A MESSAGE FROM THE DIRECTOR

Does time heal all wounds? Does the “tincture of time” bring an end to grief? Most grieving people, even those—perhaps, especially those—who have dealt well with their grief will tell you that grief certainly takes time. We live in a rapidly paced world that expects us to “keep up.” With respect to grief, frequently the workplace offers three bereavement days (if we are lucky) and expects us to get back in the game immediately upon return. The social message to grievers is “snap out of it”... “get on with life.” But grief has its own rhythms, and grief will have its way with us. These rhythms of grief are different for everyone, and the journey for each griever is of varying duration, just as each grief journey has its own path. Time alone does not heal all wounds—wounds need attention and care. Personal reflection and remembrance, expressions of thoughts and feelings, the supportive presence of others are just some of the essential elements of a constructive grief experience. We are here to support you in this journey, and hope our programs gift you with attention, care...and time. While time alone cannot heal all wounds, time is a necessary condition of healing and growth.

We have many wonderful upcoming events in service to our community. On April 24, we will again be hosting the Annual Hospice Foundation of America: Living with Grief telecast. This year’s presentation will be “The Longest Loss: Alzheimer’s Disease and Dementia.” I have the privilege of joining Peter Rabins, Charles Corr, Nancy Pearce and Kenneth Doka on the National HFA panel.

We are especially pleased to announce our 2015 Seeds of Remembrance event; “Letting go of Sorrow: Holding on to Memories” on Tuesday, May 5th. It will feature Chris Williams, author of Let It Go: A True Story of Tragedy and Forgiveness and his wife Mikkel speaking about losses in their lives. Please join us for this lovely remembrance. More information about these events and our other services and programs is found on page 11.

Warm regards,
Kathie Supiano

“You cannot, in human experience, rush into the light. You have to go through the twilight into the broadening day before the noon comes and the full sun is upon the landscape.”

Woodrow Wilson

IN THIS ISSUE

2 Spring 2015 Grief Support Groups
3 News in Bereavement Research
4 Meet our Student: Amber Taylor
4-5 Meet our facilitator: Paula Larsen
5 Meet our Participant: Diane Long
5 Helping someone who has suffered a loss
6-7 What is the Color Blue
8-9 Permission to Grieve
10 Gaining Traction: Starting Over After the Death of Your Life Partner
10 We appreciate those who support
11 Caring Connections in our Community
11 Upcoming Events
SALT LAKE CITY
Wed, May 6th and ends on Wed, June 24th
from 6:00 pm to 7:30 pm
Weekly meetings on Wednesday evenings for 8 weeks
University of Utah College of Nursing
Annette Poulson Cumming Building
10 South 2000 East

MIDVALE
Thurs, May 7th and ends on Thurs, June 25th
from 6:00 pm to 7:30 pm
Weekly meetings on Thursday evenings for 8 weeks
UUHC Greenwood Health Center
7495 South State Street
Salt Lake City, UT 84047

OREM
Wed, May 6th and ends on Wed, June 24th
from 5:30 pm to 7:00 pm
Weekly meetings on Wednesday evenings for 8 weeks
University of Utah Parkway Health Center
145 West University Parkway
Orem, UT 84058

LAYTON
Adult grief group for those adjusting to the death of a loved one
to suicide beginning Tuesday, April 17 – May 25, 2015
from 6:30 - 8:00 pm
Wingman Advocate Program Suicide Survivors Group in Layton
at the Weber State University Davis
WSU Davis, Building D2, Room 303

SPANISH GRIEF GROUPS
Call Caring Connection for more Information 801-585-9522
University Neighborhood Partners
1060 South 900 West
Salt Lake City, UT 84104

The past several months have realized an increasing public discussion of end-of-life care issues in the US. As many have voiced concerns about how we die, some researchers are focusing on the aftermath of a difficult hospital death and the resultant grief of family members. In this study, conducted in Germany, Bussman's research team conducted detailed interviews of family members of patients who died in hospitals. Families described poor communication from health care providers, uncertainty about prognosis, lack of support for families and a sense that the death did not occur in a “setting of dignity” as the primary contributors to difficulty in their immediate grief experience. This study was not longitudinal and it is unclear if these families experienced a longer term negative impact with respect to their grief. The authors note that family members’ views and their priorities should be part of a holistic palliative care approach. This attention to the experience of family members may invite further research into the long term bereavement consequences of families of patients who die in hospital care.

Participants wanted for Grief Support Group Studies

Adults who have been caregivers for a family member or close friend with dementia, and are struggling with grief or experiencing distress since the death of the person with dementia are invited to contact Caring Connections: A Hope and Comfort in Grief Program to discuss participation in a research study. For information contact Kathie Supiano or Shawna Rees at 801-585-9522.

Adults who have experienced the death of a close friend or family member by suicide more than 6 months ago and are struggling with grief or experiencing distress are invited to contact Caring Connections: A Hope and Comfort in Grief Program to discuss participation in a research study. For information contact Kathie Supiano or Shawna Rees at 801-585-9522.
I was born in Twin Falls, Idaho, and am the only girl out of four brothers. I used to wish I had a sister as a child, but am now grateful for my brothers as it helped me become who I am today. I am currently a Psychiatric Nurse Practitioner student at the University of Utah and employed at the Department of Veterans Affairs Medical Center (VAMC) treating a well-deserving mental health population. My work with veterans who struggle with trauma gives me the opportunity to combine personal and professional passions in a challenging environment. After completing the Nurse Practitioner program, I plan to continue working at the VAMC at the next level of leadership, finding a niche in treating PTSD and other mental health comorbidities, all areas of critical need. My passion for treating Post Traumatic Stress Disorder (PTSD) is influenced by how detrimental it is on individuals, families, and the community at large if left untreated.

I became involved with Caring Connections through my respected clinical instructor Margo Stevens, who told me about the Suicide Survivors Grief Group. I was honored to have been given the opportunity to become involved, and to learn more about a traumatic experience such as the loss of a loved one to suicide. I was also excited to co-lead the group with Paul Callister who is an experienced and compassionate therapist. I learned from him to allow for silence and to let emotions felt by group members sink in. We often want to avoid painful emotions thinking they will somehow go away, but it is the suppression of these grief related emotions that cause so much suffering and unhappiness. I learned that we need to sit with the pain if we want to be able to feel joy and pleasure again. We can’t selectively repress certain emotions without suppressing all emotions, even the ones we want to feel.

When we lose someone close to us, the reality of the loss must be integrated into our existing mental representations of ourselves and the world. Due to this close relationship, it can make one feel “stuck” or “frozen” and this state inhibits the grieving process. It’s like traveling on a train heading towards a destination and then a tragedy or loss occurs in the process and the individual falls off the train. At that moment, life as they knew it vanishes, and the individual feels there is no hope for the future. People with grief feel that life lacks meaning and purpose without the deceased. They also find it extremely difficult to adjust to their lives by forming other interpersonal relationships and engaging in any rewarding activities. The grief groups structured by Kathy Supiano, help one to integrate and rediscover who they are while keeping their loved ones close to them in memory. Everyone experiences grief and loss at some point in their lives and this experience has helped me to know how to help facilitate this transition with my own therapy clients.

How do we do this? This particular group is different than any other group because it’s more like you are comrades in the grief you are suffering and going through. The grief of your loved one does not go away. You just have to learn how to live with it, to learn to live with this new reality.

The loss of Spouse Group is an excellent source to help you on your road to recovery. The group facilitator, Donna Hyde, couldn’t be more of a wonderful, caring, concerned, compassionate loving spirit and has a heart of tenderness and gold towards others!
I was born and raised in Logan, UT where I enjoyed the beauty and peacefulness of a relatively small city at the mouth of Logan Canyon. One of my favorite places on earth is Bear Lake where I still venture for recreation and solitude. I earned a bachelor’s degree in Social Work at Utah State University. I immediately entered the Master of Social Work Program at the University of Denver and graduated in 2000. In 2001 I returned to Utah and began living and working in Salt Lake City where I could be close to family and work in a diverse environment. My professional social work experience includes domestic violence, child protection, crisis intervention, medical social work, palliative care, grief support group facilitator, and complicated grief therapy. I have been working with the University Hospital Palliative Care Service since 2009. I am also currently participating in a suicide survivor complicated grief group therapy research study as a therapist through the University of Utah, College of Nursing.

What led me to the social work profession and ultimately Palliative Care and Caring Connections? Well, I closely identify with the basic tenants of humanism, which espouses our ability and responsibility to lead meaningful, ethical lives capable of adding to the greater good of humanity. Humanists are motivated by compassion and strive to affirm the dignity of each human being. So, social work has provided me with the opportunities to fulfill my sense of humanity. In 2009 I was invited to join the University Hospital Palliative Care Service. Palliative Care is very focused on ones sense of dignity and self-determination. The Palliative Care team supports the individual as they define their individual quality of life and how their health status impacts their unique definition of quality of life. I am passionate about supporting individuals who are facing significant health debility through their life journey, which often includes an end of life process.

Through my work with the Palliative Care Services, I was invited to join the Caring Connections Program as a grief group facilitator. What an honor it has been to facilitate the grieving process of so many fine individuals, and to witness their bonding with each other and their individual courageous growth that has led to a more peaceful existence. In 2014 I was invited to participate in a research project as a complicated grief therapist. The experience has been humbling and satisfying as I have witnessed the strength of the participants as they have worked through their intense complicated grief.

In my view, the value of grief support groups lies in the opportunity for participants to come together with others who are also grieving the loss of a loved one to mutually share their thoughts, feelings, and experiences in a nonjudgmental safe environment. It is an opportunity for participants to have their grief experience validated and normalized by fellow grievers. Through the sharing of daily experiences, participants learn new coping strategies that help to alleviate the intensity of the suffering. The bonding that occurs is a powerful source of comfort and reassurance for participants.

I will close with a Robert Louis Stevenson quote –

A knowledge that another has felt as we have felt, and seen things not much otherwise than we have seen them, will continue to the end to be one of life’s choicest blessings.
What is the Color Blue? (Finding Hope in the simple things)

What is hope? A young woman asked who attended our Grief Learning Series. Becky (name changed) came to our group because her girlfriend had been murdered. She was dealing with the end of a relationship that was life altering. This relationship was all that she knew. Becky’s family had disowned her and she had struggled to survive on her own. Now this tragedy in her life was catastrophic. Her friend was the only one in the world who had cared an inkling about her, and now she was gone.

Another participant in the group remarked that her husband used to paint watercolors before their son’s death, but he hadn’t painted since. Becky (who also painted) responded, “I can understand that. How can you paint a blue sky when you don’t know what color blue is?”

Becky had lost “hope”. Many outside forces including family, the media and the judicial system had challenged her life. She was consumed by grief with no time to grieve. Her path through grief was just beginning, and, as a group, we were there to encourage her. She could learn again what the color blue looked like, though right then it was blocked from her memory.

Our life plans can change dramatically after the death of a loved one. What appeared to be true is infiltrated by various shades of yellow, black, and red, obscuring our future plans and blocking out true blue. Our optimism about life suffers a severe setback and we wonder, what happens to us now?

Hope is the basic human belief that after a series of disappointments or life crises events, good times, good thoughts and good things will return to us. Hope is the product of optimism, the reward for courage, and the result of renewed self-confidence.

In my journey through grief, I learned that hope does not always find you; you must seek hope. Hope is a choice, a personal commitment and a rewarding discovery.

Hope is the Product of Optimism
Optimism becomes a key ingredient in working through our feelings of grief. This doesn’t happen quickly for most of us. We must sort through our pain and then set our attitudes to “look for the good” in this life experience and discover what positive memories we can take from the relationship that just ended. Then, ultimately, we must determine what we can do to improve our lives and the lives of others as a result of this experience. This fosters hope.

Hope is the Reward for Courage
It takes courage to find hope. It would be so much easier to just “give up” and believe that nothing can ever be good again. It takes even more courage to “let go” of the hurt, the pain, and the past.

After a considerable length of time, I decided to “let go” of things that I couldn’t change. It’s easy to carry a lot of anger and hurt especially when the death is sudden or very painful. Life is full of disappointments, and when we allow them to fester, they begin to control us. I found it easier to accept that sometimes we don’t understand why things happen. This gave me control over my feelings.

Be honest about your feelings and express them. Writing was one of the most healing things I could do with my grief. In the hours following Chad’s death, I wrote a letter to him telling him how I felt about this loss in our family. I followed that up with letters to all those who touched his life: special teachers, military friends, schoolmates, relatives and close family friends. In my words, I summarized what I thought their friendship
meant to Chad in his life and what it meant to us. I felt I knew Chad’s friends and acquaintances well enough to say a little of what was left unsaid.

This helped me face all these special people with more courage than I actually felt.

When we exercise courage, our optimism is strengthened. And when we can function with some degree of optimism, we rebuild our confidence and self-esteem. We are filtering the negativity and are purifying the color blue.

**Hope is the Result of Confidence**

I started a “Thankful Book.” Every night before I retired, I thought back through the day and picked one thing I was thankful for that happened that day. Some nights, I really had to struggle, but I was sure to make a mental note—no matter how small the event may have appeared. It might have been a kind word, a lunch invitation, a phone call, or a “thinking of you” message. This improved my shaken self-confidence. Life could still be good and I was worthy.

I sought out hope in the “simple things.” One day, I watched a bluebird. I felt the sun warming my skin after several cold rainy days. I noticed a tulip emerging from melting snow. I read a book with many encouraging words. I was able to laugh at a joke. I took a walk, and my steps seemed lighter. I went to the cemetery and saw evidence that someone else had visited there, too. A song sung in church gave me peaceful thoughts. I could look at my son’s picture without crying. These “thankful” thoughts reminded me that simple things happen every day in our lives and remind us that good thoughts and times will return.

When we are confident and grateful, we heal. We can give and receive love from the heart. Our disappointments and life crises cannot take away our good memories.

**Ways to restore the color blue**

It’s easy to give advice to others about restoring the color blue, but it doesn’t happen unless the person really wants it to happen. I respect grief. I respect the fact that for everyone there are different issues, different circumstances and different paths to healing. I also know, from our own journey, that healing comes in small increments by blending the colors of life with the spirit of hope. And every spring, I reset my course—charting it with the bluest of skies that I can imagine.

For us, spring does not come without emotion. (It’s the time of year Chad died.) Over the years, I’ve tried to equate spring with hope—even in my grief. Hope doesn’t mean there isn’t any sorrow. God knows that hope comes only after an inner struggle with uncertainty and the realization that without hope, there is no meaning. Instead, hope comes only after understanding what we are feeling, why we are feeling the way we do, and making a personal commitment to move forward through our grief.

Every day we practice “hope,” even when we aren’t grieving. You and I have become proponents of hope without realizing it. If we practice finding hope like we did before our grief, it is inevitable that we can find hope again—in our grief.

All it takes is practicing moments of hope daily. I breathe in the warming air and hope the winter chill is gone. I’m grateful when the furnace isn’t running as often, and I hope the cost of heat will be lower this month. I try a new recipe and hope it tastes as good as it looks. I stand in the checkout lines at the grocery store and hope another cashier will open a lane. I purchase a lottery ticket and hope I’m the lucky winner. I buy a new wrinkle cream and hope it makes me look years younger. I work at my PC and hope it doesn’t crash again. I hope a friend will call today.

Our lives are built on moments of hope. They always have been. They always will be. It’s just that when we are burdened with grief, hope seems different. It’s up to us to realize that hope is our choice—a mindset, an attitude and an emotion we can control. Hope comes and goes, rises and falls, but it is always in the distant shadows. Hope lurks as a golden opportunity waiting to be discovered. Hope is the blue sky creating the dramatic backdrop for the colorful rainbow after the storm.

I choose to react to spring as a season of hope. Hope reawakens the world, rekindles the spirit and renews the soul. Spring is hope. Hope prepares us for the next sunrise, the next hour, and the next moment in our lives.
Little boys holler when someone steps on their hands. They don’t care where they are or who is listening. When they are hurt, they holler. Mothers of little boys seem to be constantly poised to meet the challenge of this kind of event. I saw it happen in a store. The little boy was playing with something on the floor, and a high heel shoe crushed his thumb. Instantly, before the first howl was half way out, the mother had her hand over his mouth and she was saying, “Hush, now don’t cry. You will be all right. What will these people think? You are embarrassing me.” I have heard mothers say, “If you don’t shut up I will give you something to really cry about.”

The shopping was over for the day. The little boy was hustled from the store still trying to howl through fingers clamped white against his mouth. I had just witnessed a microcosm of the grieving process. Nothing is more appropriate than crying when you hurt. In the case of the little boy, the only thing that helps or works is to simply cry it out. Like the mother’s response, far too often the grieving must be done in spite of efforts to hush us up and take away the tears.

If you boiled down everything written about grief and grieving it would boil down to permission. We need permission to grieve. The best thing to do with grief is to grieve. We are doing the best job with grief when we are grieving. At the funeral for my brother, someone told me they thought I was doing very well. I told them I was doing quite poorly. I said, “If I were doing well with my grief, I would be curled up over in that corner crying my eyes out. That is when I am doing well with my grief, not when I am standing here acting like no one has died.”

I became involved in studying grief when a friend of mine told a physician and her husband not to take her grief away from her when her daughter died suddenly. Somehow that statement resonated in me deeply, and I realized that I had spent most of my life as a minister trying to do exactly what that young mother said. I was trying to take people’s grief away from them. I was like the mother in the store, clamping a hand over the mouth and telling people to hush.

I wrote a book titled, Don’t Take My Grief Away From Me. It was published in 1980 and is still selling very well. It has never been revised in any way. I would love to re-write it but I am afraid to touch a single word. I think the title is the key to its success. In a world that is trying to keep us from grieving just seeing “Don’t Take My Grief Away” in bold print is like finding a safe haven in a storm.

There even seems to be a pattern to how people respond to the grieving person. The pattern seems to be inborn in us so deeply that, even after twenty years of studying grief, I quite often have to catch myself from following the steps.

First we explain. Somehow we feel compelled to explain why the death had to happen. This need can cause us to say some very weird things to hurting people. What family grieving the death of a child has not heard that God took the child because He needed a rose in His garden? Most of our explanations are designed to defend God (as if He needed our defense), instead of being designed to give comfort. So we end up starting our responses with, “Maybe this happened because…”

If explanations do not work, then we argue. “Now you can’t let yourself think like that.” Or, “You shouldn’t feel that way about it.” The grieving person must sometimes think that everyone in the world knows exactly how they should feel, while they themselves have not a clue.

When explanations and arguments fail, then we criticize. “It is time for you to put this behind you and move on with your life. You are not trying to get over it. You are just wallowing in your grief.”

When the pattern is over, the grieving person feels like the little boy with a hand over his mouth.

Permission to grieve demands that there be safe places and safe people. The best help anyone can be to a person in grief is to simply allow a place where the grieving can happen. People in grief do not need advice. Most of them do not need therapy. They need someone to be a companion who will simply get into their pain and walk beside them.
At a recent conference a woman whose small son had died a few years ago told the group that the person who helped her the most was a friend who just listened. She said, “I would call her up and tell her some theory I had or what I felt, and she would tell me that I was absolutely right. The next day I would call and tell her things that contradicted everything I had said the day before, and she would tell me I was absolutely right. The day after that I might call and contradict both the other days, and she would tell that I was absolutely right. That helped me more than anything else. It meant I had a safe place and a safe person. I could be as crazy as I needed to be for as long as I needed to be and this friend was simply going to walk along with me.”

Safe people fight down the urge to explain, and they refuse to argue or criticize. They simply walk along and accept the person wherever they are and whatever they feel.

Safe people are often found in unexpected places. I am walking with a woman whose daughter was murdered. She is a well known person in our city with many close friends. She found her “safe people” outside her circle of friends. The ones she expected would fill this need somehow do not fit. It is not anything they have said or done. Some have been wonderful, but somehow she found a couple of people with whom she can be comfortable. She is not embarrassed to cry when they are around. She does not mind how she looks. There is no real explanation why these are the “safe” ones; they just are.

People not only need “safe people” they need permission to be with the “safe” ones. Several of her friends seem to be hurt because she did not choose them. They genuinely want to help and make repeated offers to do so. Cards and phone calls often go unanswered and they have a hard time understanding. The woman feels torn and guilty. She asked me what she should do, and I told her she should feel free to be with the ones she felt safe with. Some of her friends will be hurt but if they are true friends, the relationship can be restored in time. Right now the only thing that matters is her finding the support she needs and feels comfortable with. In time, she will feel more open to others. Right now stay with the “safe” ones.

As I watched the mother in the store, I wished she could just hug the little boy and let him cry it out as long and as loud as he needed. I feel the same way when I see folks in grief. Wouldn’t it be a wonderful world if instead of trying to take the grief away people would just hold one another and cry together?

Like the story of two little boys crying on the street corner. When asked what was wrong, one of them said, “We’ve got a pain in Billy’s stomach.”

By Doug Manning
Oklahoma City, Oklahoma
Grief Digest Volume 1 Issue #1 Pages 4-5

Looking ahead to Memorial Day?

Consider purchasing a Caring Connections Memory Tile to honor a family member or a friend. Memory Tiles are $35 and are displayed in the Annette Poulson Cumming College of Nursing Building.

Please call us at 801-585-9522 for more information.
As a counselor and facilitator of grief groups for those who have lost life partners, Vicki Panagotocos realized the need for a second year of loss program to address the issue of “What do I do now?” Her book Gaining Traction came about as a result of her second year groups. Throughout her book, Panagotocos presents questions and information to motivate and help those who have lost a partner to define their options and move forward with their lives. A personal element is added throughout the book with stories from the group members about their struggles and success. Gaining Traction is a book for those who are ready to look at where they are and explore the possibilities of what lies ahead.

By Vicki Panagotocos, PhD FT. Reviewed by Donna Hyde, Caring Connections Group Facilitator.
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
Seeds of Remembrance
Letting Go of Sorrow: Holding on to Memories

Tuesday, May 5, 2015 7:00 pm
This event is free and Open to the Public

University of Utah
The College of Nursing
Annette Poulson Cumming Building
10 South 2000 East in Salt Lake City

Featured Guests:
Chris Williams, author of Let It Go:
A True Story of Tragedy and Forgiveness
and his wife Mikkel will speak about losses in their lives.

Music Provided by:
The Crimson Harps

Contact Caring Connections at 801-585-9522 or visit www.nursing.utah.edu/caring-connections