep deprivation, long days on my feet and keeping an objective distance from my patients. This distance I believed would protect me from disfiguring heartache. It would legitimize me as a physician and keep my life perfectly organized. Work over there. Personal life over here. Much like vacuuming or avoiding gluten gave order to my world, I reasoned the separation of self from job would do the same. What I failed to understand was that it was the human connection I experienced with patients, that provided the essential ingredient to give my work its meaning.

Any failures in connecting were overlooked by Joyce. Instead, she saw these deficiencies for what they were—my learning opportunity. My career so far had been 16 years of collecting initials after my name, various degrees and compounding interest from student loans all stacking up. I had arrived and thought I knew how to practice medicine. I may have known the correct medication to prescribe or the differential diagnosis, but Joyce could tell I was a rookie in communication. She knew that ego and initials didn't mean a thing if I couldn't listen. Over the course of a year Joyce would start out as my patient, become my teacher and later a member of my chosen family.

Before I even met her, I could hear her laughing. Then, was she really singing in there? A distinct cackle coming out of Exam Room 3. I walked in to find a trim, once tall woman, with a shock of curly white hair. A body now slightly stooped from osteoporosis, didn't seem to fit the rest of her vibrant self. Blue eyes looked straight at me and the long denim skirt, Navaho belt and turquoise jewelry held still for a moment as she sized me up. There was something in me that recognized something in her. It would take months to figure out that what I recognized in her was a sense of ease that she carried. I had begun to question my own lack of ease lately, wondering if I would ever find it. Any flicker of recognition vanished as she told me in a dismissive voice, I wasn't exactly what she was expecting. "You aren't a short, fat man, honey!" she

said. Her comment from anyone else could have been caustic, but she followed hers with a snicker. Just like that we both burst into irreverent laughter. And just like that there was a crack in my medical armor.

Like any patient, she had concerns and requests, or so she claimed. She used to tell me that we met for a reason. She strongly believed that she came to the VA with a purpose to find me. It wasn't meant as a compliment. Joyce, saw me as a project in communication. Having raised a house full of children and then serving several missions for the church overseas, I would be her last mission. She breezed through the genealogy projects left for her daughters. Then she started calling me. My voice mail would record the last six months of her life. Calls initially with her singing me into a great day, and later calls so sleepy and delirious her voice is only a whisper. Joyce was leaving a legacy with me.

Repeatedly, she let me fail as her physician. When I could have been listening, I was typing—my attention focused on a computer screen not on the patient. When I could have asked her what mattered to her or how she wanted the end of her life to be, I ordered tests and wrote prescriptions. Of all the tests ordered, medications prescribed and consultations I had wrangled up, she found the hand written suggestions for symptom management to be the most useful. She often saved the three foot long insert that came with prescription medications warning of potential side effects. Sometimes she would call me to read these out loud, stumbling to pronounce some of the more obscure side effects like rhabdomyolysis or non-arteritic ischemic optic neuropathy. She would laugh over the phone and accuse me in jest of trying to kill her.

Joyce once told me to know rich joy, I would have to taste sorrow. In my case the vulnerability of connection could easily lead to heart ache. My patient panel consisted of the oldest old, most with terminal illnesses and some like Joyce were dying. Yet, Joyce believed that life was short. Her life clearly was. Heart ache would pass with time justifying the joy in between. "What are you waiting for? Dive in. None of us have much time." she would remind me.

In listening, I slowly became someone better. It was becoming clear to me there was more to the business of patient care than ordering the correct diagnostics or consults. I was starting to ask patients what mattered to them and what they wanted to be sure I addressed. About this time I also started asking myself how did I make the patients feel? Did they

leave feeling small? Overwhelmed? Frustrated? Or were they empowered to feel worthy? Sometimes I struggled in my asking, wasn't it obvious why a patient was sitting in front of me? They were here for a dementia evaluation or to have medications refilled. In the beginning my patient encounters felt stilted and awkward. Was I trying too hard? Did anyone else talk to their patients this way? In spite of my discomfort with this new communication technique, Joyce continued to egg me on. "Keep asking them, honey," I would hear her nudging voice in my head.

Over the year as Joyce's physician she was never content with my slow progress. Often she would scold me for not keeping up. How come I wasn't listening better? Why wasn't I asking what mattered? I would push back frustrated in her lack of compliance with my medical recommendations. Her prescriptions often went unfilled. Or worse filled and then flushed down the toilet. Had I asked her what was important, I might have saved us both enormous frustration. Time was running out. I had an agenda that to me seemed reasonable, but it wasn't consistent with hers. She was moving at her own pace in accepting her imminent death. Maintaining independence despite the cancer was her priority. Getting her to not fire another hospice agency was mine. Perhaps we both learned in parallel. I learned how to be more present for my patients and Joyce learned there were many viable methods to remaining independent.

With time and more practice I began to ask the questions I hadn't asked before. Joyce let me practice on her and would remind me each time we met to do this with other patients. I became a better listener in slowing down. Turning away from a computer, setting my iPhone to silent mode, I began to make eye contact more frequently. Clinics somehow became less frenetic. I felt less like a snow plow driver pushing my agenda and more connected when I asked my patients what was important to them. There was also more laughter, storytelling and once even an impromptu poetry reading in my clinic. With the increased connection there was more depth, more joy and a palpable meaning.

The last home visit I had with Joyce was to say good bye. We both knew the time was coming. She had stopped walking a few days before I saw her. She could no longer get out of bed. Even turning herself had become too much effort. I kicked off my shoes at the door. Pulled up an extra pillow to tuck under my neck as I made myself comfortable next to her on the bed. Each time I see her, there is less of her. Her

physical body continues to dwindle, becoming almost transparent. It's as if held up to the light one might see how the mechanics of a heart or lungs work. The pink bedspread separates us from each other, but not the immodesty of death. And hers is looming. The sides of our heads touch. Her shock of white hair stands on end. My long brown hair tied in a braid is the room's reminder of the vitality. The braid absorbs what's coming.

As she talks, her left hand seems so large compared to her frail body. She moves it about like a lazy conductor leading an orchestra, while her wedding ring slides around her fourth finger. Her voice is quieter, conserved but not constricted. She is slowing down. The discoveries recently made about her past, her incessant joking and singing have to wait. There simply isn't the energy to talk. We lay next to each other. After a long time she tells me quietly, "Let's go camping." I nod agreement. "Or better yet, let's go do a mission together." she says this matter-of-factly completely overlooking my lack of religion.

Her boney legs are crossed. My hand, full and fleshy, holds her nearly transparent one. The hand is cool to the touch. Her body is slowly closing shop. The slightly stooped osteoporotic woman I met a year ago finally seems to fit into her body. Her voice and frame now match. The vibrancy is fading from her eyes. Even smiling has become difficult for her. We've both made our individual progress. Once again she quietly reminds me, "Remember you have to teach other doctors how to listen. You were the only one who listened, honey. Tell them to listen to what's important to us old geezers."

Perhaps I had to go through the sleep deprivation and the isolation of medical training to be able to be where I am today. Residency was instrumental in my preparation, but hardly adequate. In learning how to be present I have found my own sense of ease. The persistent woman next to me helped navigate the course of integration of work and professional self. There's still more learning, but it's a start. Today, I am exactly where I want to be on an island of a bed, holding hands with an elderly woman slowly leaking urine, a pelvis full of tumor. There's connection through our laughter. After all, this is all the time we have.

Amy Cowan, M.D. is a visiting instructor with the University of Utah Division of Geriatric Medicine

The Stories of Love Are Stronger than Death

By: Nan Zastrow
Wausau, Wisconsin

A Story Teller Creed

*I believe that imagination is stronger than knowledge—
That myth is more potent than history.
I believe that dreams are more powerful than facts—
That hope always triumphs over experience,
That laughter is the only cure for grief.
And I believe that love is stronger than death.*

-Robert Fulghum

Recently the neighborhood children asked if they could explore the forest behind our house. When they didn't return in about a half hour, my husband, Gary, got concerned and went to look for them. He located them by sound of excitement in their voices. They had made a great discovery—candles, remains of a burned down hunting shack, a shoe, a soda can and more. As they accumulated the items in a pile, they talked about how "old" the things were. They decided the items "must have been there before there was electricity." Gary let them weave their story and imagine the details of what might have been.

In reality, these items are all connected to our son, Chad. Gary could have interrupted the kid's fantasy and told them the real story of how the "boys" burned down the hunting shack when an unguarded candle fell on the floor while they partied around the campfire. The story behind these artifacts happened less than fifteen years ago, but to the kids it could have been fifty! The discovery the kids made and the story they imagined brought back rich memories of a happier times when Chad enjoyed his own adventure. And, evoking such a memory was priceless!

When Gary told me what happened, I thought about the significance of all the stories I've told about Chad over the past ten years while writing the Wings magazine. I believe that stories are the greatest healing balm available for the bereaved soul. Stories give untold meaning to pain. Stories relive the experiences of "life" and gently uncover the lessons

learned. And telling the stories of life weaves the threads of memory that bind us to our loved ones. Recalling the stories of Chad's life are continued testimony to me that "his life mattered." Chad's life enriched me; many stories are legends of great joy. His death challenged me and made me acutely aware that our paths are never certain. I am who I am today because of Chad's death. I am a reflection of my journey and a reflection of the love I have for Chad not only when he died but continuing through eternity. If I can get through this traumatic journey by hanging onto my memories, then I encourage other to try it, too. There is a purpose for "telling the story" in our journey to healing and sometimes that means facing the pain, feeling the tragedy and etching the scars with triumph.

Telling the story makes it real

Acceptance is a major hurdle when we are faced with sudden death. Over the years, Gary and I have told the story of Chad's life as it unfolded before his death: a member of the Army National Guard, a student in EMT, a volunteer for a village fire/ambulance/rescue team, holding a full time job, and engaged to be married, Chad was living a life that was full and purposeful. It's hard to imagine "death by choice." It took me over three years to accept this "really" happened.

A traumatic loss challenges our belief system and the core of life's assumptions. We immediately wonder, "How will I survive? What purpose is there to living? What next?" Telling the story is supposed to help make sense out of what happened. But it has given me time to think of all the possibilities and believe that Chad's death was a surprise to both of us. Accepting the reality of my own story has made me more compassionate and understanding to others facing all kinds of life's tragedies. I don't have to completely "walk in their shoes" to know their sorrow. I can follow in their shadow and absorb the incapacitation of their loss.

Telling the story and living with "why?"

Chad's story has helped me live without the answer to why. When we have been hurt by life, it is normal and natural to want to know why. I once wrote, "I can live without the answer to "why" now. It doesn't matter what occurred or how terrible the event that took place because I remind myself that I can't change a thing. My spirituality comforts me in the quiet moments by knowing "Chad is okay." And my intuitive self whispers, if I really knew "why" would it make me any happier?"

Stories help us survive life's challenges

Some of the stories I told or wrote were on good days when I was full of hope. In all grief experiences, there are good days and bad days. We want to believe that eventually the "good days" outweigh the "bad days." This is called "hope." When we tell our stories after great life challenges, we begin to rewrite history. We turn our turbulent grief, our self-pity, our broken hearts and our indecision into action. We take control over the events that consumed us and create a chapter of survival.

Telling our story is a witness to our growing spirit

Moving through grief, our lives unfold. We are changed by our experiences. If we can see beyond the pain and grasp the foundation of faith, our journey is cushioned with God's promises. I once wrote: "Chad has given me a valuable gift—the gift of Easter every day. Because I am a Christian, the Easter message has special significance to me. If you are a Christian, I respect that your faith in God offers you similar assurance. It is the assurance that there is "life after death." And such a hope guides my life's plan. I know that Chad dwells with our Heavenly

Father who is fair and loving. I know that we will meet again someday. It is this Easter message that lives with me everyday and gives me purpose."

Stories may not bring closure. Our stories go on.

Once the story of our loved one's death is told, the story continues. Over the months and years that follow, we repeat our experiences to an interested listener. And the story never ends. Though our loved one's life is stopped in time, the stories are timeless.

People look for a cue from us that we have found closure. What truly is "closure"? Is it a time when we no longer grieve outwardly? Is it a time when we quit telling stories and speaking our loved one's name? Others may assume that we have "accepted," found peace and left this event behind us as we move forward in our lives. The truth is we never leave grief behind. We never forget. Our loved ones become a part of who we are today. And our stories are nested in our hearts, safe and secure in the knowledge that life and love are eternal.

My story will go on

Mine is a story of love. Not just the love of a parent for a child, but the love of every dream a parent has for a child. Mine is a story of survival when it would have been easier to succumb. Mine is a story of cherished memories that never will die. We all have a story. Chad's life and death story have taught me so many things. They have bound me to him heart and soul. Every fiber of my being remembers.

If you are bereaved, gather your stories. Find opportunities to open your heart and let the memories pour out. Allow others into your life to explore the forests and find the remnants of a beautiful life that once was. Chuckle over the good times. Say a silent prayer when painful memories surface. Rekindle joy by igniting the flame of faith and hope. And believe that the stories of love are stronger than death.



Reprinted by permission: Grief Digest Magazine, April 2004, Volume 1, Issue #4, pg. 12-13.

Caring Connections in the Community

Caring Connections has published the fourth edition of *Dealing with Sudden and Unexpected Death: A Handbook for Survivors*, and thanks to support from several organizations, we were able to provide a copy of the book to every public elementary, middle and high school in the state of Utah—over 1,200 books.

Special thanks to the Cambia Health Foundation, the Clark L. Tanner Foundation, Bio-clean of Utah, and the Robert and Carma Kent Foundation for supporting this effort.

DEALING WITH SUDDEN AND UNEXPECTED DEATH



*A Handbook for
Survivors*



From left: Caring Connections advisory board members Elaine Owens and Jody Rogers assemble books for mailing to public schools.

To purchase a copy of this book (\$14.99), contact *Caring Connections* at 801-585-9522

The mission of *Caring Connections* is to provide excellent evidence-based bereavement care to grieving persons in the intermountain west through clinician facilitated support groups, with particular attention to the care of families served by the University of Utah Hospitals and Clinics; and, in keeping with the academic mission of the University and the College of Nursing, to provide opportunity for clinical education in grief and loss to students in the health care professions, and to conduct research which promotes greater understanding of loss, grief and bereavement.

Visit us online at www.nursing.utah.edu/caring-connections

Upcoming Events

The next **Suicide Survivors Group in Layton** begins Tuesday, February 11 and runs through Tuesday, April 1. Groups will be held weekly on Tuesday evenings from 6:00 to 7:30 p.m. at Weber State University's Davis campus, Room 303, Building D2.

The next **Spanish Grief Group** begins Thursday, May 8 and ends on June 27. Groups will be held weekly on Thursday evenings at University Neighborhood Partners, 1060 South 900 West, Salt Lake City, Ut 84104.

Seeds of Remembrance will be held Tuesday, May 20 at the University of Utah College of Nursing's Annette Poulson Cumming Building.

The **Race for Grief** returns with the 4th annual event on Memorial Day, Monday, May 26 at 8:00 a.m. at West Bountiful Park in Davis County, Utah. This year participants have the option of a 5K route (\$30 registration), the traditional 10K (\$35 registration) and a 2-mile walk (\$25 registration). Visit www.blonderunner.com for more information and to register. Proceeds support *Caring Connections*.

The **Larkin Memorial Day Program** will be offered on Monday, May 26, 2014 at 10:00 a.m. at 1950 East Dimple Dell Road (10600 South), Sandy, Utah 84092.

Coming in late spring (Date TBA), *Caring Connections* will host **Bringing Mindfulness to Illness, Suffering, Dying and Grief: A Retreat for Hospice and other Health Care and Mental Health Care Professionals**. Please watch your email for details, and contact Shawna Rees at shawna.rees@nurs.utah.edu if you are interesting in participating.



UNIVERSITY OF UTAH
COLLEGE OF NURSING

| Caring Connections

Remember Your Family and Friends—*Caring Connections* Memory Wall Order Form

Memory Wall (located in entry hallway to *Caring Connections*) 4" by 4" Tiles: \$35.00

Male: First Name _____ Middle Initial _____ Last Name _____

Birth Year _____ Death Year _____

Female: First Name _____ Middle Initial _____ Last Name _____

Birth Year _____ Death Year _____

Send checks and information to:

Caring Connections: A Hope and Comfort in Grief Program
University of Utah College of Nursing
10 South 2000 East
Salt Lake City, UT 84112-5880



UNIVERSITY OF UTAH
COLLEGE OF NURSING

| Caring Connections

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Salt Lake City, Utah
Permit 1529

10 South 2000 East
Salt Lake City, UT 84112-5880

(801) 585-9522

Address Services Requested

Save the Date!

Caring Connections Presents Seeds of Remembrance

Tuesday, May 20, 2014 at 7:00 p.m.

"Grieving Toward a Hopeful Tomorrow"

Featuring Reverend Eunsang Lee and Reverend Yvonne Lee

University of Utah College of Nursing
Annette Poulson Cumming Building, 2nd Floor
10 South 2000 East on the University of Utah campus

Seeds of Remembrance is free and open to the public.
Refreshments will be served following the program.