Transcript:

Understanding Loss and Grief in Uncertain Times

Presenter: Janice Nadeau
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LOU KURTZ: So thank you for joining us today for our Grief Sensitivity Virtual Learning Institute. This is the first part of a two-part series. The focus of this institute is on supporting those individuals experiencing grief and loss during COVID-19 and beyond. We're so glad you're here today.

And welcome. My name is Lou Kurtz. I'm the co-director for the Great Lakes Mental Health Technology Transfer Center. I'm pleased to be your host today for this conference session.

I'm also pleased to introduce this session. It's titled Understanding Loss and Grief in Uncertain Times. I want to thank our wonderful speaker for being here with us today. And a big thank you to all of you who are joining us. We truly hope you find today's presentation engaging and helpful in your work.

Before we get started, I need to go over a few housekeeping items. We've made every attempt to make today's presentation secure. If we need to end the presentation unexpectedly, we'll follow up using your registration information. All attendees are muted and cannot share video.

If you have a question for the presenters, please use the Q&A pod. If you have a comment or a link for all attendees, please use the chat box. The session recording and slide deck will be posted on our website. If you attend at least half of the session, you'll receive an email following the presentation on how to access a certificate of attendance.

This event is captioned. To view captions, click the arrow beside the CC box at the bottom of your screen and choose Show Subtitles. To change the size of the subtitles, click the arrow next to the CC box and choose subtitle settings, where you'll find the option of making the subtitles smaller or larger. And if you don't already, please follow us on social media and stay in touch with us.

We just released a series of fact sheets focused on addressing various grief-related topics. You can see those here. Please also check out our responding to COVID-19, grief, loss, and bereavement web page for more MHTTC events and resources.

I just want to recognize today that participating in this and our other sessions may activate your own grief and feelings of loss. As mental health care

providers, we also need to care for ourselves. Please monitor yourself and practice good self-care, including taking breaks, stretching, drinking plenty of fluids, and practicing mindfulness, or whatever helps you in staying centered and grounded. If needed, here are the links to help lines and hotlines. These are also listed on the Learning Institute website.

Our SAMHSA-funded MHTTC network focuses on technology transfer, which means the adoption and implementation of evidence-based practices in mental health across the US and territories. We develop and disseminate resources and provide free local and regional training and technical assistance for the mental health workforce. This map displays the centers that make up the MHTTC network. We have 10 regional centers, a national American Indian and Alaska Native center, a national Hispanic and Latino center, and a network coordinating office. Please visit our website and find your center so that you may stay up to date on trainings and resources offered in your region. By the way, our Great Lakes center, which we are part of is up there in the burnt orange around the Great Lakes.

This presentation was prepared for the MHTTC network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration, also known as SAMHSA. The opinions expressed in the presentation are the views of our speakers and do not reflect the official position of the Department of Health and Human Services or SAMHSA.

OK. Let's get started. Once again, our presentation today is Understanding Loss and Grief in These Uncertain Times. And today's presenter is Dr. Janice Nadeau is a licensed psychologist, marriage and family therapist, and a nurse.

She's been active in the grief and loss field for over three decades. Her doctoral research at the University of Minnesota led to the publication of a book called Families Making Death By Sage in 1998. Dr. Nadeau has served on the Association for Death Education and Counseling and Advanced Grief Therapy for six years. She's presented her work internationally and has been in private practice at Minnesota Human Development Consultants in Minneapolis since 1994. So it's all yours, Janice.

JANICE NADEAU: OK.

We still have pictures of folks on the right-hand side of my screen.

KRISTINA SPANNBAUER: We can see your first slide, Janice. So you're good to go.

JANICE NADEAU: OK. And I can see your faces still. All right. This is a great honor for me to be speaking to you today. And I wanted to start with a picture of the great outdoors.

This is the Grand Canyon. And I stood there with some of my international friends and looked at the Grand Canyon. And there was a man standing there, as you can see.

And since I was with a lot of people who specialized in grief, you can only imagine what they thought that man might do. Quite a few people thought that maybe he might jump. And those people who were in their philosophical thoughts, they were imagining what he might be dreaming of doing, good things. So that gives us a little bit of a beginning.

I just had clicked my slide. And it's not moving.

KRISTINA SPANNBAUER: Bottom left, did you see there were some arrows on there? Is that where you're clicking?

JANICE NADEAU: No. I was clicking on my computer, actually.

KRISTINA SPANNBAUER: Just try that. See if it works.

JANICE NADEAU: All right, here we go. And I still have pictures on the side. So I cannot see my complete slide.

KRISTINA SPANNBAUER: What-- let me see.

JANICE NADEAU: I got. OK. I clicked you off. Or you did. Thank you.

KRISTINA SPANNBAUER: Sure.

JANICE NADEAU: Here we have a title. We're going to be talking today about grief and loss in these uncertain times. And I just wanted to describe the alphabet soup after my name. Partly because the FT at the end most people don't recognize.

And what that is is a fellow in thanatology. And thanatology is the study of death, dying, and bereavement. And it's a credential that's given by the ADEC, the Association of Death, Education, and Counseling. And you may see that with some of your other experts.

And then I wanted you to notice the slide I checked. And fantasy that is the virus on the edges that we have blown to pieces, we would like to do. So here is the person I want you to meet. This is Luther Von Maxwell. He's my co-therapist.

And unfortunately, we're no longer in the office. So he's unemployed right now. He's put in his papers, but so far he hasn't had much luck collecting. He's been pretty bored here at home as I've been seeing clients here and has taken to chasing the cat instead of being a good therapy dog.

My main contribution to this field, I wanted to say a little bit about it. I also wanted to mention and honor my academic advisor, Paul Rosenblatt, at the University of Minnesota. He's one of the very earliest people in our country to study death, dying, and bereavement and has become very well-known in many of the foundational ways, understanding grief and loss.

My dissertation that I did in the '80s won a dissertation contest that was sponsored by Sage Publishing and also the National Council on Family Relations. I sent it in just on a whim and turned out that it won and that led to the publication of my book, Families Making Sense of Death.

And that catapulted me onto the international scene in [INAUDIBLE] to join the International Work Group on Death, Dying, and Bereavement. That's a group of scholars from around the world. And we meet in a different country every year and a half to two years. And we did that-- I've done that since 1995. It's been a wonderful, wonderful experience. And from that, I've had the opportunity to present the research that underlies the things I'll be saying to you today in eight different countries and multiple sites here in our country.

Recently, Bob Niemeyer, Robert Niemeyer, who is the editor of Death Studies referred to my book, Families Making Sense of Death, as a classic book. And I took that as a classic compliment.

Here's what's going on with me right now. I think it helps us when we talk together that we place ourselves somewhere. I'm in private practice, have been, as was mentioned, since 1983. And what I'm finding right now as I see clients at home, from home, probably 20, 22, 23 people a week I've been seeing online on doxy.me.

And these are the things that are standing out for me. I'll hit them briefly. And then we'll develop them more in our session in November, the second half of this, which is going to be more focused on intervention and less on background. I find that when I [INAUDIBLE] structure the work of Peter Steinglass in alcoholic families taught us years ago that if we can keep the structure of our lives, no matter how much chaos there is, we do better. We're more resilient.

I've encouraged clients to keep their schedule. Make a schedule. Make up one, even if you don't have to keep it in order to be at work on time. Focusing on stabilization, anything we can do to keep our life stable the way it was pre-COVID.

I've found quite good success in [AUDIO OUT] they tap into insight of themselves that would help them now and to remember that part of themselves that was strong in those other situations is also strong right now and to use that to get through this difficult time. And then finally, salvage surprise you a little bit, the fifth "S," is let's save what we can, whatever we can make the best of, not let things get by us, whether it's a sunset or a

sunrise or flowers or a child's laughter, whatever we can save in this difficult time. We need to be focus.

About you-- now those of you who are listening, and I presume many of you are in positions where you're caring for others, if not directly as a clinician, then for family members, neighbors, elderly parents. And here's what I want to say. We're facing a tsunami of loss as deaths and non-death losses inundate us and the people whom we all are attempting to help.

All the while we must cope with many of the same losses ourselves and be smart enough, strong enough, caring enough to do what needs to be done. It's my opinion that it will be programs like this one that will help us to do our work while sharing the challenges we face with each other and openly. It's my hope and prayer that something I will say in this presentation will help you do your work, the work that needs to be done, while surviving well yourself.

Here's a couple important points that underlie everything that I've done so far in this field. And I wanted to stress them. I go back to my nursing background.

And I say, if we can keep in mind that the loss is the wounding. That's the wound. The loss that we have, however small, however great, that's the way in which we're wounded.

And by dramatic contrast, grief is the way we heal. We've made a terrible mistake in our society, and we still do, because we think of grief as a disease, something to be gotten over. And it is not.

Grief is not something that is easily resolved. We can never say that it's completely over. People, until the day they die, can be triggered about losses that they've had in the past.

Grief gets easier. The process will heal. It's less intense over time. But it misleads people when we say it's going to be resolved or we're going to recover.

It's unreasonable to think that you would recover from healing. That sentence makes no sense. So let's remember it's wide open.

And here I want to give credit to Paul Rosenblatt, who came up with one of our earliest and most important theories out of social science. And that is that we grieve when we're triggered, when we're reminded of something. I know that if there is a smell or something very personal to the person that we've lost, then we grieve again. [INAUDIBLE] theory is underlying and very important.

What is loss? David Peretz has done a good job of giving us a one sentence description. Loss is "being without someone or something we once had or thought we had." The family, the couple that finds out they can't have a child

grieve the wished for child, for instance. And we lose those things that we really do have.

Types of loss include the loss of possessions. We're seeing that with all of the storms that we're watching on TV now, how much each one of these things that's happening results in loss of possessions. We have developmental loss.

We'll talk more about that under the pandemic slide. We have lots of self as a type of loss, reputation, health, faculties. And then we have loss of others, whether that's to death, to divorce, to dementia, or to other ways that we lose people as they were in their times of health.

There are five layers of loss. And when I do this slide over, I'm going to call it Five Layers of Loss, A Handful of Stressors. And here they are. I like to use my hand to represent that. And I hope that you can see it up there in the corner.

Let's say the thumb will represent all the losses that we experienced before COVID came. The next finger represents all the losses that are related to the pandemic. And the next finger all the losses that are related now to racial strife. The fourth finger, losses related to the political turmoil, we're certainly in a time of very difficult political turmoil with the election coming and all of the things that we're hearing and seeing.

And then finally, in the background, perhaps way more than it should be, global warming. So we have five major stressors, five major areas where we're feeling difficulty in this current time. And that's a lot for all of us.

Losses related to the pandemic are legion, meaning there are many, many of them. A woman named Janoff-Bulman some years ago used the description, used the term, assumptive world. And what that means is that she described how, right now, we are experiencing the world in a way we never have before.

We assume that the world is going to be a certain way. And when it isn't the way we thought it was going to be, we grieve. That is a loss.

I've heard over and over again from friends and clients, from my family, just how much has been lost. This is not the way we dreamed our lives. We didn't expect to be where we are in all kinds of ways.

Important losses, this slide almost filled itself when I came to build it. Loss of dreams and expectations, the kids that are graduating, people who are trying to get married, all of the markers that come along. Loss of control, the sense of powerlessness of the individual or individual power. Camus was the first to describe that in The Plague.

Loss of schedule and structure, as I had mentioned before, it puts us into additional chaos when we're off track. Loss of predictability-- we don't know

for sure what's going to happen. We're stepping into a time of the unknown. Sometimes we talk about how we're learning to live in limbo, where nothing much is for sure.

Loss of financial security, loss of our recreation, what we're accustomed to doing, ordinary playing and having pleasure, many of those things have been disrupted. We've lost social connections, at least in person, and many, many of our social activities. We've lost a sense of safety. Many of us, a sense of identity, because we [INAUDIBLE]. We have developmental loss because of the ways in which our developmental markers, graduations, going off to kindergarten, many of our growing up rituals and our growing old rituals have been disturbed by the pandemic.

Losses are experienced differently depending upon many things. And I want to stress this slide. It's not got many words. But it's important.

Some say we are all in this together. But are we? I do not think we are all in this together in a certain sense. We are all in the same storm. And that would be the pandemic and other things that I mentioned. But we're not in the same boat.

Depending upon how much resources of all kinds anyone has, they're going to experience this pandemic very, very differently. So it's very important for us as helpers, as friends, as family members not to minimize the circumstances of the most endangered. For those of us who have resources, we have to remember things are difficult for us. But they don't hold a candle to the way they are for people who do not have those resources.

Here's a wonderful word, a German word. It covers a particular kind of loss. And I had heard this topic felt more by my elderly clients and elderly friends. German [INAUDIBLE] means world, and "schmerz" means pain. So we're talking about world pain. And that's a feeling of melancholy and world weariness, just that feeling that we have of how much is wrong, how many people around the world are suffering in many, many different kinds of ways. And I think weltschmerz is a word that we need to keep in mind and recognize for what it is, as yet another way that we're all experiencing loss.

What we have going on for ourselves right now can create trauma. David Grand, who was the developer of Brain-Spotting and a very skilled EMDR technician, practitioner, has described these three things that, when they occur, they create the experience of trauma. One of them is that our survival is threatened.

There is a wonderful book written by Lenore Terr called Too Scared To Cry. And that's about psychic trauma in childhood. But I would like to emphasize the point that it isn't just in childhood, although many, many of our people that we're working with and perhaps ourselves have had childhood trauma.

But anytime there is these three things present, trauma can be the outcome. It's very difficult to stop and grieve when we're on a survival track, when we're just trying to stay alive. There's not a lot of time for breathing. Oftentimes the breathing comes later.

So many of us are busy just making things-- keeping safe. And so grief is delayed, at least delayed. And you've heard about that from Kathryn Shear this morning.

A second trauma creator is when we feel isolated and alone. My mind goes immediately to the people that are in nursing homes and various other facilities where they can't see their families. And then finally, the third thing, we experience a loss of control. I think it goes without saying we are experiencing a great deal of loss of control. And I like to say the virus is driving the bus, not us.

One of the most recent pieces of research that I want to call your attention to is a coronavirus anxiety scale that's developed by Sherman Lee. And it's a five item scale. The study was done quite early on in the pandemic with 775 adults who were having anxiety related to the pandemic, related to the risk of the coronavirus affecting them and their families.

And this was designed to identify dysfunctional anxiety and symptom severity. And elevated scores in this five item screening instrument were associated with functional impairment, alcohol and drug coping, negative religious coping, extreme hopelessness, suicidal ideation, and some thoughts and attitudes towards Trump and Chinese products. The general response to the pandemic, it turns out, according to this research is that they're all autonomic nervous system or sympathetic nervous system. We use that term interchangeably.

And here they are. And this is certainly what I've seen in my practice and in people that I know. There is a light headedness or a sense of dizziness, kind of fogginess, perhaps.

Sleep is disturbed. People are having trouble going to sleep. They're waking up in the middle of the night. And they're having trouble staying asleep in the morning, waking up earlier than they want to be.

And then another sympathetic nervous system symptom that's showing up is is tonic immobility, which means a kind of a feeling of being frozen, not knowing what to do next, being immobile and inactive. And then finally, appetite loss-- and appetite loss meaning just plain having knots in your stomach and not feeling like eating. And then finally, the fifth one, nausea and abdominal distress.

These make a lot of sense to me. A common response to the pandemic is, in fact, sympathetic nervous symptoms. The main chemical, the main hormone

for the sympathetic nervous system under stress is adrenaline. And adrenaline is high in states of anxiety, in fact, is the main chemical of anxiety.

We have known for a long time that some anxiety keeps us safe and productive. Like a little anxiety getting prepared for this talk today is probably a good thing. But if there is so much anxiety that we become immobilized or just beside ourselves not knowing what to do next, that is handicapping levels of anxiety.

And if these levels of anxiety last or are prolonged, they lead to illness. I like to use the metaphor that you call out the fire engines, six fire engines for a big fire. But at some point, those engines have to be refueled. So when we have this burst of adrenaline in the time of great danger, our bodies can't sustain that.

The fact of the anxiety and the adrenaline levels being high has critical implications for intervention. And we'll talk a lot more about that in November, the second half of this Institute. It's my opinion right now that we're experiencing something called adrenal burnout. Our adrenal glands, where adrenaline is produced, is resulting in some stress burnout.

So we are beginning to see, and I'm seeing this in many of my clients and many of my friends, the sense of lethargy, a sense of malaise and apathy, and increased risk taking that I believe is coming from the fact that we're getting desensitized to the threat of the coronavirus. And so we're stir crazy in a way, we could say. And we might step out and do more risk taking as we get desensitized to the real dangers that were more clear and put forward more vehemently at the beginning of this pandemic.

Here is a slide that is about the relationship. And I know some of you are chemical dependency counselors. All of us have to deal with addiction in our practices, whatever we're doing. There is an increased need for self-medicating with one's substance of choice, whatever that might be-- work, food, sex, achievement. Anything that we have as an outlet we tend to overdo.

And that's because there is an increased sense of fear, anxiety, isolation, and unmet needs. And that drives increased use. Loss of jobs may increase criminal behavior, because people need money to obtain drugs that they're addicted to.

There are limits on coping resources from early developmental delay. Those who have had abusive backgrounds and who've had deprivation and are low on coping skills and coping capacity are going to need more soothing and more self-medicating. Bars are closed. So the social restraints that can come from people in bars together, where they might be watching friends, tending friends, reminding friends, driving friends home, that's more of a problem. Many people are without the technology. So these social resources are

limited, including something like being able to attend AA meetings. The risk of overdose or withdrawal is very high, as people are isolated from each other.

And I want to bring this back to how is it related to grief. If, when we start feeling sadness from loss, we start to grieve and we don't like that feeling, we reach for something. We reach for something to comfort ourselves, to self-medicate.

That does not work well with grieving. It's instead of grieving. So in order to be good helpers, we need to be watching the overuse and abuse of substances and any other [INAUDIBLE] that have an addictive nature.

This is Luther Von Maxwell when he was a puppy. I think he's about 10 weeks old here. And my granddaughter took an hour and a half worth of pictures of everything he did in the backyard. And this is one of my most favorites.

And I share that with you to give our eyes and our thoughts a little bit of a rest. I know that many people have gotten pets in this time as a way to feel better, to comfort themselves. And I can say that Luther Von Maxwell, who was a comfort to many of my clients, now is very busy being a comfort to me and to my daughter, who lives with me. And again, you can see on the edge of this picture, all those little, blown to smithereens pieces of the virus in my fantasy.

Some of the theories and streams of research that have dominated the grief field in the recent years I would like to share with you. Let's start out with the thought, there is no substantial research to support stages of grief. When Kubler-Ross started those years and years ago, she made the book her text, her writings. What came of those was it made talking about death and dying appropriate, even for cocktail bar sheets. And that was a wonderful gift from Kubler-Ross.

One of the things that's happened with her stages of grief is they've become misused. They actually were about dying, not about grieving. So we've moved away from grief stages.

Because when we talk about stages, people think they're behind. Or they think there's somehow some normal grief. And that has not been substantiated by research so far.

So I'm going to start today with this model that I've found very helpful over the years. It's called the dual process model for coping with bereavement. It was originated in '99 by Maggie Stroebe and Hans Schut. And they are bereavement researchers at the University of Utrecht in the Netherlands.

And their stream of research on bereavement has continued from that time on. And they've done some wonderful work by bringing together scholars from all over the world and writing bereavement handbooks. I believe there are

three editions. I'm very proud to be in two of them. And I love to brag about that.

And what they've done is they've taken this dual process model, which we'll look at in a moment, and they have compared it and studied what does attachment style have to do with the way that we breathe? What does our willingness to disclose have to do with the way we cope with bereavement? And most recently, they've been working on family grief and what the variables would be if we looked at grief at a family level. And that happens to be my most favorite topic. Because I think there is a great deal about grief that has to do with what goes on in the family that has not been studied that well.

Here is the model. And I like it. I give clients copies of this, as a rule. And I want to focus on a couple of things.

One thing-- and this is a poor slide. I had to jerry rig it in order to get it into this presentation. Because my old computer is long gone. But take a look at this.

The idea is that we move back and forth from the past [INAUDIBLE].

And I was not thinking at all about my [INAUDIBLE]. I'm having trouble.

KRISTINA SPANNBAUER: Janice?

JANICE NADEAU: Yes.

KRISTINA SPANNBAUER: We can still see you.

JANICE NADEAU: You can?

KRISTINA SPANNBAUER: Yes. We can still see you but your slides are not sharing anymore. You froze for just a little bit. But let's try bringing the slides back up.

JANICE NADEAU: All right. Should I do it with screen share?

KRISTINA SPANNBAUER: Yep.

JANICE NADEAU: There we go. Can you see it now?

KRISTINA SPANNBAUER: I can see it now. And you look good and sound very clear.

JANICE NADEAU: All right, good. Thank you. Glad you're there. All right, so we were having intrusion of grief. And I think we just had a little grief intrusion right here in our presentation. We lost our connection. Now there's another loss I didn't put on the list. Maybe we need to add it.

I was walking along in the dollar store when all of a sudden on the loudspeaker came the song that I most like to dance to. My husband and I were ballroom dancers and we loved it. And I just lost it.

My sadness started in my little toes and went all up my whole body. I don't care who was there. I was not expecting it. And I was deep in my own grief right on the moment.

Another, next part of that one is letting go or continuing bonds. Finding ways to continue the way we were related to the person who's died [INAUDIBLE] very nicely to losses. And then finally, notice there's denial and avoidance on the left bottom.

And that has to do with not dwelling all the time on the fact that everything is different, wishing we didn't have to change anything. We see this the most in parents, where one parent tries to be everything, as if the other parent were still living, trying to fill both roles.

Then over on the right, we have restoration-oriented coping. And the way this is described is moving forward. I stand up when I teach this. And I move to one side, which is the kind of dwelling on the loss, dwelling on the pain.

And then to the right, we have moving forward. And that restoration-oriented coping has to do with attending to life changes, doing the things that we have to do to move forward, doing new things, many new things. And then I want you to notice, too, on this side, which is a good thing, we have distraction from grief.

And that means we can't-- Freud said, we can neither look at the sun nor grief for long. And I think that fits here. We need to distract ourselves with something so that we have a little bit of a break.

[INAUDIBLE] that on this side, we also have denial [INAUDIBLE] of grief. Find something that will get their mind off what's going on. My daughter and I spent a lot of time at Goodwill in those early weeks and months following her father, my husband's death.

And we go to new roles and new identities and new relationships. That's not about replacing the person who's died. That's about being in a new space, trying out new things, learning to be a bereaved parent, a widow, a widower, a bereaved sibling, so on. And, again, this is bereavement-oriented.

But what's wonderful about it is that we can use this model and talk about how we move back and forth between being in the pain and pulling ourselves together and moving forward. And I think it applies to most of these losses that we've discussed this hour. And the point is there is no stage here. It's a matter of moving back and forth to the past, moving forward, moving backward, moving forward.

And I like to think of it as a bit like the infinity sign, where both sides are important. We need to let ourselves feel the pain, identify the loss, wallow in it, if you will, and I mean that positively. And then, move ourselves forward and do what needs to be done.

My son [INAUDIBLE] is fond of saying do the next right thing. When it's difficult, do the next right thing. [INAUDIBLE] and we're sad. And then we pull ourselves together and we move forward. And when we use that model, people don't get discouraged if they have a few good days and then they have a bad day. Most of the people I know right now are still on somewhat of an emotional rollercoaster.

Now here is the summary, kind of overview of the various things that have happened in recent years since Kubler-Ross that are highlights of what's going on in the grief field. Any of you could look up any of these names and find out a great deal more about each one of these areas. And I will highlight them and try to say something about them.

Remember [AUDIO OUT] and Kubler-Ross. Many people came before the work that's being done now and made wonderful contributions to the field of grief and loss. One of the best movements that we've had is in the direction of continuing bonds, which was [AUDIO OUT]

KRISTINA SPANNBAUER: Janice, can you hear me?

Apologies. We're going to get Dr. Nadeau reconnected. So just give us a moment. Sorry.

ANN SCHENSKY: While we're working on getting Dr. Nadeau reconnected, just a quick reminder. If you have questions, please put them in the Q&A section. And Dr. Nadeau will get to as many as she can at the end of the presentation.

KRISTINA SPANNBAUER: Hi, there. We see you.

JANICE NADEAU: Yes. Yes. We're back. Now we need to do the same thing? Back to screen share?

KRISTINA SPANNBAUER: Screen share.

JANICE NADEAU: OK. Here we are. Thank you. These are more losses than we care to happen.

[LAUGHTER]

All right, where we were, we were doing meaning making. I don't know what we would make of what just happened. But here we are back again. Thank you for your patience.

This is another area that is getting more and more attention, meaning making in bereavement. That movement started out with Bruner at Harvard. And he came up with the term, "meaning making."

My work in 1990, early '90s, was on family meaning making. And so I used that term meaning making. And it's become quite popular. Bob Niemeyer, the editor of Death Studies, started out using different terminology, more of the construction of reality. But right now, he's working on developing a theory of meaning making in his institute in Portland, Oregon. And Wendy Lichtenthal, and I believe her co-investigator is [INAUDIBLE] Breitbart, they're developing a model of care that is meaning-making based.

Another very important one, and I know Ken Doka is on your schedule. He's part of this institute. He introduced the concept or idea of disenfranchised grief. That's the kind of grief that people experience when their loss has been not socially sanctioned. One of the best examples of that is when someone has had a lifelong lover, and that person dies, and the lover is not allowed to be or doesn't show at the funeral and doesn't have the usual rituals.

Another one that I've become quite aware of is when someone's ex-spouse, someone's former spouse dies. And they're remarried again. They've gone on with their life. But their first partner dies. And that's a disenfranchised.

People say why do you feel so bad? I mean, after all, you divorced them. And so that's an important one.

Post-traumatic growth has gotten a lot of attention. And it's going to get more attention, I think, now with the COVID. Tedeschi and Calhoun have made that quite well-known.

And the whole idea here is that through trauma, and working our way through trauma, we can learn things. We can grow. We can thrive. And we can bring things out of that experience that came from that experience. I have a young-- losing my son-- nothing. I could tackle anything.

And then we have what you heard about this morning in the keynote, complicated grief therapy. And that's been developed by Katherine Shear at Columbia University. And I believe she uses the term oftentimes for delayed grief. And I do think we're going to see a lot of delayed grief related to the pandemic.

And then I want to bring up family. My degree's in family social science. And that is the whole idea of family-focused grief therapy. And Murray Bowen was the one who introduced those concepts and talked about the vibrations that pass through the family when there's loss. I certainly built my family meeting making work and research as have others on Bowen's theories that are extremely helpful in understanding grief in the multi-generational way.

And then there's [INAUDIBLE], who is from Melbourne, Australia. And he's developed a model for family-centered grief. And Wendy Lichtenthal, as I mentioned, and her partner are at Sloan-Kettering Cancer Institute developing a meaning-making model as well.

This picture I like. I took it it in Sonoma a long time ago. And I think it fits us now. I see those little trees. I think they're pine. I'm not sure what kind of pine, out of the rock.

And you know, we think of how rough things are right now. How terrible they are for so many people. And yet we find ways to thrive.

We get our roots into something that sustains us, that that keeps us. And we thrive. And that's important. So keep that in mind that we look for that strength that we have that hidden strength and maybe not always so hidden.

The role of meaning is extremely important. And I want to walk you through a little bit about this. Because the meaning that we attach to anything is going to have a lot to do with how we cope with it. Katherine Bateson has said human beings construct meaning as spiders construct webs. Joseph Campbell argues that human beings should have been classified as Homo narrus, narrators, rather than Homo sapiens. Because, as a species, we understand our world by way of stories.

Meaning making is not only finding meaning and purpose in life, as Frankel contended in '46, in his classic book, Man's Search for Meaning. Meanings that we attach to any event can also be negative and have negative consequences, such as the meaning this pandemic would not have been as bad had our leadership acted when the virus was first identified. As we all [INAUDIBLE] that creates anger and resentment toward our leadership. It's very incongruent to be able to grieve freely in deep anger.

And I'm not concluding anything about that. I'm noticing it. That the meanings we attach-- finding meaning is not always a positive meaning. We need to say finding meaning and purpose in a positive way.

When someone dies and we believe they shouldn't have died, that's a negative meaning. And it's going to have serious consequences in the way people move through their post-loss life. Meaning making is user-friendly term for making sense of things. It's been referred to, the idea of making sense of something has been referred to as appraisal.

Lazarus, in his work over many generations, has called it [INAUDIBLE] raises the question of whether something that we experience is seen as a challenge or a threat. If we see something as a challenge, we get motivated. And we bring our resources together. And we try to make it change.

If we feel threatened, our response is going to be very different. In the medical field, one of the terms that's related to meaning making is attribution theory, to explain the causes of the behavior, especially in relation to disease and what caused it was somebody's fault. When I was a surgical intensive care nurse in Vermont, I often would hear, what did I do to deserve this disease? What did I do wrong that made me have this?

It's also been called-- meaning making referred to as-- meaning reconstruction, or construction of reality. And that would be, as I've mentioned, Bob Niemeyer being one of the main ones at that. The term "meaning making" was coined originally by Jerome Bruner at Harvard. And he was responsible, around 1960, for starting the cognitive revolution and that was a movement away from BF Skinner's behaviorism, where we got more into thinking in the role of thoughts and interpretations, not as much into conditioning.

I believe that the ways in which we think about grief and loss is critical. We know a lot about the emotions of grief. But we haven't studied very carefully, until recently, what meaning is attached to a given loss, whatever that loss may be.

The fact we can't go to the office, the fact we've lost a job, what does that all mean? Is it opportunity? Is it challenge? And it depends greatly how we define something in how we're going to react to it. And there's more and more information about that.

As I've said before, when Bob Niemeyer started his work, he used the terms "reconstruction of reality" and now has switched more over to what I like to call that user friendly term, meaning making. And he's developing a theory in relation to that. Meaning making in family bereavement was what my dissertation was and led to the publication of the book that I've been bragging about ever since I came on. And then at Sloan Kettering in New York right now, they're testing a meaning-centered model of bereavement care for parents.

Here's a theory that's very helpful. This is, again, a content or theoretical basis for us to understand as we go forward. And the major tenet of symbolic interaction theory is that we learn our life by way of symbols. And they arise out of interactions with others.

And we learn those things as we live within families and communities. And right now, one cause of our current sense of unreality is the disruption we have with the interactions with our usual others. People in nursing homes who lose track of the fact that they're parents and grandparents. And then that disrupts their sense of themselves, who they are, their identity.

Reality is constructed. This particular theory [INAUDIBLE] Thomas, who was [INAUDIBLE] first described the phenomenon of self-fulfilling prophecies. And

he contends that if people define situations as real, they're real in their consequences.

So if we treat a child, talk to a child about them not being very smart or being poor readers or uncoordinated, they will, in fact, act that out in their lives. And that becomes their reality. And, again, as I said, this thinking comes out of the University of Chicago in the '40s. WI Thomas, Herbert Meade, Charles Cooley, and Helena Lopata were the ones responsible for putting this theory forward.

And it has informed many of us in the grief field and helped us to pay attention to meanings. And the major tenet being that we learn our life, all about life, by symbols that arise as we interact with others. Families and communities are beehives of meaning making activity.

One cause of our current sense of unreality is the disruption of interactions with our usual others. I've heard again and again from my clients, this just isn't real. This really isn't real. We're in a science fiction story, a novel here.

Again, this [INAUDIBLE] reality construct is constructed. And I had [INAUDIBLE] find situations real. They're real in their consequences. And I needed to fix that. And I put people in parens.

Here's another couple thoughts about it. In the symbolic interaction theory, reality is created interactively from the beginning of time, maybe even before birth, as an article in Time suggests. Everyday reality, now our reality is maintained by interactions with significant others. And therefore, when a death of a significant other occurs, surviving family members may have a sense of unreality. And now for us, during the pandemic, one effect of not being able to interact with others is a growing sense of unreality.

And for us to look at this, to apply it when a significant other dies or becomes inaccessible to us, as is the case in the nursing home, we do get that sense of loss of identity. They do, and we also do as well, particularly if it's a partner who's in the nursing home or in a facility.

SI also includes a concept called the definition of the situation. And that is [INAUDIBLE] the idea that the [INAUDIBLE] meaning. And in the event of a death, or in the event of a pandemic, the definition we give to the situation, if we think it's hopeless, that there's no way to get through it, that there's no way we can make it, that the world is coming to an end and all those other things, that will affect the way we cope.

Aristotle used an expression, "horror vacui," which translates as nature abhors a vacuum. And thinking of that this way will help us to understand, perhaps, why we're hearing so many different interpretations of what's going on. Some people will say that the pandemic is God's punishment or God's will.

Some people reject scientific explanation, that the virus migrated from bats to humans.

And when we think of it this way, that we knew so little, it was all a vacuum, and now we're having many conspiracy theories, it helps us to understand where those might be coming from. Because there was a vacuum of knowledge. And that brings forth all kinds of theories and suppositions and suspicions. And that's what we're experiencing.

Albert Camus, when he wrote The Plague in '47, said this about us getting used to the deaths. "Millions of deaths are like a mist floating through history." This is happening, I think.

The numbers, we can't grasp them. We can't wrap ourselves around how many. And we are at risk at becoming numb to all of that.

ANN SCHENSKY: Janet? I apologize for interrupting. We have about 30 minutes.

JANICE NADEAU: We have how many minutes?

ANN SCHENSKY: About 30.

JANICE NADEAU: OK. Then I'm going to cover this slide very quickly. And then I'm going to read something. And we will be done. We'll be ready for the questions. Thank you.

This is, just quickly, the risk factors that are affecting our losses. And I just want you to see this slide. And what we'll be doing, this is a bit of a preview for the second half of our program.

And we'll be looking at these factors very carefully in our next in our next half of the Institute. And that will happen in mid-November. You have the dates.

There are potential long term consequences to this COVID-19. And here are some of them that we will also develop in the workshop in November, a bit of a preview. Survivor's guilt, guilt if we feel that we've exposed somebody, ungrieved losses, many people will have PTSD-like reactions, I believe, judging by what I've seen and certainly what seems to be recorded in the press. And these meanings can be very, very difficult.

So the song that I've found extremely useful to me, in fact, I used it, to tell you the truth, I used it as a poem for many years. Until one of my musician friends said, Janice, of course you realize that that is a song that Leonard Cohen wrote. And you can go online and hear it, which I did.

I think there's a good message in it for us. This is how it goes. Let the bells ring that still can ring. Forget your perfect offering. There's a crack in everything. And that's how the light gets in.

We're looking for light. We're looking for the light. Now I want to close. One of the things that we know is helping people a great deal is meditation, eating right, exercise, sleeping enough, all those beautiful things that we know.

And this is my final reading that addresses that. It's called inner peace. And, again, we'll develop it more in November.

If you can start the day without caffeine, if you can always be cheerful, ignoring aches and pains, if you can resist complaining and boring people with your trouble, if you can eat the same food every day and be grateful for it, if you can understand when your loved ones are too busy to give you any time, if you can take criticism and blame without resentment, if you can conquer tension without medical help, if you can relax without alcohol, if you can sleep without the aid of drugs, then you are probably the family dog. Thank you very much.

ANN SCHENSKY: Thank you very much, Janice. And that was a great way to end.

JANICE NADEAU: I told you it might be funny.

ANN SCHENSKY: Yes. So we have some questions. And I'm just going to read them to you and you can respond to them. The first one is can you provide more information on negative spirituality?

JANICE NADEAU: Well, I think one of the examples that I gave that might fit that is the idea that if we somehow believe that it's God's punishment, that we're being punished for our wrongs and that's why we have this pandemic. In that frame and with that meaning, it's very difficult to grieve. If we feel punished or ashamed or embarrassed, it's not congruent, it isn't compatible with good grieving. It holds us back, I believe. That would be one example.

ANN SCHENSKY: Thank you. The next question is-- and we can do this-- just do we have a link for coping with bereavement?

JANICE NADEAU: Yes.

ANN SCHENSKY: OK. So we will get that out to people. I just wanted people to--

JANICE NADEAU: To know about that.

ANN SCHENSKY: To know about that.

JANICE NADEAU: Yeah. [INAUDIBLE]

ANN SCHENSKY: Yes. Did these theories, ideas, or ways to cope the same for how we would work with adolescents?

JANICE NADEAU: Well, I think one of the mistakes we make starting with adolescents is we don't listen to them. And I'm saying "we" as a general "we." I find that parents will come thinking that an adolescent is not grieving because they don't see them cry. They don't see them-- you know, seeing their sadness.

And I think that's not the point. We need to know what's going on with them really. What is the loss that they're experiencing? It may not be what we think it is.

And so I keep coming back to that idea of meaning, which is a wonderful basis for us to find out what is-- if it's a child, we're listening to the questions they ask. Because the clue is there in the way they're construing what's happening. And for adolescents, we assume we know what their experience is.

But good clinicians that work with adolescents do an awful lot of listening. And they want to know what music are they listening to? Who are they talking to, which of their friends? And to me, yes, those theories will work because they're universal. But I think there's the special adaptations that we have to have for adolescents, where it's more difficult, more acting in [INAUDIBLE] from trusting adults to bring all that forward. Their peers are what matters.

ANN SCHENSKY: Great. Thank you. Another question we have is can you review continuing bonds again? Unfortunately, [INAUDIBLE]--

JANICE NADEAU: It got cut--

ANN SCHENSKY: [INAUDIBLE] little bit while we were [INAUDIBLE].

JANICE NADEAU: Well, I'm sorry. We lost our bond there for a minute, didn't we? Continuing bonds is the idea that-- I'll say it in a way that I would as I'm talking to someone who's lost someone. The idea is to take what you can from that person and to weave that into your life going forward. To look at what of that person do you want to incorporate in you, what is it that you want to bring forward, how do you carry that person forward?

My father-- my parents have both died. My dad was incredibly curious about how everything works. He wanted to understand these great machinery. He was a farmer in Vermont. They have to know chemistry and forestry and everything else.

What of him can I bring forward? There are things about him I absolutely don't want to bring forward. He has a marvelous sense of humor. That'd be OK.

But he's curious about how things work. And I think I weave that into my life. I like to know how things work. How does grief work? How does loss work? How do we work with people, for that matter?

So that's an idea. It's wonderful to read about that. Because it's healthy to weave into our lives that which we want to take forward from someone that's meant a lot to us.

ANN SCHENSKY: And continues to have them live within us as--

JANICE NADEAU: Yes. Yes. Yes.

ANN SCHENSKY: The next question is, sometimes the death really shouldn't have happened. That is that it's the result of neglect, abuse, tragedy, medical error, et cetera. How do you move clients' meaning making around that toward healing, when there really is someone to blame.

JANICE NADEAU: Yes. Well, first of all, people need to be not talked out of that interpretation. That's the first thing.

We want to fix that. I would classify that as a negative meaning. And, again, I know I keep referring to our next session. But we will talk about what would be a meaning making approach to working with people who have experienced losses of all kinds.

But the main thought here is people need to be heard. They need to be able to tell you how bad that is, how difficult that is. They need to tell their story. Joseph Campbell's right about that.

A lot of listening to, even though it's negative and we wish [INAUDIBLE] validation for the fact that you're [INAUDIBLE] happen. You know, we can see, when we see the data, when somebody is exposed to COVID and they shouldn't have been, someone did something very careless and it resulted in the person's death.

We have a big wedding here in Minnesota that is doing just exactly that. And it's made national news. I've seen people where they've said the ventilator was turned off too early. They were really not gone. They weren't really dead.

And so you have to embrace that meaning as the person's reality and not try to fix it, not blame them. But help them to have a safe place to talk about that and have it accepted and not adjusted. People will get to a place where they can accept things if they're given the opportunity and the right witnesses. They will get to something.

They'll fish something out. Maybe something like helping others who've experienced a death that shouldn't have happened, for example. And that's the part about finding meaning and purpose in life. If you could fish something out of that can help others. That's how we have mothers against drunk driving, right, for example, deaths that shouldn't have happened. OK?

ANN SCHENSKY: Those are really good examples. Thank you. Our next question is, I work mostly with Native American women in a jail-based treatment for substance abuse. It is cultural for them not to talk about their grief. What is your recommendation in honoring their culture?

JANICE NADEAU: Ann, I missed about a phrase or two in the middle of that sentence.

ANN SCHENSKY: Well, let me start over.

JANICE NADEAU: Please.

ANN SCHENSKY: I work mostly with Native American women in a jail-based treatment in substance abuse. It is cultural for them not to talk about their grief. And what is your recommendation for honoring their culture?

JANICE NADEAU: Not being an expert on Native American caregiving, I'm not, so I'll say that first. There is a wonderful article that might be found helpful. It's when not talking is beneficial. And that study and writing, in fact, perhaps dissertation as well, was done by a woman named An, [INAUDIBLE] A-N H-O-O-G-H-E. And if you look that up in the literature, she studied parents who lost a child and what they said the benefit was and how they used not talking as a way of coping. And I think that person who's asked that question would find that very helpful.

I think that what would happen with a Native American population-- is my guess, my best guess, and we use a lot of those rituals-- is that they're going to do it with ritual and perhaps not with words. So what are the rituals? What kind of belongings or what kind of objects could be used? What kind [INAUDIBLE] to enact or to express what that pain is like.

Words are not the answer to everything. One of the things that we're fond of saying, I think it's a Chinese proverb that says, talk does not cook rice.

[LAUGHS]

So talk is not the answer to everything, even though us folks in our culture right now seem to use it for the main treatment.

ANN SCHENSKY: Excellent. Thank you. We just have a couple more questions. We have someone who is responding to the last question and says that she is a Native and works in Native country. That your assumptions might

be misinterpreted. So she has some great resources. So we will try and get those and put them out there for people.

JANICE NADEAU: Get those. Good. Good. Good.

ANN SCHENSKY: The next question is, can you discuss the implications of those who use meditation as a form of avoidance or disassociation? And how can we assist in these cases?

JANICE NADEAU: Well, you know, while meditation doesn't necessarily come under wrong religious practices, any of us can get lost in any one method of anything. We can run too much. We can overexercise. We can over anything that isn't.

And I think one of the things about meditation is that that is a solitary thing. And the idea of it is that you empty yourself out. And you become open for the good things that can come in. And then the assumption is that will bring you to do other things.

But the focus is not on others. It's on that internal experience. And I think we can, I don't want to say meditate ourselves to death. I don't really mean it quite like that.

But it's like any of these other things. It can be so easily overused and overdone. We need a balance.

We need body movement. We need play. We need pleasure. We need interaction.

And I think that's pretty clear for everybody. I don't know what else to say about that. I think meditation-- I mean, you can hear that the dog needs to meditate. He does a lot of meditating and chasing cats.

But I think we can't devalue. Right now, mindfulness meditation is probably the most popular and it is the method that is gaining more and more and more and more. [INAUDIBLE], who is one of our original experts on trauma, that's what he's teaching. He's teaching meditation, self-soothing so that we get ourselves strong and on our feet and can function, and many other things as well.

ANN SCHENSKY: Thank you. We have a question. What is your recommendation on supporting individuals or families who have an immediate family member with a terminal illness such as cancer?

JANICE NADEAU: That's a wonderful question. And I should have recognized the other questions. They've all been really thoughtful and good.

Here's a very important point. There are some writings that are about anticipatory grief, or anticipatory mourning, or grieving ahead. And [INAUDIBLE] because I've done a lot of that kind of nursing before I became a psychologist and felt that [INAUDIBLE] we miss the boat if we don't identify losses as they occur.

The first time the person can't stand up, the first time you get a phone call from your mom, and she doesn't know who you are, the first time they can't eat real meal and they have to go to soft foods or blended foods, the first time that they don't notice you when you come in the room. I mean, I could go on and on. And I think the key, and we know this from taking care of people who are terminally ill over the years, each loss is important, every increment, every increment. And if we focus just on when the person dies, the grief begins.

No. The grief begins as soon as there's symptoms. Then there's a diagnosis. Right at the point where there's a terminal diagnosis, that person has lost their future. They've lost their dreams and expectations.

They've lost their assumptive world. Clearly, the world is not going to be, for me, the way I thought it would be. That's why it's important to pay attention to that loss of the assumptive world. This is not how I dreamed it.

How many us would like to have a terminal disease in my 40s. We don't dream like that. I'd like to have normal children, not one with a disability and one that's addicted.

I'd like to grow old with my partner. You know, and then to ride off into the sunset and all that good stuff. So I think that orientation is important. Look for the little losses along the way.

ANN SCHENSKY: Excellent. Thank you.

JANICE NADEAU: Yes.

ANN SCHENSKY: We have a question. I'm really interested about meaning making in relationship to racism and overuse of the police force. How do we collectively move on from this kind of grief, healing forward, when we experience different realities and make meaning differently?

JANICE NADEAU: That is a question that we could spend all day on, I think. It's a beautiful question and beautifully worded, too. To me, that is going to be what it's going to be about.

I can speak for myself as an older white person. I can say I have learned more about what the experience of people of color, what their experience, their meanings, and the way they see things. And I say they because clearly I'm white, you know. And I'm this age. And a Vermonter besides, which is really dangerous.

[LAUGHS]

But I've learned more in this episode with the demonstrations and with the marching than I've ever learned. And I'm not proud of that. But it's true.

And I think because we're beginning to listen better than we have, not anywhere good enough, we've only begun to listen. We've got to listen what's going on. Why is it? What's behind it?

What's the experience been, that is not ours, and theirs, not ours, back and forth. And I don't see them as equal. We haven't been listening to people of color for a long, long time.

And, again, that's my opinion. That's my personal thought. And I know it doesn't represent the Institute itself. But if I'm typical, then there are some thinking people who are paying attention that weren't before.

And I think we need to hear the police side of it. But not because they're equal. The police have had the upper hand, it seems to me, in their experience of it, not the people who are protesting. That's who needs to be heard. My opinion.

ANN SCHENSKY: Thank you. We have one last question. And then we have a couple of other housekeeping details to move on to. When is venting a re-trigger trauma?

JANICE NADEAU: You checked out there right after the words--

ANN SCHENSKY: OK. I am going to paraphrase.

JANICE NADEAU: OK.

ANN SCHENSKY: When does venting, or does venting re-trigger trauma?

JANICE NADEAU: That's a good one. You've got some wonderful people in the audience today. Good thinkers. Good thinkers.

You know, I think usually what happens is people don't get to tell their story enough, as a rule. The healing that went on in Australia about the lost generation was because people got to tell their story. They got the microphone. And they got to record all what it was about when their child was taken away from them.

There's healing, we know that. Apartheid was healed partly that same way by people having their day in court, so to speak, their chance to speak.

However, some of us, the way we're put together, we get on a note and we go round and round and round and round on the same. And I listen for that in my

clients. We could call it rumination. We could call it any number of things clinically.

But the point being, unless [INAUDIBLE] people [INAUDIBLE] have their story heard, they may, if they're dependent type folks, or if they have a lot of anxiety, or rumination is part of their pattern before whatever it is happened, then they're going to handle this new something the same way. And I think what they're doing, and I believe this really happens, and people who do hypnosis understand this, they're trancing themselves negatively. So they're on a negative-- sometimes we'd call it monkey mind. The Buddhists call it monkey mind.

You get on a thought. This happened and that happened. And it was terrible and it was awful. And that happened and then this, and that wasn't right, and so on.

And there's a whole-- I would call it a litany. And people get stuck on that. I think EMDR is a help with that. EMDR is a treatment we'll talk, again, more about that in November.

Getting people unstuck from a particular theme that they can't let go of. And there are treatments for it. People who happen to be-- if their attachment is a dependent kind of attachment, insecure, dependent, they're more likely to do that kind of thing.

And one of the studies that Stroebe and Schut did, the model that I showed you, the poor slide, one of the things they did is look at how do you treat people differently if they're insecurely attached, dependent, or insecurely attached avoidant. Those take very different approaches. And the dependent ones are more likely to be stuck in the past and not be able to move forward.

So you find something, one little thing that they've done that represents moving forward and moving out of that mindset. That's a lot. I hope some of it was helpful.

ANN SCHENSKY: We have one more question. But it is really related to interventions. So I'm just going to let the person know that they have had a very traumatic last three years. And we're looking for some tips on healing practices, which I know that you're going to cover in the November presentation.

JANICE NADEAU: Yes. Yes, we will. And it's not uncommon for people to have clusters of losses and have years on end together like that, unfortunately. Thank you so much. Thank you.

ANN SCHENSKY: Appreciate it. Thank you very much for all of your information and your wonderful presentation. And I'm going to turn it back over to Lou Kurtz for some of our housekeeping details at the end.

LOU KURTZ: Thank you, Ann. And thank you, Dr. Nadeau. That was fabulous. I wish we had more time with you today. But I would encourage everybody to come back in November for the second half, which will be applying what we've learned today and what we can do about it with interventions. So thank you.

For some reason, I'm not able to advance my slides. But I'm going to ask everybody who is still with us to please, when you click out of Zoom today, you're going to get a link for an evaluation. And so please take a few minutes.

There's only 10 easy questions. It'll go in about three or four minutes. But please, that's how we report back to SAMHSA on how you viewed this presentation today. So please go ahead and do that.

The other thing I would like to say is that there is a short break right now. But at 1:45, there is another set of three presentations. And there's also a breakout session, if you want to join your peers to discuss among yourselves kind of what you've heard and what it did for you today.

So thank you again, Dr. Nadeau. It was fabulous. You were wonderful. I hope we can have you back sometime even beyond November. So thank you very much.

JANICE NADEAU: Thank you. Thank you.