TRANSCRIPT (Closed Captioning)

September GSVLI: Understanding Loss And Grief In These Uncertain Times

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>> Kurtz: 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. Hi, everybody, and welcome. My name is Lou Kurtz,

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I'm the codirector 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

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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.

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Before we get started, I need to go over a few housekeeping items. We've made every at make today's presentation secure. If we need to end the presentation unexpectedly we'll follow up using your registration. If you have a question for the presenters, please use the Q & A pod. If you have a comment

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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 e-mail following the presentation on how to access a certificate of attendance. This event is captioned. To view captions, click the arrow beside the "CC"

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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.

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And if you don't already, please follow us on social media and stay in touch with us.

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We just released a series of FAQ 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 MHTCC events and resources.

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We want to recognize today that participating in this and our other sessions may activate your own grief and feelings of loss. As mental healthcare 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,

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or whatever helps you in staying centered and grounded.

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If needed, here are links to help lines and hotlines. These are also listed on the learning institute website.

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Our SAMHSA funded MHTTC network focuses on technology transfer, which means the adoption and implementation of evidence-based practice for mental health across the U.S. and territories. We develop and disseminate resources and provide free, local and regional training and technical assistance for the mental health workforce.

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[Indiscernible] displaying the centers that make up the MHTCC network. We have 10 regional centers, a national American Indian and Alaskan native, 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

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in your region. And 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 MHTCC network under a cooperative agreement of the substance abuse and mental health association also known as SAMHSA. The opinions expressed in the presentation

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are the views of the speakers and do not reflect the view of department of human health services or SAMHSA.

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Let's get started. Once again, our presentation today is understanding loss and grief in these uncertain times.

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And today's presenter is Dr. Janice Nadeau, she's 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 is 1998. Dr. Nadeau

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has served on the association for deaf education and counseling, advanced grief therapy for six years. She's been in private practice since 1994. So it's all yours, Janis.

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>> Nadeau: Okay. I still have pictures of folks on the right-hand side of my screen.

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>> We can see your first slide, Janis, so we're good to go.

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>> Nadeau: Okay. And I can see your faces still.

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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's a man standing there, as you can see. And since I was with a lot of people who

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specialized in grief, you can only imagine what they thought that man might do. Quielt 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.

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>> The bottom left, did you see there were some irrows down there, is that where you're clicking?

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>> Nadeau: No, I was clicking on my expeuter, actually.

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>> See if that works.

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>> Nadeau: I still have pictures on the slide, so I cannot see my complete slide.

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>> What -- let me see.

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>> Nadeau: Okay. I clicked you off, or you did. Thank you. 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 thanentology, and

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that's the study of death, dying and bereavement. It's a credential that's given by the ADAC, the association of death and counseling.

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I wanted you to notice the slide I checked. And I have a fantasy that that's the -- that is the virus on the edges that we've blown -- [Indiscernible] -- we would like to do. So here is the person I want you to meet. This is Luther von Maxwell. He's my cotherapist. And unfortunately, we're no longer in the office. So he's unemployed

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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 cats instead of being a good therapy dog.

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My main contribution to this field, I wanted to say a little bit about it. I also wanted to mention and honor my academic adviser, Paul Rosenblat at the University of Min so tavment 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 bown daition l ways understanding

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grief and loss. My dissertation that I did in the '80s was one -- won a dissertation contest that was sponsored by the Sage Publishing, and also the national council on family relations. I sent it in, just on a whim, and it turned out that it won and that led to the publication of my book Families Making Sense of Death.

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And that catapulted me onto the international scene, leading me 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.

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It's been a wonderful, wonderful experience.

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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.

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Recently, bob Neimeyer, Robert Neimeyer, who's the editor of Death Studies is referred to my book as a classic book, and I took that as a classic compliment.

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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 doxi.me, these are the things

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that have been standing out for me. I'll hit them briefly and 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 lesson background.

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I find that when I have structure, the work of Peter Steinglass and Alcoholic Families taught us years ago, that if we can keep the structure of our lives, no matter how much chaos there is, we're more resilient. I've encouraged to keep their schedule, make up one, even if you don't have to keep it to be on work on time. Focus on stabilization.

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Anything we can do to keep our life stable the way it was preCOVID. I've found quite good success in [Indiscernible], they tap into inside of them that would help them now and to remember that part of themselves that was strong in those other situations is also strong right now.

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And to use that to get through this difficult time. And then finally, this word "Salvage" might 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 sunrise or flowers or a child's laughter, whatever we can save in this difficult time, we need

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to be focused on it.

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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. Here's what I want to say. We're facing a tsunami of loss as deaths and nondeath losses inundate us in the people who we all are

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attempting to help. Overall we must cope with many of the same losses ourselves and be strong enough, caring enough to do what needs to be done.

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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.

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Here's a couple of 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.

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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.

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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.

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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.

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

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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.

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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.

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We have loss 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 when we -- in their times of health.

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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. All the losses -- let's say the thumb will represent all the losses that we experienced before

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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

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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 -- 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 they're many,

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many of them. A woman named Janoo-Bulman many years ago used the description "Aas sumptive world" 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.

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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,

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people are trying to get married, all of the markers that come along. Loss of control, the sense of powerlessness of the individual, our individual power. Camus was the first to describe that in the plague.

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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.

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Loss of financial security, loss of our recreation, what we're accustomed to doing. How we're -- ordinary playing and having pleasure, many of those things have been disrupted.

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We've lost social connections, at least in person. And many, many of our social activities.

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We've lost a sense of safety. Many of us a sense of identity because we -- 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

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depending on many things. I wanted to stress this slide. It's not got many words, but it's important. Some say we're all in this together, but are we? I do not think we're 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

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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 circumstabses of the most endangered. For those of us who have

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resources, things are difficult for us, but they don't hold a candle for the way they are for people that don't have those resources.

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Here's a wonderful word, a German word, it covers a particular kind of loss, and I've heard this talked about more by my elderly clients and elderly friends. German Welt 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 we have of how much

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is wrong, how many people around the world are suffering in many, many different kinds of ways. And I think Welt Schmerz is a word we need to keep in mind and recognize for what it is, another way that we're all experiencing loss.

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What we have going on for ourselves right now is -- can create trauma. David Grand, who was the developer of Brain--Spotting and a very skilled EMDR 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's a wonderful

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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 of our people that we're working with and perhaps ourselves have had childhood trauma, but any time there are these three things present, trauma

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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 grieving. Often times the grieving comes later. So many of us are busy just making sure -- keeping safe. And so grief is delayed, at least delayed, and you've heard about

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that from Katherine Sheer this morning.

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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.

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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.

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One of the most recent pieces of research that I want to call your attention to is a Coronavirus anxiety scale that was developed by Sherman Lee. It's a five-item scale. It was done quite early on during the pandemic with 775 adults who were having anxiety related to the pandemic, related to the risk of the coronavirus being -- affecting

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them and their families. And this was designed to identify dysfunctional anxiety and symptom severity.

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An 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.

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The genre responsible to the pandemic, it turns out, according to this research, is that they're all nervous system -- autonomic nervous system or sympathetic nervous system, we use that term interchangeably.

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

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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.

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And then another sympathetic nervous system symptom that's showing up is tonic immobility, which means kind of a feeling of being frozen, not knowing what to do next. Being immobile and inactive.

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And then finally, appetite loss. And appetite loss meaning just plain having knots in your stomach and not feeling like eating. And finally the fifth one, nausea and abdominal distress. These make a lot of sense to me. Common response to the pandemic is, in fact, sympathetic nervous symptoms.

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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

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a good thing, but if there's 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 know, you call out the fire engine, six fire engines for

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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, we can't -- our bodies can't sustain that.

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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.

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It's my opinion right now that we're experiencing something called adrenal burnout u our adrenal glands where adrenaline is produced is resulting in some stress burnout. We're beginning to see and I'm seeing this in many of my clients and my friends, a sense of lethargy, a sense of malaise and apathy, and increased risk-taking that

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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 would 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.

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Here's 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

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as an outlet, we tend to overdo. And that's because there's an increased sense of fear, anxiety, isolation and unmet needs. And that drives increased use.

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Loss of jobs may increase criminal behavior because people need money to obtain drugs that they're addicted to.

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There are limits on coping resources, from early developmental delay. Those who have had abusive backgrounds and who have had deprivation and are low on coping skills and coping capacity are going to need more soothing and more self-medicating.

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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.

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Many people are without the technology, so these social resources are limited, including something like being able to attend AA meetings.

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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.

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That is not -- 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 [Indiscernible] that have addictive nature.

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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 us a little bit -- raise our thoughts, and our eyes, a little bit of a

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rest. I know many people have gotten pets during this time as a way to feel better, comfort themselves, and I with say that Luther von Maxwell who was a comfort to many of my clients now is very busy being a comfort to me and my daughter who lives with me.

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Again, you can see on the edge of this picture all those little blown to smithereens pieces of the virus in my fantasy.

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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 Ross started those years and years ago, she made the book, her text, her writings, what came of those

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was it made talking about death and dying appropriate even for cocktail parties. And that was a wonderful gift from Ross. One of the things that's happened with her stages of grief is they've become misused. They really were about -- they actually were about dying, not about grieving. So we've moved away from grief theory -- grief

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stages because when we talk about stages, people think they're blind or they think there's somehow some normal grief, and that has not been substantiated by research so far.

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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 999 snit by Maggie Stroebe and Schut, they're from the Netherlands. Their stream of research has continued from that time on. And they've done some wonderful

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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

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what does attachment style have to do with the way that we grieve, 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 -- that happens to be my most favorite

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topic because I think there's a great deal about grief that has to do with what goes on in the family that has not been -- has not been studied that well.

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Here's 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 -- I had to Jerry rig it in order to get it into this presentation because my old computer's long gone.

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But take a look at this. The idea is that we move back and forth from the past -- [Indiscernible] -- and I was not thinking at all about my on the left bottom, and that has to do with not dwelling all the time with the fact that things, everything is different. Wishing

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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.

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And 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

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do with attending to life changes, doing the things that we have to do to move forward, doing new things, many new things.

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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 grieve for long. I think that fits here. We need to distract ourselves with something so that we have a little bit of a break. And you notice that on

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this side, we -- we also have denial and avoidance 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 my husband and her father's death. We go to new roles and new identities and relationships, that's not about replacing

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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 we can use this model and talk about how we move back and forth between being in the pain and

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pulling ourselves forward. I think it applies to most of these losses we've discussed this hour. And the point is, there's 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 of like the infinity sign, where both sides are important.

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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.

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My son is fond of saying, do the next right thing. When it's difficult, do the next right thing. We're sad, 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

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emotional roller coaster.

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Now, here is the summary, kind of an overview of the various things that have happened in recent years since 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.

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[Indiscernible] Kugla 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 -- [Indiscernible]

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>> Janice, can you hear me? All right. I don't know what to make of what just happened but here rewith again. Thank you for your patience.

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This is another area that is getting more and more attention. Meaning-making in bereavement, the -- that's -- that movement is -- started out with Bruner at Harvard and he came up with the term "Meaning-making." My work in the early 1990s was on family meaning-making and so I used that term and it's become quite popular.

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Bob Neimeyer, the editor of Death Studies right now is working on developing a theory of meaning-making in his institute in Portland, Oregon.

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And Wendy Lichtenthal and her coinvestigator, I believe the name is Brightbart, they're developing a care that is meaning-making based. I know Doka is part of this institute, he introduced the concept of disenfranchised grief. That's the kind of grief when what their loss has been not socially sanctioned. One of the best examples

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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.

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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 disenfranchise. People say why do you feel so bad? I mean, after all, you divorced them?

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And so that's an important one.

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Posttraumatic 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. The whole idea here is 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

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came from that experience. I have a young -- I'm -- 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 she uses the term often times for delayed grief, and

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I believe we're going to see a lot of delayed grief related to the pandemic.

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And then I wanted to bring up family. My degree is in family social science, and that is the whole idea of family-focused grief therapy. And Murrayry Vaughn 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 meaning-making work and

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research as have others on Bowen's theories that are extremely helpful in understanding grief in the multigenerational way.

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And then there's Kissane who is from Melbourne, Australia, and he's developed a model for family-centered grief, and Wendy Lichtenthal and her partner they're at Sloan ketter an cancer institute developing a meaning-making model as well.

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This picture, I like. I took 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, growing 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

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something that sustains us, that keeps us, and we thrive.

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And that's important to keep that in mind that we look for that strength that we have, that hidden strength, and maybe not always -- not always so hidden.

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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

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been classified as Homo Narrus rather than Homo Sapiens because as a species we understand our world by way of stories.

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Meaning-making is not only finding meaning and purpose in life as frankl contended in 46, in his classic book, Man's Search for Meaning, meanings that we attach to certain events 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

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virus was first identified.

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As we all [Indiscernible] 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, it's not always a positive meaning. We need to say finding meaning and purpose in

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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 postloss life.

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Meaning-making is a 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 and his work over many generations has called it -- [Indiscernible] raises the question of whether something that we experience is seen as a challenge

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or 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.

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In the medical field, one of the terms that's related to meaning-making is attribution theory, to explain the causes of behavior, especially in relation to disease and what caused it. Was it 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?

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What did I do wrong that made me have this? It's all been called, meaning-making, meaning reconstruction or construction of reality, and that one as I mentioned Bob Neimeyer being the main ones of that.

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The term meaning-making was coined originally by Jerome Bruner at Harvard and he was responsible around 1960 for starting the cognitive rev leutionz, and that was a movement away from B.F. Skinner's behaviorism where we got more into thinking in the role of thoughts and interpretations, not as much into conditioning.

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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 -- 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?

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Is it opportunity? Is it challenge?

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And it depends greatly how we -- how we define something in how we're going to react to it. And there's more and more information about that.

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As I've said before, when Bob Neimeyer 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.

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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.

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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 tenant of symbolic interaction theory is we live our life out of s symbols, and we learn those things as we live within families and communities.

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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 their parents and grandparent, and that disrupts their sense of themselves, who they are, their identity.

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Reality is constructed. This particular theory [Indiscernible] and W.I. Thomas who was [Indiscernible] he first described the Fe follow nonof self-fulfilling prophesies, 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

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or being poor readers or uncoordinated, they will, in fact, act that out in their lives and that becomes their reality.

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And, again, as I said, this thinking comes out of the University of Chicago in the '40s, W.I. Thomas, Herbert Meade, Cooley and Lopata. It has informed many of us in the grief field and helped us pay attention to meanings, and the major tenant being that we learn our life, all about life, by s symbols that arise as

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we interact with others.

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Families and communities, our beehives of meaning-making activity.

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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.

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Again, [Indiscernible] going forward, reality is constructed. And I had [Indiscernible] find situations real, they're real in their consequences and I needed to fix that and I put people in parens.

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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.

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Every day reality, now our reality is maintained by interactions with significant others; and, therefore, when the 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.

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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 the -- in a facility.

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S.I. also includes a concept called the definition of the situation, and that is the idea that the situation [Indiscernible] meaning, and in the event of a death or in the event of a pandemic, we -- 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,

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that the world is coming to an end and all those other things, that will effect the way we cope.

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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.

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Some people will say that the pandemic is God's punishment or God's will. Some people will 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 helps us to understand where those might be coming

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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.

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

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>> Janet, I apologize for interrupting. We have about 30 minutes.

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>> Professor: We have how many minutes?

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>> About 30.

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>> Nadeau: Okay. Then we're going to -- we're going to -- 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.

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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.

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You have the dates.

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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

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what seems to be recorded in the press. And these un -- these meanings can be very, very difficult.

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So the song that I found extremely useful to me, in fact, I used it -- to tell you the truth, I used it as a poem for many years, one of my musician friends said, of course you can realize that is a song that Leonard Cohen wrote. This is how it goes. Let the bells ring that still can ring. Forget your perfect offering.

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There's a crack in everything. And that is how the light gets in. We're looking for light. We're looking for the light.

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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. Hand this is my final reading that addresses that.

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It's called Inner Peace, and, again, we'll develop it more in November.

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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 troubles, 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

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blame without resentment, if you can concur 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.

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>> Thank you very much, Janice. That was a great way to end.

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>> Nadeau: I told you it might be funny.

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>> Yes. We have some questions and I'm just going to read them to you, and have you -- and you can respond to them.

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>> Nadeau: All right.

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>> Our first one is, can you provide more information on negative spirituality?

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>> Nadeau: Well, I think one of the examples that I gave that might be -- 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 -- why we have this pandemic; in that frame and with that meaning, it's very difficult to grieve if we feel punished

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or shamed or embarrassed. It's not congruent -- it isn't compatible with good grieving. It holds us back, I believe. That would be one example.

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>> Thank you. The next question is -- and we can do this -- we have a link for coping with bereavement.

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>> Nadeau: Yes.

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>> Okay. So we will get that out to people. I just wanted people to --

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>> Nadeau: To know about that, good. I was glad to see it.

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>> Yes. Do these theories, ideas or ways to cope the same for how we would work with adolescents?

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>> 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.

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I find that parents will come thinking that an adult -- 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.

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We need to know what's going on with them really, what is the loss that they're experiencing 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 the -- if it's a child, we're listening to the questions they ask, because the clue is there in the way they're

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construing what's happening.

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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

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the special adaptation that we have to have for adolescents where it's more difficult, more acting in or acting -- from trusting adults to bring all that forward. Their peers are what matters.

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>> Great. Thank you. Another question we have is can you review continuing bonds again. Unfortunately it froze up a little bit when we were in that part.

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>> Nadeau: 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

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in you; what is it that you want to bring forward? How do you carry that person forward?

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My father -- my parents have both died. My dad was incredibly curious about how everything works. He wanted to understand, he was great with machinery, a farmer in Vermont, they have to know chemistry and forest ry and everything else. What of him do I want to bring forward? He has a marvelous sense of

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humor, that would be okay. I don't want to bring it all forward. But he has a curiousness about how do things work? How does grief work, how does loss work, how do we work with people, for that matter. That's an

idea. It's wonderful to read about that, because it's healthy to weave into our lives those that we want to take forward

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that means a lot to us.

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>> And continues to have them live within us.

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>> Nadeau: Yes, yes.

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>> 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?

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>> 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

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people who have experienced losses of all kinds. But the main -- 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 they would see it

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some other way, a validation for the fact that [Indiscernible] shouldn't have happened. We can see when we see the data. When someone is exposed to COVID and they shouldn't have been. Someone did something very careless and resulted in the person's death, we have a -- we have a big wedding here in Minnesota that is doing just exactly

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that. And it's made national news. That's -- I've seen people where they've said the ventilator was turned off too early, they were really not gone, they aren't wl dead. And so you have to embrace that meaning as

the person's reality and not try to fix it, not blame them, but lem them to have a safe place to talk about that and have

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it accepted and not adjusted or -- people will get too 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 have experienced a death that shouldn't have happened, for example. And that's the part about

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finding meaning and purpose in life, if you can fish something out of that that can help others. That's how we have mothers against drunk driving, right, for example. Deaths that shouldn't have happened.

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>> 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?

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>> Nadeau: Ann, I missed about a phrase or two of the middle of that sentence.

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>> Okay. Well, let me start over.

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>> Nadeau: Please.

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>> 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?

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>> Nadeau: Ah. Not being an expert on Native American care giving, 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 Ann, Hooge, and if you look that up in the literature,

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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 they're

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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 of [Indiscernible] enact or express what that main is like. Words are not the answer to everything. You know, one of the things that we're fond of saying, I think it's a Chinese Proverb,

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that says talk does not cook rice. And so talk is not the answer to everything, even though we -- you know, us folks in our culture right now seem to use it for the main treatment.

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>> Excellent. Thank you. We just have a couple more questions, but... we have someone who is responding to the last question and says that she is a native and works in native country that you're assumptions might be misinterpreted, so she has some great resources, so we will try and get those and put them out there for people.

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>> Nadeau: Get those. Good. Good.

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>> The next question is, can you discuss the implications of those who use meditation as a form of avoidance or dissociation and how can we assist in these cases?

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>> Nadeau: Well, you know, while meditation doesn't necessarily come under religious -- 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

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the idea of it is 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.

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But the focus is not on others, it's on that internal -- 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

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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 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 the

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most -- it is the method that is gaining more and more and more -- Vandercoke who is one of our original experts on trauma, that's what he's teaching. Meditation. Self-soothing so we get ourselves strong and on our feet so that we can function, and many other things as well.

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>> Thank you. We have a question that, what is your recommendation on supporting individuals or families who have an immediate family member with a terminal illness such as cancer?

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>> Nadeau: That's a wonderful question. And I should have recognized the other questions, they've all been really thoughtful and good.

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Here's a very important point: There are some writings that are about anticipatory grief or anticipatory mourning or grieving ahead, and what I've found in both of these areas, because I've done a lot of that kind of nursing before I became a psychologist that we miss the boat. If we don't identify losses as they occur, the first

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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 a 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 can go on and on.

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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.

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The grief begins as soon as there's symptoms. Then there's a diagnosis. Right at the point there's a terminal diagnosis, that person has lost their future. They've lost their dreams and expectations, they've lost their as sumptive world. Clearly the world is not going to be for me the way I thought it would be. That's why it's

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important to pay attention to that loss of the assumptive world. This is not how I dreamed it. You know, how many of us say, you know, I'd like to have 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.

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I'd like to grow old with my partner and 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.

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>> Excellent. Thank you.

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>> Nadeau: Yes.

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>> We have a question, I'm really interested about meaning-making in relationship to racism and overuse of the police force.

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>> Nadeau: Ah.

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>> How do we collectively move on from this kind of grief healing forward when we experience different realities and different meaning differently?

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>> 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

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meanings, the way they see things. And I say "They" because clearly I'm white and I'm this wage and a Vermonter, besides, which is really dangerous, but -- but -- but I've learned more in this episode with all -- 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

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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 to what's going on, why is it -- what's behind it? What's the experience been that is not ours? And their's is not ours. Back and forth. And I don't see them as equal. We haven't been listening to

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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.

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But if I'm typical, then there are some thinking people that 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, and their experience of it, not the people who are protesting. That's who we need

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to hear from. My opinion, again.

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>> 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 retriggerred trauma?

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>> Nadeau: You checked out there right after the word "Venting."

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>> Okay. I am going to paraphrase.

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>> Nadeau: Okay.

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>> When does venting or does venting retrigger trauma?

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>> Nadeau: That's a good one. People, you've got some wonderful people in the audience today. Good thinkers. Good thinkers.

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You know, I think -- usually what happens is people don't -- 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 of what it was about when their child was taken away from them.

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

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However, some of us, the way we're put together, we have -- we have that kind of -- we get on a note and we go around and around and around on the same -- and I listen for that, when -- in my clients. We could call it rumination, we could call it any number of things clinically, but the point being unless -- [Indiscernible] -- have their story

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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 transing

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themselves negatively, so they're on a negative -- sometimes we call it monkey mind, the Buddhists call it monkey mind. You get on a thought and it was terrible and awful, and then this, and that wasn't right. And so on. I would call it a litany and people get stuck on that.

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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 are -- who happen to be attachment, if their attachment is a dependent kind of attachment, insecure, dependent,

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they're more likely to do that kind o 00:01:48.000 --> 00:02:07.000

>> Kurtz: 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. Hi, everybody, and welcome. My name is Lou Kurtz,

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I'm the codirector 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

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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.

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Before we get started, I need to go over a few housekeeping items. We've made every at make today's presentation secure. If we need to end the presentation unexpectedly we'll follow up using your registration. If you have a question for the presenters, please use the Q & A pod. If you have a comment

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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 e-mail following the presentation on how to access a certificate of attendance. This event is captioned. To view captions, click the arrow beside the "CC"

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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.

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And if you don't already, please follow us on social media and stay in touch with us.

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We just released a series of FAQ 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 MHTCC events and resources.

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We want to recognize today that participating in this and our other sessions may activate your own grief and feelings of loss. As mental healthcare 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,

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or whatever helps you in staying centered and grounded.

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If needed, here are links to help lines and hotlines. These are also listed on the learning institute website.

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Our SAMHSA funded MHTTC network focuses on technology transfer, which means the adoption and implementation of evidence-based practice for mental health across the U.S. and territories. We develop and disseminate resources and provide free, local and regional training and technical assistance for the mental health workforce.

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[Indiscernible] displaying the centers that make up the MHTCC network. We have 10 regional centers, a national American Indian and Alaskan native, 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

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in your region. And 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 MHTCC network under a cooperative agreement of the substance abuse and mental health association also known as SAMHSA. The opinions expressed in the presentation

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are the views of the speakers and do not reflect the view of department of human health services or SAMHSA.

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Let's get started. Once again, our presentation today is understanding loss and grief in these uncertain times.

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And today's presenter is Dr. Janice Nadeau, she's 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 is 1998. Dr. Nadeau

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has served on the association for deaf education and counseling, advanced grief therapy for six years. She's been in private practice since 1994. So it's all yours, Janis.

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>> Nadeau: Okay. I still have pictures of folks on the right-hand side of my screen.

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>> We can see your first slide, Janis, so we're good to go.

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>> Nadeau: Okay. And I can see your faces still.

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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's a man standing there, as you can see. And since I was with a lot of people who

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specialized in grief, you can only imagine what they thought that man might do. Quielt 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.

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I just have clicked my slide and it's not moving.

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>> The bottom left, did you see there were some irrows down there, is that where you're clicking?

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>> Nadeau: No, I was clicking on my expeuter, actually.

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>> See if that works.

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>> Nadeau: I still have pictures on the slide, so I cannot see my complete slide.

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>> What -- let me see.

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>> Nadeau: Okay. I clicked you off, or you did. Thank you. 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 thanentology, and

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that's the study of death, dying and bereavement. It's a credential that's given by the ADAC, the association of death and counseling.

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I wanted you to notice the slide I checked. And I have a fantasy that that's the -- that is the virus on the edges that we've blown -- [Indiscernible] -- we would like to do. So here is the person I want you to meet. This is Luther von Maxwell. He's my cotherapist. And unfortunately, we're no longer in the office. So he's unemployed

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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 cats instead of being a good therapy dog.

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My main contribution to this field, I wanted to say a little bit about it. I also wanted to mention and honor my academic adviser, Paul Rosenblat at the University of Min so tavment 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 bown daition I ways understanding

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grief and loss. My dissertation that I did in the '80s was one -- won a dissertation contest that was sponsored by the Sage Publishing, and also the national council on family relations. I sent it in, just on a whim, and it turned out that it won and that led to the publication of my book Families Making Sense of Death.

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And that catapulted me onto the international scene, leading me 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.

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It's been a wonderful, wonderful experience.

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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.

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Recently, bob Neimeyer, Robert Neimeyer, who's the editor of Death Studies is referred to my book as a classic book, and I took that as a classic compliment.

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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 doxi.me, these are the things

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that have been standing out for me. I'll hit them briefly and 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 lesson background.

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I find that when I have structure, the work of Peter Steinglass and Alcoholic Families taught us years ago, that if we can keep the structure of our lives, no matter how much chaos there is, we're more resilient. I've encouraged to keep their schedule, make up one, even if you don't have to keep it to be on work on time. Focus on stabilization.

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Anything we can do to keep our life stable the way it was preCOVID. I've found quite good success in [Indiscernible], they tap into inside of them that would help them now and to remember that part of themselves that was strong in those other situations is also strong right now.

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And to use that to get through this difficult time. And then finally, this word "Salvage" might 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 sunrise or flowers or a child's laughter, whatever we can save in this difficult time, we need

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to be focused on it.

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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. Here's what I want to say. We're facing a tsunami of loss as deaths and nondeath losses inundate us in the people who we all are

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attempting to help. Overall we must cope with many of the same losses ourselves and be strong enough, caring enough to do what needs to be done.

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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.

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Here's a couple of 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.

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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.

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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.

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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.

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

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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.

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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.

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We have loss 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 when we -- in their times of health.

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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. All the losses -- let's say the thumb will represent all the losses that we experienced before

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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

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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 -- 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 they're many,

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many of them. A woman named Janoo-Bulman many years ago used the description "Aas sumptive world" 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.

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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,

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people are trying to get married, all of the markers that come along. Loss of control, the sense of powerlessness of the individual, our individual power. Camus was the first to describe that in the plague.

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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.

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Loss of financial security, loss of our recreation, what we're accustomed to doing. How we're -- ordinary playing and having pleasure, many of those things have been disrupted.

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We've lost social connections, at least in person. And many, many of our social activities.

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We've lost a sense of safety. Many of us a sense of identity because we -- 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

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depending on many things. I wanted to stress this slide. It's not got many words, but it's important. Some say we're all in this together, but are we? I do not think we're 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

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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 circumstabses of the most endangered. For those of us who have

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resources, things are difficult for us, but they don't hold a candle for the way they are for people that don't have those resources.

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Here's a wonderful word, a German word, it covers a particular kind of loss, and I've heard this talked about more by my elderly clients and elderly friends. German Welt 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 we have of how much

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is wrong, how many people around the world are suffering in many, many different kinds of ways. And I think Welt Schmerz is a word we need to keep in mind and recognize for what it is, another way that we're all experiencing loss.

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What we have going on for ourselves right now is -- can create trauma. David Grand, who was the developer of Brain--Spotting and a very skilled EMDR 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's a wonderful

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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 of our people that we're working with and perhaps ourselves have had childhood trauma, but any time there are these three things present, trauma

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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 grieving. Often times the grieving comes later. So many of us are busy just making sure -- keeping safe. And so grief is delayed, at least delayed, and you've heard about

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that from Katherine Sheer this morning.

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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.

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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.

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One of the most recent pieces of research that I want to call your attention to is a Coronavirus anxiety scale that was developed by Sherman Lee. It's a five-item scale. It was done quite early on during the pandemic with 775 adults who were having anxiety related to the pandemic, related to the risk of the coronavirus being -- affecting

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them and their families. And this was designed to identify dysfunctional anxiety and symptom severity.

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An 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.

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The genre responsible to the pandemic, it turns out, according to this research, is that they're all nervous system -- autonomic nervous system or sympathetic nervous system, we use that term interchangeably.

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

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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.

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And then another sympathetic nervous system symptom that's showing up is tonic immobility, which means kind of a feeling of being frozen, not knowing what to do next. Being immobile and inactive.

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And then finally, appetite loss. And appetite loss meaning just plain having knots in your stomach and not feeling like eating. And finally the fifth one, nausea and abdominal distress. These make a lot of sense to me. Common response to the pandemic is, in fact, sympathetic nervous symptoms.

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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

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a good thing, but if there's 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 know, you call out the fire engine, six fire engines for

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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, we can't -- our bodies can't sustain that.

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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.

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It's my opinion right now that we're experiencing something called adrenal burnout u our adrenal glands where adrenaline is produced is resulting in some stress burnout. We're beginning to see and I'm seeing this in many of my clients and my friends, a sense of lethargy, a sense of malaise and apathy, and increased risk-taking that

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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 would 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.

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Here's 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

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as an outlet, we tend to overdo. And that's because there's an increased sense of fear, anxiety, isolation and unmet needs. And that drives increased use.

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Loss of jobs may increase criminal behavior because people need money to obtain drugs that they're addicted to.

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There are limits on coping resources, from early developmental delay. Those who have had abusive backgrounds and who have had deprivation and are low on coping skills and coping capacity are going to need more soothing and more self-medicating.

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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.

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Many people are without the technology, so these social resources are limited, including something like being able to attend AA meetings.

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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.

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That is not -- 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 [Indiscernible] that have addictive nature.

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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 us a little bit -- raise our thoughts, and our eyes, a little bit of a

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rest. I know many people have gotten pets during this time as a way to feel better, comfort themselves, and I with say that Luther von Maxwell who was a comfort to many of my clients now is very busy being a comfort to me and my daughter who lives with me.

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Again, you can see on the edge of this picture all those little blown to smithereens pieces of the virus in my fantasy.

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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 Ross started those years and years ago, she made the book, her text, her writings, what came of those

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was it made talking about death and dying appropriate even for cocktail parties. And that was a wonderful gift from Ross. One of the things that's happened with her stages of grief is they've become misused. They really were about -- they actually were about dying, not about grieving. So we've moved away from grief theory -- grief

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stages because when we talk about stages, people think they're blind or they think there's somehow some normal grief, and that has not been substantiated by research so far.

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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 999 snit by Maggie Stroebe and Schut, they're from the Netherlands. Their stream of research has continued from that time on. And they've done some wonderful

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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

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what does attachment style have to do with the way that we grieve, 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 -- that happens to be my most favorite

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topic because I think there's a great deal about grief that has to do with what goes on in the family that has not been -- has not been studied that well.

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Here's 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 -- I had to Jerry rig it in order to get it into this presentation because my old computer's long gone.

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But take a look at this. The idea is that we move back and forth from the past -- [Indiscernible] -- and I was not thinking at all about my on the left bottom, and that has to do with not dwelling all the time with the fact that things, everything is different. Wishing

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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.

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And 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

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do with attending to life changes, doing the things that we have to do to move forward, doing new things, many new things.

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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 grieve for long. I think that fits here. We need to distract ourselves with something so that we have a little bit of a break. And you notice that on

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this side, we -- we also have denial and avoidance 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 my husband and her father's death. We go to new roles and new identities and relationships, that's not about replacing

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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 we can use this model and talk about how we move back and forth between being in the pain and

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pulling ourselves forward. I think it applies to most of these losses we've discussed this hour. And the point is, there's 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 of like the infinity sign, where both sides are important.

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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.

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My son is fond of saying, do the next right thing. When it's difficult, do the next right thing. We're sad, 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

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emotional roller coaster.

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Now, here is the summary, kind of an overview of the various things that have happened in recent years since 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.

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[Indiscernible] Kugla 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 -- [Indiscernible]

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>> Janice, can you hear me? All right. I don't know what to make of what just happened but here rewith again. Thank you for your patience.

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This is another area that is getting more and more attention. Meaning-making in bereavement, the -- that's -- that movement is -- started out with Bruner at Harvard and he came up with the term "Meaning-making." My work in the early 1990s was on family meaning-making and so I used that term and it's become quite popular.

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Bob Neimeyer, the editor of Death Studies right now is working on developing a theory of meaning-making in his institute in Portland, Oregon.

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And Wendy Lichtenthal and her coinvestigator, I believe the name is Brightbart, they're developing a care that is meaning-making based. I know Doka is part of this institute, he introduced the concept of disenfranchised grief. That's the kind of grief when what their loss has been not socially sanctioned. One of the best examples

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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.

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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 disenfranchise. People say why do you feel so bad? I mean, after all, you divorced them?

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And so that's an important one.

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Posttraumatic 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. The whole idea here is 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

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came from that experience. I have a young -- I'm -- 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 she uses the term often times for delayed grief, and

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I believe we're going to see a lot of delayed grief related to the pandemic.

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And then I wanted to bring up family. My degree is in family social science, and that is the whole idea of family-focused grief therapy. And Murrayry Vaughn 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 meaning-making work and

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research as have others on Bowen's theories that are extremely helpful in understanding grief in the multigenerational way.

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And then there's Kissane who is from Melbourne, Australia, and he's developed a model for family-centered grief, and Wendy Lichtenthal and her partner they're at Sloan ketter an cancer institute developing a meaning-making model as well.

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This picture, I like. I took 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, growing 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

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something that sustains us, that keeps us, and we thrive.

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And that's important to keep that in mind that we look for that strength that we have, that hidden strength, and maybe not always -- not always so hidden.

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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

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been classified as Homo Narrus rather than Homo Sapiens because as a species we understand our world by way of stories.

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Meaning-making is not only finding meaning and purpose in life as frankl contended in 46, in his classic book, Man's Search for Meaning, meanings that we attach to certain events 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

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virus was first identified.

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As we all [Indiscernible] 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, it's not always a positive meaning. We need to say finding meaning and purpose in

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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 postloss life.

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Meaning-making is a 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 and his work over many generations has called it -- [Indiscernible] raises the question of whether something that we experience is seen as a challenge

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or 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.

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In the medical field, one of the terms that's related to meaning-making is attribution theory, to explain the causes of behavior, especially in relation to disease and what caused it. Was it 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?

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What did I do wrong that made me have this? It's all been called, meaning-making, meaning reconstruction or construction of reality, and that one as I mentioned Bob Neimeyer being the main ones of that.

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The term meaning-making was coined originally by Jerome Bruner at Harvard and he was responsible around 1960 for starting the cognitive rev leutionz, and that was a movement away from B.F. Skinner's behaviorism where we got more into thinking in the role of thoughts and interpretations, not as much into conditioning.

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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 -- 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?

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Is it opportunity? Is it challenge?

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And it depends greatly how we -- how we define something in how we're going to react to it. And there's more and more information about that.

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As I've said before, when Bob Neimeyer 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.

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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.

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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 tenant of symbolic interaction theory is we live our life out of s symbols, and we learn those things as we live within families and communities.

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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 their parents and grandparent, and that disrupts their sense of themselves, who they are, their identity.

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Reality is constructed. This particular theory [Indiscernible] and W.I. Thomas who was [Indiscernible] he first described the Fe follow nonof self-fulfilling prophesies, 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

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or being poor readers or uncoordinated, they will, in fact, act that out in their lives and that becomes their reality.

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And, again, as I said, this thinking comes out of the University of Chicago in the '40s, W.I. Thomas, Herbert Meade, Cooley and Lopata. It has informed many of us in the grief field and helped us pay attention to meanings, and the major tenant being that we learn our life, all about life, by s symbols that arise as

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we interact with others.

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Families and communities, our beehives of meaning-making activity.

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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.

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Again, [Indiscernible] going forward, reality is constructed. And I had [Indiscernible] find situations real, they're real in their consequences and I needed to fix that and I put people in parens.

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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.

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Every day reality, now our reality is maintained by interactions with significant others; and, therefore, when the 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.

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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 the -- in a facility.

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S.I. also includes a concept called the definition of the situation, and that is the idea that the situation [Indiscernible] meaning, and in the event of a death or in the event of a pandemic, we -- 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,

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that the world is coming to an end and all those other things, that will effect the way we cope.

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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.

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Some people will say that the pandemic is God's punishment or God's will. Some people will 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 helps us to understand where those might be coming

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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.

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

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>> Janet, I apologize for interrupting. We have about 30 minutes.

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>> Professor: We have how many minutes?

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>> About 30.

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>> Nadeau: Okay. Then we're going to -- we're going to -- 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.

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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.

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You have the dates.

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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

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what seems to be recorded in the press. And these un -- these meanings can be very, very difficult.

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So the song that I found extremely useful to me, in fact, I used it -- to tell you the truth, I used it as a poem for many years, one of my musician friends said, of course you can realize that is a song that Leonard Cohen wrote. This is how it goes. Let the bells ring that still can ring. Forget your perfect offering.

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There's a crack in everything. And that is how the light gets in. We're looking for light. We're looking for the light.

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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. Hand this is my final reading that addresses that.

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It's called Inner Peace, and, again, we'll develop it more in November.

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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 troubles, 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

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blame without resentment, if you can concur 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.

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>> Thank you very much, Janice. That was a great way to end.

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>> Nadeau: I told you it might be funny.

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>> Yes. We have some questions and I'm just going to read them to you, and have you -- and you can respond to them.

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>> Nadeau: All right.

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>> Our first one is, can you provide more information on negative spirituality?

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>> Nadeau: Well, I think one of the examples that I gave that might be -- 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 -- why we have this pandemic; in that frame and with that meaning, it's very difficult to grieve if we feel punished

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or shamed or embarrassed. It's not congruent -- it isn't compatible with good grieving. It holds us back, I believe. That would be one example.

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>> Thank you. The next question is -- and we can do this -- we have a link for coping with bereavement.

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>> Nadeau: Yes.

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>> Okay. So we will get that out to people. I just wanted people to --

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>> Nadeau: To know about that, good. I was glad to see it.

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>> Yes. Do these theories, ideas or ways to cope the same for how we would work with adolescents?

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>> 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.

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I find that parents will come thinking that an adult -- 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.

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We need to know what's going on with them really, what is the loss that they're experiencing 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 the -- if it's a child, we're listening to the questions they ask, because the clue is there in the way they're

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construing what's happening.

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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

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the special adaptation that we have to have for adolescents where it's more difficult, more acting in or acting -- from trusting adults to bring all that forward. Their peers are what matters.

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>> Great. Thank you. Another question we have is can you review continuing bonds again. Unfortunately it froze up a little bit when we were in that part.

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>> Nadeau: 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

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in you; what is it that you want to bring forward? How do you carry that person forward?

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My father -- my parents have both died. My dad was incredibly curious about how everything works. He wanted to understand, he was great with machinery, a farmer in Vermont, they have to know chemistry and forest ry and everything else. What of him do I want to bring forward? He has a marvelous sense of

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humor, that would be okay. I don't want to bring it all forward. But he has a curiousness about how do things work? How does grief work, how does loss work, how do we work with people, for that matter. That's an

idea. It's wonderful to read about that, because it's healthy to weave into our lives those that we want to take forward

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that means a lot to us.

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>> And continues to have them live within us.

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>> Nadeau: Yes, yes.

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>> 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?

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>> 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

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people who have experienced losses of all kinds. But the main -- 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 they would see it

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some other way, a validation for the fact that [Indiscernible] shouldn't have happened. We can see when we see the data. When someone is exposed to COVID and they shouldn't have been. Someone did something very careless and resulted in the person's death, we have a -- we have a big wedding here in Minnesota that is doing just exactly

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that. And it's made national news. That's -- I've seen people where they've said the ventilator was turned off too early, they were really not gone, they aren't wl dead. And so you have to embrace that meaning as

the person's reality and not try to fix it, not blame them, but lem them to have a safe place to talk about that and have

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it accepted and not adjusted or -- people will get too 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 have experienced a death that shouldn't have happened, for example. And that's the part about

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finding meaning and purpose in life, if you can fish something out of that that can help others. That's how we have mothers against drunk driving, right, for example. Deaths that shouldn't have happened.

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>> 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?

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>> Nadeau: Ann, I missed about a phrase or two of the middle of that sentence.

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>> Okay. Well, let me start over.

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>> Nadeau: Please.

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>> 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?

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>> Nadeau: Ah. Not being an expert on Native American care giving, 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 Ann, Hooge, and if you look that up in the literature,

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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 they're

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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 of [Indiscernible] enact or express what that main is like. Words are not the answer to everything. You know, one of the things that we're fond of saying, I think it's a Chinese Proverb,

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that says talk does not cook rice. And so talk is not the answer to everything, even though we -- you know, us folks in our culture right now seem to use it for the main treatment.

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>> Excellent. Thank you. We just have a couple more questions, but... we have someone who is responding to the last question and says that she is a native and works in native country that you're assumptions might be misinterpreted, so she has some great resources, so we will try and get those and put them out there for people.

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>> Nadeau: Get those. Good. Good.

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>> The next question is, can you discuss the implications of those who use meditation as a form of avoidance or dissociation and how can we assist in these cases?

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>> Nadeau: Well, you know, while meditation doesn't necessarily come under religious -- 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

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the idea of it is 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.

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But the focus is not on others, it's on that internal -- 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

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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 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 the

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most -- it is the method that is gaining more and more and more -- Vandercoke who is one of our original experts on trauma, that's what he's teaching. Meditation. Self-soothing so we get ourselves strong and on our feet so that we can function, and many other things as well.

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>> Thank you. We have a question that, what is your recommendation on supporting individuals or families who have an immediate family member with a terminal illness such as cancer?

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>> Nadeau: That's a wonderful question. And I should have recognized the other questions, they've all been really thoughtful and good.

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Here's a very important point: There are some writings that are about anticipatory grief or anticipatory mourning or grieving ahead, and what I've found in both of these areas, because I've done a lot of that kind of nursing before I became a psychologist that we miss the boat. If we don't identify losses as they occur, the first

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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 a 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 can go on and on.

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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.

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The grief begins as soon as there's symptoms. Then there's a diagnosis. Right at the point there's a terminal diagnosis, that person has lost their future. They've lost their dreams and expectations, they've lost their as sumptive world. Clearly the world is not going to be for me the way I thought it would be. That's why it's

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important to pay attention to that loss of the assumptive world. This is not how I dreamed it. You know, how many of us say, you know, I'd like to have 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.

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I'd like to grow old with my partner and 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.

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>> Excellent. Thank you.

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>> Nadeau: Yes.

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>> We have a question, I'm really interested about meaning-making in relationship to racism and overuse of the police force.

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>> Nadeau: Ah.

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>> How do we collectively move on from this kind of grief healing forward when we experience different realities and different meaning differently?

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>> 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

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meanings, the way they see things. And I say "They" because clearly I'm white and I'm this wage and a Vermonter, besides, which is really dangerous, but -- but -- but I've learned more in this episode with all -- 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

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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 to what's going on, why is it -- what's behind it? What's the experience been that is not ours? And their's is not ours. Back and forth. And I don't see them as equal. We haven't been listening to

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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.

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But if I'm typical, then there are some thinking people that 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, and their experience of it, not the people who are protesting. That's who we need

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to hear from. My opinion, again.

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>> 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 retriggerred trauma?

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>> Nadeau: You checked out there right after the word "Venting."

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>> Okay. I am going to paraphrase.

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>> Nadeau: Okay.

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>> When does venting or does venting retrigger trauma?

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>> Nadeau: That's a good one. People, you've got some wonderful people in the audience today. Good thinkers. Good thinkers.

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You know, I think -- usually what happens is people don't -- 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 of what it was about when their child was taken away from them.

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

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However, some of us, the way we're put together, we have -- we have that kind of -- we get on a note and we go around and around and around on the same -- and I listen for that, when -- in my clients. We could call it rumination, we could call it any number of things clinically, but the point being unless -- [Indiscernible] -- have their story

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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 transing

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themselves negatively, so they're on a negative -- sometimes we call it monkey mind, the Buddhists call it monkey mind. You get on a thought and it was terrible and awful, and then this, and that wasn't right. And so on. I would call it a litany and people get stuck on that.

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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 are -- who happen to be attachment, if their attachment is a dependent kind of attachment, insecure, dependent,

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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 was how do you treat people differently if they're insecurely attached dependent or insecurely attached avoidant. Those take very different approves. And the dependent

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ones are more likely to be stuck in the past and not be able to move forward.

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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.

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>> I just have -- we had 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 were looking for some tips on healing practices, which I know that you're going to cover in the November presentation.

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>> Nadeau: Yes.

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>> So --

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>> Nadeau: Yes, we will. 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.

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>> I 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.

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>> Nadeau: Thank you.

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>> 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 intervention. So thank you.

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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 will go in about three or four minutes, but, please, that's how we report

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back to SAMHSA on how you viewed this presentation today.

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So please go ahead and do that. The other Inc. th 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,

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