Bruce Peninsula Hospice Newsletter

June, 2004

I Wish You Enough

Recently, I overheard a Mother and daughter in their last moments together at a regional airport. They had announced her departure and standing near the security gate, they hugged and she said, "I love you. I wish you enough. "

She in turn said, "Mom, our life together has been more than enough. Your love is all I ever needed. I wish you enough, too, Mom." They kissed and she left.

She walked over toward the window where I was seated. Standing there, I could see she wanted and needed to cry. I tried not to intrude on her privacy, but she welcomed me in by asking, "Did you ever say good-bye to someone knowing it would be forever?"

"Yes, I have," I replied.

"Forgive me for asking, but why is this a forever good-bye?" I asked.

"I am old and she lives much too far away. I have challenges ahead and the reality is, the next trip back will be for my funeral," she said.

"When you were saying good-bye I heard you say, 'I wish you enough.' May I ask what that means?"

She began to smile. "That's a wish that has been handed down from other generations. My parents used to say it to everyone."

She paused for a moment and looked up as if trying to remember it in detail, she smiled even more.

"When we said 'I wish you enough,' we were wanting the other person to have a life filled with just enough good things to sustain them," she continued.

Then, turning toward me, she shared the following as if she were reciting it from memory.

I wish you enough sun to keep your attitude bright.
I wish you enough rain to appreciate the sun more.
I wish you enough happiness to keep your spirit alive.
I wish you enough pain so that the smallest joys in life appear much bigger.
I wish you enough gain to satisfy your wanting.
I wish you enough loss to appreciate all that you possess.
I wish you enough hellos to get you through the final good-bye.

She then began to quietly cry again and walked away.

They say "It takes a minute to find a special person, an hour to appreciate them, a day to love them, but then an entire life to forget them."

Take the time to live. My friends and loved ones, I wish you **enough**!

— Author Unknown

This is Your Newsletter

Reader input is **needed** to make our newsletter newsworthy and fun. Send your items to our editor, Donna Baker, 95 Moore St., RR 3, Lion's Head, N0H 1W0.

You can also E-mail Donna at **dbaker@amtelecom.net**

Deadlines for future issues are September 3, 2004 for September 15 publishing; January 7, 2005 for January 19 publishing; and May 5, 2005 for May 17 publishing.

May 1st Spring Workshop

United Church Hall in Lion's Head

First of all, thanks to Kathy Peacock for organizing a very successful day and thanks also to all volunteers who provided extra treats, set up and cleared up. Many hands make light work.

In the morning, after registration and a warm welcome by Kathy Peacock, a panel of five church leaders took turns to tell us about their respective faiths and rites of passage. Others of different faiths/non faiths were invited but were unable to participate.

Father Ed Wagner, who is hospital chaplain for Lion's Head and Wiarton hospitals, explained that the death rituals among Anglicans will vary depending on historic rituals. Much depends on the parish minister. These days, it is not unusual to have pre-death prayers where the priest prays from the prayer book in the presence of the patient and his/her family. After death, he will sometimes accompany the family to the funeral home. The more common of the two funeral services is to include the Eucharist with communion and anointing. In all cases the priest commends the body to its resting place, consecrating the soil in which the remains are buried. As hospital chaplains and Christians, he and Angela Schmidt are open to a variety of spirituality and minister to patients when called upon to do so.

Brian Minielly told us that in the Baha'i faith, the focus is on the life lived - on the spiritual welfare of the deceased as well as survivors. He suggested that hospice workers, find the patient's prayer book and read the desired passages to them. There are specific prayers for the dead and rituals around preparation of the body for burial. The Baha'i Assembly should be contacted for more information.

Al Leeder from the Community of Christ Church said that hospice brings presence. He feels that there is no greater gift than one's presence at the bedside of a dying person - not *(Continued on Page 2)*

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saying or doing, just being there. Loving care and concern gives great healing of the spirit and comfort. In his faith there would be prayers for the medical care givers, the patient and family and emotional stories. When death comes, the focus changes to the survivors with prayers of assurance, the helping with arrangements, etc.

Norma Robson, representing Native culture, considers herself a lay minister who needs a garden, not a stone altar for her prayers and worship. She says laughter is the greatest medicine. Life is never over until it's over. Death is like birth: it cannot be stopped. Prayer is powerful and her culture uses prayer circles. We do need each other in our journey alone and she is looking for the day when people of Canada can have a spiritual balance.

Father Frank McGee from the Roman Catholic faith told us that the rites of dying in his faith have gone through an evolution and are being updated. There is a sacrament for the anointing of the sick which is followed by communion. When a person is close to death or in danger of death, "the last rites" used to be performed by a priest, but that term and those prayers are no longer used. It is now done as 'Prayers for the Sick' or 'Prayers for Healing' … which does not necessarily mean cure, but a different type of healing.

After lunch, Norma Robson, showed the group her 'Miracle' - a yoga type exercise which relaxed and energized us for the afternoon session. This was followed by **Healing Conversations** led by Angela Schmidt, chaplain for Owen Sound hospital. They broke participants into several small groups for discussion.

Reacting to someone's need for comfort takes a special commitment:

"Taking time to pause and reflect allows us to stop judging, stop reacting, and get curious. It allows us to tap in to compassion at the very moment when, if we didn't pause, we might find ourselves saying something we'd later regret. There's a sense of timing in offering comfort. When the timing is right, the doors can open; when the timing is off, it may be a long time before they will open again. Pausing gives us the clues to determine whether or not this is a good time to offer support. Pausing is just like putting the clutch in when you are driving a car with a stick shift: it lets you slow down just enough to engage the gears before you speed up. The art of speaking is not just knowing the right thing to say at the right time but also not saying the wrong thing at the tempting time. When we can pause even briefly, to tune in to another person's often unspoken needs, it helps us tune out the internal conversations that may drive us to move too quickly into action."

Topics discussed were: Being a friend, not a hero; showing up even when it is awkward; being a helpful resource; taking the initiative; being compassionate; offering comfort; being in touch with our own feelings; being there for the long haul; listening; and pausing.

Bereavement Walks

April 16, 23, 30 and May 7 & 14, 2004

The Bruce Peninsula Hospice ran a 5-week series of walks beginning on Friday, April 16 and finishing May 14. We met at Central United Church Hall in Lion's Head from 10 to 12 noon.

Our time together began with a walk along sidewalks and quiet streets in town then continued with refreshments and a time of sharing, including some videos on grief, at the church hall.

Hospice volunteers were on hand to answer questions or make referrals to the total of eight participants and five volunteers. Thanks to all who participated to make this series a success. Please watch the papers, as there are plans to hold a series in each of Tobermory and Wiarton in the fall of 2004 then back to Lion's Head next spring.

Hike for Hospice

Hike for Hospice was held at Harrison Park in Owen Sound on May 2. Although our Peninsula Hospice decided not to participate this year because of the short notice and time for 'getting the word out' a couple of people from the Peninsula did get some pledges for their walk. Please thank these people for their support if you know who they are.

A Big Thank You to Bev Ker

Thanks so much Bev, for opening your home again this year for our **June Pot Luck**. We appreciate this gesture.

Memories of Minerva

Minerva Lees was one of the original volunteers, who assisted with the promotion and organization of what we all now know as "The Bruce Peninsula Hospice."

Altho' Minerva grew up on the northern Bruce Peninsula, she spent a few years in the southern part of the province to complete her training as a "Registered Nurse."

After her marriage to Glen (who was in the service of his country), Minerva travelled extensively … but in retirement came back to reside in Tobermory. Minerva loved the "Bruce" and I recall her speaking of long walks, riding her bike, swimming in the waters of Georgian Bay and Lake Huron (before and after most of us shuddered at the thought of those cold waters!)

Minerva understood the true meaning of **hospice** and she gave of her skills, expertise and time to assist client and their families … and was one of the dedicated group who mentored many of us as we joined the organization.

Minerva was a member of the Steering committee and a Founding Member of the Board of Directors of the Bruce Peninsula Hospice. She took on the responsibility of area-coordinator, and for many years coordinated and monitored the Hospice volunteers in Tobermory and surrounding areas.

We will all have our "special memories" of this wonderful lady … my fondest memory, is of her helping with the preparation of one of our pot luck suppers … dancing about in my kitchen, holding a tray of her scones above her head!!!

Minerva's scones or tea biscuits were "**the best ever!**"

We will miss her … but we are all better for having known her!

— Marge Farrell

We will miss you Kathy

Yes, Kathy Peacock is returning to her beloved New Zealand in the fall, and taking Ken with her, too! Of course she is very happy to be going home to her children and grandchildren but sad, too, at leaving her Canadian friends. Those of us who have gotten to know Kathy are going to miss her big time!

She is dedicated to hospice work and works very hard to get a job done. She has served us well on both the PCCCC and as Chair of the Volunteer Committee. The good news is that she will be working with hospice back home where she first became involved.

On behalf of all the hospice volunteers here on the Peninsula, I bid Kathy and Ken bon voyage and much happiness 'down under.' Maybe from time to time, one of us will call on you!!

We wish you enough.

Marge says: "Hats Off!"

I just received a publication from the Brant Community Health Care Systems. Since I spent many hours with relatives at their Hospice in Paris, I found it to be very interesting. The cover page was entitled **Hats Off!** mentioning some of the staff, who had over achieved during the past few months and giving encouragement to those involved with the hospice volunteer accreditation process.

I would like to say "**Hats Off!**" to all of our hospice volunteers here in Bruce Peninsula. You have, as a group and as individuals, achieved a high standard of professionalism and provided compassionate care to our clients and their families — *sometimes under stress and time restrictions*.

Our May 1st workshop was a tremendous success with 33 attendees — some from other areas of Grey/Bruce. Special thank you to Kathy Peacock and her supportive volunteers who gave their energy and organizational skill to make the day such a success.

Donna Baker is doing a super job of promotion as our communication chair and as the coordinator of the "Bereavement Walks in Lion's Head."

Manfred Mewes and Milton van der Veen continue to supply us with a wonderful newsletter — much appreciated!

Our gratitude to Pat Horner, Betty Idle, Aileen Haley, Mary Busey, Betty McIntyre, and Sheila McLaughlin as our area-coordinators — always willing to go the extra mile!

Then we have the gals who keep us "intact and informed" by manning the office and distributing information — thank you to Jane, Virginia, Eleanor, Ladorna, and Bev!

Sheila Mc Laughlin is back and starting to look at the "Accreditation" process again. I have heard it said that "Accreditation is a journey, not a destination — and the time preparing for Accreditation must continue to be part of our every day procedures. It is about quality improvement and measuring our results, something everyone of us must be committed to do." How fortunate we are to have Sheila assisting Hospice with this endeavor!

Not only are the client care and administrative volunteers contributing to our success — but also those members of the PCCCC and Committees — Couldn't do it without you!

Lastly, to all those clients and families who have allowed us to share in a very special time in their lives — we are grateful for your trust and friendship.

Speakers' Forum update

Recent groups where Betty McIntyre and Shirley Leeder have spoken, include the Golden Dawn Long Term Care Board and the Wiarton Catholic Women's League.

Reminder: End of Month Reports

Please mark your calendars at the end of the month to remind yourself to send in/phone in your volunteer reports. These statistics are important information *even if you don't think so* as they are used to calculate the government funding which helps us provide for trainings and workshops, etc.

Two of our volunteers attended the advanced Level One Training in Owen Sound this spring. Their fees were paid for by Hospice – high praise of their leader was reported.

Two more volunteers, whose reports are contained in this newsletter, attended conferences. They both reported that the conferences were worth the money – again either partially or wholly paid by Hospice from funding monies.

Many of you attended the May 1st accreditation workshop in Lion's Head thanks to Hospice funding.

Thank you for your many volunteer hours. We appreciate your cooperation.

Therese A. Rando Conference

February 19, 2004 • Four Points Sheraton Conference Centre, London, Ontario

Dr. Therese Rando is an internationally known clinical psychologist in private practice in Warwich Rhode Island. Since 1970, she has consulted, conducted research, provided therapy, written, and lectured internationally in areas related to loss, grief, death and trauma. Her topic for the day was **Traumatic Bereavement: The Intersection of Loss and Trauma**.

Dr. Rando, began the morning by discussing the foundational concepts of death. There are two types of loss: Physical (e.g., loss of a breast, death of a person); and Psychosocial (e.g., divorce, retirement, betrayal). Then there are two types of secondary loss: Physical (e.g., loss of home through a move, loss of neighbours); and Psychosocial (e.g., rape, infertility).

She spoke about our assumptive world which she defined as "organized mental schema containing everything a person assumes to be true about the world, the self, and others on the basis of previous experiences. In terms of trauma and bereavement, there are two categories of assumptive world elements: **Global** — pertaining to the self, others, life, the world in general, and matters spiritual; and **Specific** — pertaining to what has been/is being lost (e.g., loved one, object, belief); its continued interactive presence in the world; and the expectations held for, meanings of, and ties to it."

Dr. Rando discussed the definitions of **Grief** and **Mourning** in detail: "Grief refers to the process of experiencing the psychological, behavioral, social, and physical reactions to the perception of loss. … Grief is our reaction to our perception of *(Continued on Page 4)*

> Often there are relationships whose depth and reason we don't fully understand. It might be a common admiration of birds, people, music, or flowers — or the creation of a piece of heaven in a garden.
>
> *— Manfred Mewes*

the loss. It is the beginning of mourning but much more. … It is a type of traumatic stress reaction, even in the most benign cases."

Grief can be expressed in one or a combination of the following ways:

- feelings about the loss and the deprivation it causes (e.g., sorrow, depression, guilt),
- protest at the loss, wish to undo it (e.g., anger, searching),
- effects caused by the assault on the mourner as a result of the loss (e.g., traumatic stress, fear, anxiety, disorganization, confusion, physical symptoms),
- mourner's personal actions stimulated by any of the above three (e.g., crying, social withdrawal, increased use of meds).

"Mourning refers to coping efforts through engagement in six processes that enable healthy loss accommodation through promotion of reorientation operations occurring in relation to the deceased, the self, and the external world … Mourning occurs throughout life … It may go on for many years."

Dr. Rando cites six processes of mourning which enable readjustment and drive the following three reorientation operations.

The three reorientation operations of mourning involve:

- Undoing the psychological ties that had bound the mourner to the loved one when alive, and the facilitation of new ties appropriate to that person's now being dead. The focus is internal.
- Helping the mourner adapt to the loss. The focus is internal … upon the self … revising one's assumptive world identity … deciding what to hang on to and what to let go of.
- Learning how to live healthily in the new world without the deceased. The focus is external … adopting new ways of being in the world.

The Six Processes of Mourning: The Six R's

1 Recognize the loss by:
   - Acknowledging the death (wake, funeral),
   - Understanding the death (cause, how, why);

2 React to the separation by:
   - Experiencing the pain: channel, work through,
   - Feel, identify, accept and give some form of expression to all the psychological reactions to the loss. This is different for different people. Some focus on doing rather than processing feelings,
   - Identify and mourn secondary losses;

3 Recollect and re-experience the deceased and the relationship:
   - Review and remember realistically,
   - Revive and reexperience the feelings;

4 Relinquish the old attachments to the deceased and the old assumptive world;

5 Readjust to move adaptively into the new world without forgetting the old:
   - Revise or modify the assumptive world,
   - Develop a new relationship with the deceased - hold in heart & mind,
   - Adopt new ways of being in the world - physical & spiritual,
   - Form a new identity;

6 Reinvest: Put energy somewhere else, so it can come back.

Sleeping Children Around the World

Picture from the Philippines Distribution: May, 2004

Read all about it at:
www.scaw.org

After defining and discussing the fundamental concepts, Dr. Rando went on to discuss in detail **Sudden Death** and **Traumatic Bereavement**. Sudden Death is a death which comes abruptly and shockingly, without warning or expectation.

Four characteristics of Sudden Death.

1 **Abruptness** - happens quickly, with no time to gradually absorb what is happening, no interval during which to ready oneself and to defend,

2 **Shock** - death's occurrence is alarmingly disturbing, stunning and frighteningly distressing, and causes additional problems and depletes resources,

3 Without warning, death causes great anxiety. The mourner may be terrified that loss could come again from out of nowhere and remains on guard to avoid a repeat experience. Emotional and physical energy gets sapped,

4 When death is neither expected nor anticipated, the mourner is not only surprised, but also overwhelmed, highly affected and vulnerable. Distress increases and coping abilities decrease.

Sudden death = traumatic death, because the suddenness and lack of warning personally traumatizes the mourner.

Traumatic Death —> Traumatic Bereavement

Traumatic Bereavement is the state of having suffered the loss of a loved one under circumstances in which trauma, traumatic stress, and the experience of personal disaster are key elements.

Sudden death and traumatic bereavement always present the mourner, at least for a period of time, with complicated mourning. Sudden death may be classified as either natural or unnatural. The majority of unnatural deaths - accidental, suicide, homicide, disaster occur from interaction with an external agent(s). Homicides, including terrorism & war, are human-induced and bring numerous complicating issues, such as intentional, violence, and preventable. Sudden natural death arises from internal physiological conditions within an individual's body - heart attack, stroke and embolism.

Dr. Rando explained that sudden death is not sudden death is not sudden death is not sudden death!

There are 4 types of sudden death:

- Immediate sudden death,
- Sudden death after a brief period of time (minutes —> hours),
- Intermediate sudden death situation (accident —> surgery —> life support: hours —> weeks),
- Sudden death in the context of an ongoing illness or an improving medical condition

Traumatic Bereavement

The elements of this topic are extensive and detailed so I will only give an overview:

In traumatic bereavement, the mourner needs to find ways to cope with the effects of trauma brought by the circumstances of the death = trauma mastery, and successfully accommodate the loss in their life = healthy mourning.

(Continued on Page 5)

The three troubles in traumatic bereavement:

1. Personal traumatization (requires trauma mastery)
2. Loss under traumatic conditions which complicates mourning & adaptation (requires healthy grief and mourning)
3. Trauma and loss compromise and/or potentiate each other (requires recognition of unique problems and selection of specific strategies) - T. stress interferes with grief over loss and visa versa, Trauma and Loss intensify each other's symptoms and escalate symptoms common to both.

From here Dr. Rando discussed:

- The high risk factors which make a death traumatic,
- The three levels of association of acute grief and traumatic stress and their treatment implications,
- Classification in intervention in traumatic bereavement;

and showed charts:

- Depicting the relative progression of changes in traumatic bereavement creating "window" around year two,
- A model of traumatic loss accommodation,
- Wave-related interventions in traumatic bereavement.

During the afternoon I attended a session on **Children, Families Trauma and Grief:** working with multiple members of a family who have experienced a traumatic event resulting in the death of a loved one given by S. Rabenstein & C. Boles

– reported by Donna Baker

Grief and Bereavement Conference

London, Ontario

This was a great conference with a lot of really good options for speakers. The following were plenary sessions:

Kate Arthur - *Dust of Death and Facing our own death*: This was a presentation linking our fear of death and our fear of terror. Using images from September 11 the speaker used the metaphor of dust covering us as a way to acknowledge our grief that we bear and our need to have a ritual to "wash it away."

Dr. Katerine Ashenburg - *Custom ceremony and Mourning*: This session dealt with what she calls the dismantled structure of grieving in the 20th Century. We have gone from a culture of strict rules around grieving to one with virtually none. Her thesis is that the "body must leave and the group and the group must leave the body."

She also notes that "when words fail – have a ritual. " She advocated for the creation of personal rituals for a "timeline of mourning" They can be created by the griever and are often based on old concepts. It is important to realize that rituals are never enough or right for everybody gathered at any one of them.

Dr. David Kuhl - *What dying people want*: This session was the result of a study in which Kuhl asked various questions of dying people. It was a good lecture, in that he was very honest about his own failures as a physician. He spoke of the difference between thinking of terminal illness as the end of life but instead as the beginning of life. The question for those involved was, "How do I promote the latter?"

He said, "Dying people need the friendship of the heart and the skills of the mind."

He spoke of acknowledging your own difficulties as the caregiver. When patients are most in need of spiritual comfort it is often when the bearer of the news is least able to give it because they are upset with having to bear the news. Dying people want to know about the "reality of the day" – what is going to happen with the disease. They experience blame at self — "Why didn't I go to the doctor sooner?" They begin to deal with relationship issues. They experience depression about the fact that they won't live.

They need a timeline. "Grief is born from wanting more of what you will never get again."

He says that when someone says, "I almost over my grief," they have to realize that, "That as good as it gets." They are always, "Almost over it." He talked about the conspiracy of silence about death and separation. We don't want to acknowledge that death is at hand because we have to deal with our separation. The grief of the past in dying people is intense: undone things and words, and unresolved hurts. When you take the past and hold it in the present, healing begins.

Dr. Allan Kelleher - *The human challenges of meaning-making in the face of death*: This sociologist began his speech by saying that he planned to "Put the screws to us." I thought he was brilliant and insightful — but, because he advocated primarily for the end of most of the fields in which people at the conference worked, I found most people did not like what he had to say.

He talked about seeing each family as a culture. He reminded us that people die in the same way they live — mostly ordinary and lousy relationships are still lousy. In death situations we over react (bear hugs) or under react (no touching). He noted how important peer support is in dying. Primarily his thesis was that our professional views become one-eyed and we begin to see grief only from our own perspective. He would advocate for a balance.

His main points were that we are not providing enough normal everyday opportunities for people to talk about loss and grief. The means of communication are artificially professional. We need to stitch meaning-making about death into the fabric of our daily life.

He points to ad campaigns for HIV and Drunk Driving. These have become words that we all talk about. Death and grief should be the same.

He points to the need to change the culture around death – when this changes our behaviour will too. We will be able to be open about the inevitability of death and the universality of loss. He notes that palliative care is not a bedside profession – but that it has become one. It has become custodial care – end of life care.

It should be whole-person care after the diagnosis of a terminal illness. In this view, "The patient is all of us." To bring about this change he suggests the following things:

- Poster Campaign
- Short Story Competitions Regarding Loss (with prizes to draw attention)
- Walk a Mile with Me Week
- Compassionate Watch Program
- Local Loss History Telling
- Compassionate Book Clubs

He notes that anything you do should be community oriented so ask them. His main point was that we should take death and grief work out of our boxes that we have it in and get it back to a part of our everyday life.

Jewish, Christian and Islamic speakers — *The creation of meaning in the face of death from a spiritual perspective.*

This session drew together people from each faith tradition. Very uplifting session.

The Rabbi shared these points. When *(Continued on Page 6)*

you go to see someone and you don't know what to do: take off your coat … hold their hand … ask, "What's in you heart?" … sing to them.

The Anglican priest reminded us that to find meaning in death. We have to face up to it.

The Islam speaker reminded us that from that perspective we are transients on this earth … rest in the shade of the tree for an hour … but we must get up and go on.

There were also smaller workshops. Here is a report on the ones I chose.

Paula Owalabi - *Insights on the grief of a child 6-9 years*: This was a very practical session outlining a 7-week group-counselling session for children who are grieving. This was an excellent practical session about talking with children about death and grief. One of the key elements of the process is " be not afraid. " I will prepare a more detailed outline of the course and its practical advice for the fall.

Janet Childs - *Building the new normal, four steps to create meaning*: This was the best session of the conference. Excellent speaker. We should work to have her in our midst. A director of education at the centre for living with the dying, she notes that the word "dying" in their centre's name enables people to find them when the are looking for help after loss. She spoke about our comparison grief shopping that we do: we underrate our grief because we always know someone who is worse off. She states, "Our own grief is always the worst grief because it is our grief." When we honour that, we can fully be present. The four steps to create meaning are this:

1 Acknowledge: Say it straight out
2 Expression of details: What do you miss the most?
3 Action: What is hitting us the worst? Deal with it.
4 Celebrate: Re-connect with what is good in your life.

She also led us through a circle-drawing exercise of prioritizing what is important in our lives.

Cindy Barg - *Waking up to hope*: This session dealt with how we rise above despair and the question: "Is it fair to ask someone to do it?"

She encouraged us that it takes less energy to feel joy than pain – so commit to joy. She reminded us that nobody's grief is bigger than anybody else's. You will not get over your pain – you have to go though it. "If you are waiting for the outcome you are missing the important moment."

Cindy was clearly a woman who struggled with her own grief and pain in life and has come through it with strength and joy.

Dr. Peggy Whiting - *Responding to Shadow Grief experienced in diverse family systems*: A wonderful session dealing with the experience of grief within our families.

- Shadow grief is always with you.
- It can be comforting or frightening.
- It can be something you see or that you don't even notice.
- Shadow grief "weaves private and personal layers of loss not completely visible to other and often outside of the conscious awareness of the griever. It might be viewed as the layers of ramification of an original loss event that ripple and transform over time." (The onion theory)

We must be aware of shadow grief anytime we deal with families.

Linda Hatton - *Redefining Hope for the terminally ill*: Her thesis that hope should be redefined re: disease and not left to the pursuit of elusive and danger-filled cures. There is no such thing as false hope. Hope is not a product but a process. Hope is not contingent on any outcome.

With a dying person it can have these stages.

1 Hope for a cure,
2 Hope for prolongation of life,
3 Hope for treatment,
4 Hope for a peaceful death.

Hope and fear are interconnected. Individuality must be maintained. The emphasis is not on the illness but on the person who is ill. Ask "What do you want to do at this time?" Help them achieve it in creative ways. e.g., Travel: Bring them information and pictures from the place they want to go — help them experience that place from their bedside; Mending a relationship: Help them write to the person and mend the relationship in writing if there is no other way to mend it.

"If you don't feel hopeless, you won't feel helpless."

Erla Marx - *The disenfranchised grief of adult children*: A good paper presented regarding the grief we feel as adults when our parents die. The main points being that we often under-rate our grief or it is under-rated by others. We are often surprised by our reactions of overwhelming loneliness and abandonment. All of our relationships change when a parent dies: with the other parent, with our siblings, and with our children and spouse.

The main issue here is to acknowledge that grief and legitimize it. It doesn't matter if your mother was 97 when she died — she was still your Mom and you will grieve for her just as you would if she were 47. Allow yourself to grieve and ignore the people who think you shouldn't.

I also attended a screening of a documentary called "Vigil of Hope," the story of the families of six teenage boys who drowned in Lake Ontario in 1995. It is an excellent video that examines all the different ways that people grieve. I purchased the video and it is available to watch. Just make sure you bring the box of Kleenex.

Excellent Seminar – well worth the cost.

– reported by Audrey Brown

Today's Buns

Egg Buns

4 cups flour
3 eggs
2 tsp. salt
2 tbsp. honey
2 tbsp. yeast
1 1/2 cup milk
2 tbsp. lard

Whole Wheat Buns

2 tsp. yeast
1 cup flour
1 egg
2 cups whole wheat flour
1 cup rolled oats
2 tbsp. lard
4 tbsp. honey
2 tsp. salt
1 1/2 cup water
cashews
sunflower seeds
sliced almonds
spices: garlic, marjoram, oregano, pepper

Follow up with a traditional bread-making recipe. I use a bread-maker.

— Manfred Mewes