Happy New Year!

In this time of year ending and year beginning, here at Advocate Lutheran General Hospital, we are proud of the year 2012 and excited about the year 2013.

We have a wish to always strive to be the best place for patients to heal, the best place for physicians to practice medicine, and the best place for associates and volunteers to work. In 2012 we achieved those milestones by being leaders in the Advocate Healthcare System in all three of those areas. Those milestones are important because they all point to ever improving the way that we care for the individuals, families, and communities we serve.

In 2013 and beyond we are also increasing our emphasis on being the safest health care organization possible. We are already an extremely safe health care organization but we believe that we can improve in safety as well. We are dedicating ourselves to the goal of completely eliminating all serious harm from our health care delivery. You will hear and see a variety of aspects of this initiative in the coming months and we cherish your prayers and support for us as we continue on the path of excellence.

Best wishes for a blessed year ahead and thank you for your partnership in our shared healing ministry.

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A Note from Rev. Kevin Massey

"New Beginnings for Clinical Pastoral Education (CPE) Resident Chaplains"

by Chaplain & Supervisor Joseph Tamborini Czolgosz, CPE Manager

September 4, 2012 marked a new beginning for five well-experienced and talented persons who seek to explore professional chaplaincy as an expression of their ministry. These five persons were selected from quite a large field of very qualified and competent applicants to comprise Lutheran General Hospital’s 2012-2013 CPE Residency program. Four of them will be rotating through clinical areas of Lutheran General Hospital and St. Matthew’s Center for Health, and the fifth will spend the year as Resident Chaplain with Rainbow Hospice and Palliative Care. What follows is a brief biography of each of them alongside their pictures. If you happen to see any of them, please extend your welcome to them as colleagues in our shared healing ministries.
Clinical Pastoral Education Chaplain Residents 2012-13

Curtis Baxter  I was born and raised in Newark, Ohio. This area of Ohio was settled by families of Irish, Scottish and Welsh ancestry. My family is Scottish. I am married to Sherri, an Elementary teacher who addresses the learning needs of children with behavioral and emotional challenges. Together, Sherri and I raised a son and a daughter, each of whom live in Ohio. Currently, we are raising a four-legged child, named Barkley who insures that we get our daily walks. My undergraduate studies were at The Ohio State University; I did graduate studies at Princeton Theological Seminary where I received both a M.Div. in 1979, and a Th.M. in 1980. It was at Princeton Medical Center that I took my first unit of Clinical Pastoral Education (CPE). In 2000, I received a D.Min. from Pittsburgh Theological Seminary. As an ordained minister in the Presbyterian Church U.S.A. for the past three decades, I have served four separate congregations ranging in size from 250 to 1,000 members. Having taken a recent three month sabbatical from parish ministry, I concluded that it was time for me to enter a new phase of ministry. This Chaplain Resident program is my first step into this next phase of ministry. I am energized by the opportunity to learn and work with colleagues in a hospital with faith-based values.

Tracy Nolan  Tracy comes to Lutheran General after completing her Master of Divinity degree at McCormick Theological Seminary here in Chicago. She has spent the last two years working in ministry with homeless and street-based youth in Chicago. Previously, Tracy worked in college ministry in Madison, Wisconsin. She graduated with a Bachelor's in Religion and Exercise Science from St. Olaf College (Minnesota), where she also played ice hockey, and is originally from Edinboro, Pennsylvania. Tracy is currently seeking ordination with the United Church of Christ (UCC). She enters this residency eager to learn from colleagues, inter disciplinary teams, and the larger ALGH community, in hopes of becoming a certified chaplain and discerning her next steps in ministry.

Ruth Bolander  I call Seattle home, having attended high school and a Lutheran college in the area. Before starting a Masters in Theology from the Graduate Theological Union in Berkeley CA, I worked for the domestic Peace Corps and taught French for a year in Guadalajara Mexico. Once finished with school I went to NYC to work with an international Lutheran agency. At thirty years old my life changed direction when I married and had four children. I also worked as the music teacher and liturgy planner at the local catholic K-8 school, and became Catholic. In the last decade I’ve taken up yoga and a meditation practice which also sustain me. My children are now in their twenties, living in the northeast, and I find myself with the time and inclination to train as a hospital chaplain. Last year I interned on a hospice home care team that worked primarily on the south side of Chicago, an excellent experience. I’m happy to have landed at LGH, and look forward to a fruitful year with all of you.

John P Casey  Imagine myself in a rowboat, looking back in the direction from which I have come, I can see that my heading into this chaplain residency makes a lot of sense. At the end of August, I concluded thirty —two years of leading a Christian and Missionary Alliance church in Wheaton, Illinois. I came to realize that I was ready to be done leading a complex organization. I want to use my energy to come alongside people in their crises and learn from them as I seek to enhance their faith in their journey. My early degrees came from Wheaton College and the Wheaton Graduate School, in literature and Christian Ministries. My first “job” was teaching secondary English in Colorado Springs. I left teaching to get my M.Div. at Trinity Evangelical Divinity School north of Chicago. After my studies at Trinity, I joined the staff of the Blanchard Alliance Church. My compassion for people in their pain comes from our family struggle when our parents were trapped in alcoholism for a dozen years. Watching our mother slide into death at only forty nine was excruciating. Years later, my wife and I entered a similar valley when our 16 year old son nearly killed himself on drugs. Out of my son’s struggles, I plunged into a study of family systems theory. In 2005, I received my D.Min. from Fuller Theological School, using family systems theory to study and understand congregational conflict. I am excited about this year of learning and serving that stretches ahead, grateful for what I believe will be a culminating learning experience at a key time of transition in my life.

Kristin Raley  I am originally from Addison, IL. I grew up attending Timothy Christian Schools, a small Christian Reformed school in Elmhurst at which my mom is a high school German teacher and administrator, for fifteen years (preschool-12th grade). My dad is a self-employed graphic artist and woodcarver specializing in art for Irish pubs around the country. I am a born and raised Presbyterian in a church that provided me with many leadership opportunities. In 2004, I left home to attend Hope College for a BA in Religion and Communication that awakened my interest in interfaith dialogue and understanding. I fed this interest by attending Harvard Divinity School (HDS) for my Master of Divinity in 2009. I discovered through a combination of internships at a local Presbyterian church and the HDS Career Services Office, classes, and my CPE experience at Brigham and Women's Hospital in Boston that I really felt called to chaplaincy work. My hope is that this year as a chaplain resident at Rainbow Hospice and ALGH will allow me to further explore this call and dream up a future in chaplaincy! Thank you for welcoming me and my colleagues to your team!
Save the Date

How can you help your Gastrointestinal System
Community Lecture Tuesday, January 8, 2013 from 7-8pm at the West End Conference Center (registration required see page 11).

Colorectal Health Community Lecture Tuesday, January 15, 2013 from 7-8pm at the West End Conference Center (registration required see page 11).

Prevention is the Best Medicine Friday, January 18, 2013 Old Country Buffet across from Lutheran General Hospital (registration required see page 12).

Obesity: Sound Nutrition for the Coming Year — Community Lecture Tuesday, January 22, 2013 from 7-8pm at the West End Conference Center (registration required see page 11).

Chaplaincy (Pastoral) Assessment: Perceptive Caring with Rev. Brent Peery, Wednesday, January 23, 2013, 1:30—3:00 pm, 1041 West Classroom.

Celiac Disease: Diagnosis and Management — Community Lecture Tuesday, January 29, 2013 from 7-8pm at the West End Conference Center (registration required see page 11).

The Chaplain (Pastor) as a Family Systems Practitioner with Rev. Moses Taiwo, Tuesday, February 12, 2013. 1:00—2:30pm, 1042 West Classroom.

Medicare Update for 2013 Friday, February 15, 2013 Old Country Buffet across from Lutheran General Hospital (registration required see page 12).

Wearing Two Hats: When Domestic Violence is a Health Care Issue and a Crisis of Faith with Rev. Kathryn Willoughby Weed, Thursday, March 7, 2013 from 1:30—3:00 pm, 1041 West Classroom.

Purim 2013

This year, the Jewish holy day of Purim takes place from sundown on Saturday, February 23 until sundown on Sunday, February 24, 2013. This holy day commemorates the defeat of Haman, a historical enemy of the Jewish people. The story of Purim is found in the biblical Book of Esther. Haman wished to annihilate Jews in Persia. However, Mordechai and his daughter Esther – who became queen of Persia – defeated this heinous plot. Although Purim is considered a minor holiday like Chanukah, it is also among the most joyous. The Scroll of Esther is chanted in synagogue. Whenever Haman’s name is intoned, graggers (noisemakers) are used to drown out his evil name – booing the villain.

Esther, Chapter 9:20-22 states: The month that was turned unto them from sorrow to gladness and from mourning unto a good day; that they should make days of feasting and gladness and of sending of portions one to another and give to the poor. Jews, commemorating their great fortune in having been spared yet another evil enemy, are commanded to share generously with the poor at Purim time. Special gifts of food are given, traditionally including Hamantaschen, a cookie dough pastry filled with poppy seed, prune or other fruit jellies and baked in the shape of Haman’s hat [The Bible narrates the evil Haman’s story beginning in Esther, Chapter 3].

To celebrate Purim at Lutheran General Hospital kosher Hamantaschen will be provided on regular Jewish patient meal trays on February 24, assuming no dietary restrictions. On the same day Hamantaschen will be available at the 10th Floor Top Deck dining area in a set aside kosher area for Associates, volunteers, and others. Jewish Bibles with English for reading the Book of Esther or a traditional Hebrew language Megillah or Scroll of Esther reading may be requested through Rabbi Lewy (see below) or 847-723-6395.

Please contact the Jewish Chaplain, Rabbi Len Lewy at leonard.lewy@advocatehealth.com or 847-723-7264 for more information.
Given the breadth and depth of Advocate Health Care’s pediatric expertise and services, a significant decision was made earlier this year to establish Advocate as the region’s and one of the nation’s premiere pediatric health systems.

Advocate Hope Children’s Hospital and Advocate Lutheran General Children’s Hospital have joined forces to create Advocate Children’s Hospital, an integrated structure that supports the operations and physician leadership at the system’s two pediatric flagship campuses, as well as broadly across the pediatric enterprise. The new organizational framework will enhance communication, beginning with increased opportunities for medical experts to consult, confer and, when appropriate, collaborate to provide highly effective, individualized, patient-centered treatments using evidence-based practices.

Most importantly, Advocate Children’s Hospital integrates the wide range of pediatric specialty and subspecialty services available, thereby giving families more care options and reducing significantly the number of pediatric patients who are treated outside of the Advocate system.

While the name has changed, the commitment remains the same: to be the best place for associate to work, physicians to practice and patients to heal. Advocate Children’s Hospital will be making a large splash around the Advocate system, as well as throughout the region with the appearance of print advertisements, billboards, direct mail and social media.

Inspired to Run

Top 9 reasons to join Advocate’s Inspired to Run Individuals who join Advocate’s Inspired to Run, 2013 Bank of America Chicago Marathon on Sunday, October 13, 2013 charity marathon program will enjoy the following benefits:

- Comprehensive 18-week training plan, running schedule and weekly updates
- Weekly group long runs led by Chicago Area Runners Association (CARA) group leaders
- Your choice of 10 CARA training locations throughout the city and suburbs
- Mid-week runs at a variety of locations throughout the city and suburbs
- Complimentary speed workouts, to increase your running speed, offered three times per week
- CARA membership that includes reduced fees at over 100 Chicagoland races, and a one-year subscription to Runner’s World magazine
- Inspired to Run technical running shirt
- Personal fundraising webpage and tips on how to raise funds

In return for this support, each participant is responsible for raising $1,000 to benefit Advocate Health Care. Take on the challenge of running or walking 26.2 miles, inspire others and help change the lives of our patients, our caregivers and our communities. To learn more about Advocate Health Care’s 2013 Inspired to Run Chicago Marathon team, contact Kaari Kafer or call 847.384.3436 or for additional corporate sponsorship information, contact Kevin Crowe at ACF-Marathon@advocatehealth.com or 847.384.3445.
**Staff Chaplains:**
- Willy Abraham, Pentecostal
- Greg Allen, Pentecostal
- Marilyn Barnes, AME
- Fr. James Barry, Roman Catholic
- Stanley Buglione, Roman Catholic
- Christine Hoffmeyer, United Methodist
- Lee Joesten, Lutheran, Missouri Synod
- Fr. Frank Keenan, Roman Catholic
- Leonard Lewy, Jewish, Conservative
- Cheryl Scherer, Evangelical Covenant
- Carol Stephens, United Church of Christ

**Music Therapy**
- Louise Domicelli-Mitran, MT-BC, LCPC
- Katie Bender, MTBC
- Meredith Fashag (Music Therapy Intern)
- Bing Li (Music Therapy Intern)

**Clinical Pastoral Education Supervisors**
- Rene Brandt, Presbyterian, ACPE Supervisor/Chaplain
- Susan Gullickson, Disciples of Christ, ACPE Supervisor/Chaplain

**Clinical Pastoral Education Chaplain Residents**
- Curtis Baxter, Presbyterian
- John Casey, Christian and Missionary Alliance
- Tracy Nolan, United Church of Christ
- Kristin Raley, Presbyterian
- Ruth Rolander, Roman Catholic

**Administrative Staff**
- Soozie Cotter-Schaufele, MA, MT-BC
- Coordinator, Music Therapy and Music Therapy Training Program
- Joseph Czolgosz, Episcopalian
- Manager of Clinical Pastoral Education, ACPE Supervisor/Chaplain

**To subscribe to Connections**, call 847.723.5175 or email LGH-Mission-SpiritualCare@advocatehealth.com with your name and email address. You’ll receive an electronic edition of Connections every three months.

**To continue receiving Connections**, your email address must be current. Please inform us of any changes of email address or other contact information. Email LGH-Mission-SpiritualCare@advocatehealth.com or call 708.684.5175.

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**PASSOVER 2013**

Passover (**Pesach**) begins at sundown on Monday, March 25 and continues until sundown on Tuesday, April 2, 2013. Passover celebrates the escape from Egypt more than 3,000 years ago, according to the biblical **Book of Exodus**. The first, second, seventh and eighth days of Passover are considered major holy days for most Jews when all work, apart from cooking for the festival, is proscribed. The **Bible** indicates that the Israelites were enslaved to Pharaoh in Egypt. Moses and Aaron sought to free the children of Israel. After 10 plagues, the exodus from Egypt toward the Holy Land began.

The Bible records special foods connected with Passover. The most well-known of these is **Matzah** (unleavened bread or the bread of affliction). Matzah reminds Jews that, while enslaved, their ancestors were not able to partake of a free person’s diet. Another explanation for the Matzah is that the Israelites were forced to bake their bread hastily while escaping Pharaoh. In any case, the Passover **Seder** meal is traditionally held on the first and second nights of Passover. The Seder is an actual reenactment of the first Passover. Jews recount the Passover story with a ritual script — **Haggadah** (**the telling**) — while seated at the Seder Table, which features traditional, symbolic food items, including the bitter herb that reminds Jews of the bitterness of servitude in Egypt. Selected psalms of praise and thanksgiving are also recited during the synagogue observance throughout Passover. Jews greet one another on Passover by saying, **Chag Sameach** (Hebrew) or **Gut Yontef** (Yiddish). These greetings are also meaningful when extended by members of the non-Jewish community. Passover includes strict dietary proscriptions, which disallow any type of bread or leavened products during the eight days. Specialy labeled **Kosher for Passover** food are made available throughout the holiday, beginning at lunch on Monday, March 25 which can be ordered directly from Lutheran General Food Service by patients and family members at 847-723-6130.

Cont. on page 6
Passover Cont. from page 5

Associates, volunteers, and others desiring such foods/meals can order them directly from the Top Deck 10th Floor dining area Supervisor at 847-723-7040. Kosher for Passover Matzah will be available at Top Deck in a set aside area. When a patient’s diet permits, ritually kosher grape juice and Matzah are traditionally eaten on the Yontef (the most significant days within the Holy Day) at dinner on March 25, 26, 31, and April 1; and at lunch on March 26, 27, April 1, and 2. Electric Sabbath/Holy Day candles are available to be lit as is traditional on March 25, 26, 31, and April 1. Those desiring to borrow Electric Sabbath/Holy Day candles or seeking more information about Passover may consult Rabbi Len Lewy, Lutheran General Jewish Chaplain at leonard.lewy@advocatehealth.com or 847-723-7264. A Model Jewish Passover Seder will be conducted in the Special Functions Dining Room on the 10th Floor beginning at 11:00 am on Thursday, March 21 for patients, family members, staff, and volunteers. If interested in attending, please RSVP to 847-723-6395. This Seder will also be available for viewing in patient rooms during Passover.

Top Priority for New Polish Patient Navigator

To better meet the unique health needs of the patients served at Lutheran General Hospital, Malgorzata Cieslak has been hired as Polish Patient Navigator.

In this role, Cieslak will provide education to hospital associates regarding the cultural sensitivities of Polish patients allowing the patients to have a more comfortable and enjoyable hospital experience. In addition, Cieslak will be identifying and addressing the health needs of the Polish community in partnership with community organizations. Cieslak will also provide guidance and support for Polish women needing assistance after receiving diagnosis of breast cancer.

Malgorzata Cieslak, is a Certified Alcohol and Drug Counselor. She received her Masters of Social Work from the College of Education in Kielce, Poland. She has served numerous roles in the Polish Community including Director of Clinical Services for the Polish American Association as well as cofounding Together-Cancer Survivors network.

Start Your New Year Right

Join the Advocate Lutheran General Fitness Center!

The Advocate Lutheran General Fitness Center is located on the ground floor of the Parkside building, adjacent to Advocate Lutheran General Hospital. As one of the top fitness facilities in Park Ridge, the Fitness Center offers all the amenities a member deserves, including:

- Access to a full range of equipment, services and supervision.
- A medical model approach, so you receive comprehensive, proven health information.
- Dedication to personal service, so you receive the attention and information you need.
- Sound fitness and nutrition programs customized to your individual wellness goals, prepared by our staff of certified professionals.
- Bridal Boot Camp—Learn about a great way for you and other members of your wedding to get fit before the big day

If you have questions or would like more information please call 847-723-6138.
Grief processes across the lifecycle

By the Rev. Bonnie Condon

Grief is indeed a journey that is a part of the human condition. Human beings embark upon this journey each day for a variety of reasons. Certainly the primary grief issue is death, but grief is a journey that may be the result of many life transitions or losses. Looking at the grief process from the perspective of the lifecycle (as put forth in “Bereavement: Counseling the Grieving Throughout the Life Cycle” by David A Crenshaw, Ph.D.) allows a developmental approach and addresses the unique issues and needs of individuals at different ages.

Pre-school children and grief

Even very young infants who have lost their mothers show signs of bereavement. These reactions may include shock, protest, despair and detachment. There is controversy in this area of bereavement work. Many believe that infants do not have the memory capacity to respond to loss.

Children under age two have little capacity to develop a concept of death. However, loss of a parent at this age affects the child’s capacity to form a trust bond.

Children begin at age three to enter the “magic” years where they have a great feeling of omnipotence. This is a key age where feelings of guilt develop if a child feels that somehow he or she has caused the loss and should be able to fix it.

Children in the toddler years are beginning a process of individuating from their parents. Loss of a parent early in a child’s life requires that the remaining family members offer the physical, emotional and spiritual support that the missing parent would have supplied.

Children who are verbal need the chance to express their feelings and thoughts verbally. It is often helpful to begin this dialogue with puppets or art or play therapy. Children also need to be given permission to use their own coping mechanisms. Young children will grieve actively in short time segments and then run off and play.

School-age children and grief

Elementary school-age children are moving to a developmental stage of concrete thinking. Children can begin to develop more of a concept of death. They are also increasingly open to peer influence.

The loss of a parent at this age may stir up mixed emotions as the child is moving away from parents toward social relationships.

Loss of a sibling can be especially difficult and stir up feelings of anger at the sibling for deserting the child as well as anger toward the parents for spending so much energy on the deceased child.

Simple and honest explanations are important in supporting children in this age group. Play therapy, art, talking, journaling, poetry and music may be good methods for children to process their pain and struggle. It is difficult for them to express their mixed feelings about the loss of a parent or sibling. Helpers can give them permission to do so and may also aid the healing if they assist the child in realizing that these feelings are normal. As with very young children, maximizing the remaining family support is very important.
Adolescents and grief

Grief in the pre-teen/teen years is especially difficult. Peer influence is paramount, and youth in this age group are often conflicted with parents and siblings. The normal changes and transitions that occur during adolescence are magnified when a significant loss happens during these years.

Loss of a parent at this time is critical. Adolescents need a firm person to bounce off of and to identify themselves over and against. Parental boundaries and structure form the primary backdrop for adolescent search for identity. The remaining parent is often overwhelmed at the prospect of single-parenting a teenager. Teens sometimes develop deep conflict about their role in the remaining family structure.

Loss of a sibling can result in similar dynamics mentioned for school-age children.

 Helpers can assist teens by listening attentively to the deep outpourings of feelings as well as by helping them understand a “normal” grieving process. Teens need a safe place to grapple with not only the pain but the meaning and the abstract mystery of death. Helpers may need to assist the family in understanding the teen’s need for solitude and the difference in the manners in which boys and girls generally react at this age to loss. Males typically react more aggressively, while females will exhibit a need for increased reassurance and comfort. In the important work of individuation, teens need to be free to express their negative as well as positive feelings about the deceased. It is also critical to be supportive of the vulnerable adolescent sense of self. Adolescent youth in grief often express acute feelings of guilt, anger and hostility.

Young adults and grief

At this stage of life, losses often center around pregnancy or infertility issues. Research shows loss of a child is the most difficult type of loss to cope with.

Another serious issue in this age group is the early death of a spouse/partner. In this phase of life, one often develops a sense of intimacy and understanding. When a spouse is lost to death or divorce, it can deeply impact the remaining spouse’s sense of self and connection.

Loss of a parent at this age can result in unfinished business as young adults continue to struggle with their own unique identity and begin to confront how they want to be like and different from their parents.

Loss of friends or siblings interrupts the notion that life is good and filled with promise and possibility.

According to many psychoanalysts, this young adult phase is one of critical identity development. Only after a person is clear about who he or she is can true intimacy occur. Thus the loss of a spouse or child at this age can seriously impact identity and intimacy development. The helper needs to support a person who is grieving at this age by being sensitive to where the person is on his or her journey of identity formation and intimacy establishment. It is not helpful to pull or push someone to a place where he or she is not yet ready to go.

Definitions

Anticipatory grief: The process of grief which happens when loss is inevitable but has not yet occurred.

Bereavement: The state of having suffered a loss. (DSMIV)

Grief: The process of psychological, social and somatic reactions to the perception of loss. This implies that grief is:

  a) manifested in each of the psychological, social and somatic realms;
  b) a continuing development involving many changes;
  c) a natural expectable reaction;
  d) the reaction to the experience of many kinds of loss; and
  e) based upon the unique, individualistic perception of loss by the grieving person, that is to say that it is not necessary to have the loss recognized or validated by others for the person to experience grief.

(Rando, 1984, 15)

Mourning: This term has two historical meanings. The first, derived from psychoanalytic theory, is a wide array of intrapsychic processes that are prompted by loss. The second is the cultural response to grief.

(Rando, 1984, 15)

Unresolved grief: Grief which seems to go on for too long. There are as many unique reactions to grief as there are people. To determine how long one should grieve is probably unrealistic. There does seem to be, however, some agreement that one can grieve too long. The forms of unresolved grief include absent grief, delayed grief, conflicted grief, unanticipated grief and abbreviated grief.

(Rando, 1984, 15-16)
Adults in mid-life and grief

Mid-life is often a time of intense questioning. Parents are often retiring and dying, and children are moving out and beginning their own families. In this stage of life, most people have finished the tasks of growing up and begin to grow out.

The most difficult loss at this stage of life is the loss of adolescent children. It is helpful for the parents to be able to express the mixed feelings that they have about their adolescent child.

The death of a spouse is also difficult at mid-life. The loss is even more difficult to process if the death was sudden or unexpected or if the remaining spouse was dependent upon the lost spouse. The loss of a spouse at this age can represent a significant threat to a person’s characteristic way of functioning, to the sense of self.

Loss of friends and siblings can certainly impact a person’s sense of life’s fullness and can cause some deep questioning of priorities and one’s life direction.

Loss of parents often occurs in this age group, and people may have to deal with becoming the matriarch or patriarch of the family. It is often difficult for people to name what they feel and how alone they feel without either parent living. Some feel like orphans and wonder to whom they will turn for wisdom and guidance.

The helper must understand the family relationships, especially in the loss of a spouse or an adolescent child. The feelings that the grieving person has about the lost person may be quite conflicted at this stage, and it is important that the person be able to find a safe place to name and express this ambivalence. Issues of guilt about the conflicted feelings and the experience of a shaky sense of self are paramount at this age.

Older adults and grief

This is a phase of life where a person reflects back upon his or her whole life and decides that he did his best. A sense of integrity evolves if a person can accept his life as the only one he could have lived and accepts the significant people in his life just as they are. Studies show that meaningful relationships and activities are crucial to healthy and satisfying retirement years. Those who cannot arrive at a sense of integrity regarding their life often feel a sense of despair and disconnection.

Older adults face a growing number of losses. In contrast to young mourners, older adults may not be willing or able to experience the deep pain that grief work involves. This may be due to the fact that not much time is left. They also may not wish to withdraw the emotional investment in the lost relationship that lasted most of their lifetime.

The loss of a child continues to be difficult— even older adults who die before their parents are grieved in a deep way. The loss of a child before a parent never makes sense.

The helper must be careful not to push too hard with persons in this age group. It is important to be aware of the growing numbers of depressed older adults. Many older adults will want a dependent relationship with a helper, and the helper must be able to help empower the grieving adult without overwhelming him or her. Follow-up is essential with the older bereaved person. Grieving at this age will normally take longer and will more frequently manifest in somatic ways.

Helpers should be especially sensitive to the compounding effect of multiple losses with the older person’s sense of vulnerability and loneliness. The many losses that older adults experience seem to have the effect of desensitizing them—as a sort of preparation for their own deaths.
Grief – the journey from memory to meaning
Flow of emotion and experience through phases of grieving

<table>
<thead>
<tr>
<th>Phases of crises</th>
<th>Phases of grief</th>
<th>Stages of dying</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impact</td>
<td>G.W. Davidson</td>
<td>Kubler-Ross</td>
</tr>
<tr>
<td>Transitional state</td>
<td>Shock and numbness</td>
<td>Denial and isolation</td>
</tr>
<tr>
<td>Recoil</td>
<td>Searching and yearning</td>
<td>Anger</td>
</tr>
<tr>
<td>Awareness</td>
<td>Disorganization</td>
<td>Bargaining</td>
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<td></td>
<td>Reorganization</td>
<td>Depression</td>
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Reflect upon the charts above and you may recognize that there is a similar flow of emotion and experience in each. The problem is that each is a generalization and simplifies what the individual process may be. Just as intellectual or emotional ability is impacted by developmental processes, so is our capacity to grieve. Generally, however, as one moves through the grief journey, one moves from disorientation and numbness toward remembering and making sense of the loss experience. In fact, simply stated, the goal of grieving is to be able to remember and live with the memory.

Tasks of mourning

David Crenshaw

- Acknowledge the reality of the loss.
- Identify and express the emotions of grief.
- Commemorate the loss.
- Acknowledge the ambivalence around the loss.
- Resolve the ambivalence.
- Let go.
- Move on.

Confusion of the earlier stage, but a person is able to function more normally.

What’s needed: Individuals need to talk about their confusion and struggle. It is helpful to listen to a person in this stage but not to engage in deep philosophical or theological discussion.

Third phase

What’s going on: Individuals begin to wrestle with the why questions and often contemplate their own lives and priorities. It is common in this phase for people to truly wonder about God and “why bad things happen to good people.”

What’s needed: Individuals need supporters who listen without offering solutions or answers, because it is important for them to construct their meaning and memory in their own personal way.

Fourth phase

What’s going on: While coming to a new understanding of one’s life and goals, individuals begin to relate to the world in their new normal manner.

What’s needed: A supportive person can encourage the grieving person to reinvest in new activities and relationships that make sense in his or her new life.

Second phase

What’s going on: Individuals begin to function again in the tasks of everyday living. There is still much of the stress and confusion of the earlier stage, but a person is able to function more normally.

What’s needed: Individuals need to talk about their confusion and struggle. It is helpful to listen to a person in this stage but not to engage in deep philosophical or theological discussion.

The Reverend Bonnie Rodgers Condon is system vice-president for faith outreach at Advocate Health Care. After graduating from Purdue University with a degree in humanities, she earned her M.S. from Indiana University and her M.T.S. from Beeson Divinity School in Birmingham, Alabama. She serves on the National Board for the Council of Health and Human Services Ministries of the United Church of Christ (UCC), Advocate Bethany Hospital Community Health Fund Board, Community Renewal Society Board, Chicago Metropolitan Association Council of the UCC, Advocate Home Health Professional Advisory Committee, Advocate Health Care Alzheimer’s Advisory Council and Advocate Health Care Parish Nurse Advisory Council. Bonnie is the proud mother of five and grandmother of three.

Advocate Health Care

Advocate Health Care Facilities:
Advocate BroMenn Medical Center, Normal
Advocate Christ Medical Center, Oak Lawn
Advocate Condell Medical Center, Libertyville
Advocate Eureka Hospital, Eureka
Advocate Good Samaritan Hospital, Downers Grove
Advocate Good Shepherd Hospital, Barrington
Advocate Illinois Masonic Medical Center, Chicago
Advocate Lutheran General Hospital, Park Ridge
Advocate South Suburban Hospital, Hazel Crest
Advocate Trinity Hospital, Chicago

Children’s hospitals:
Advocate Hope Children’s Hospital, Oak Lawn
Advocate Lutheran General Children’s Hospital, Park Ridge

Share the news! This publication may be copied for use by others if printed acknowledgment of source is included.

Looking for a previous issue? To read back issues of Connections, please go to: advocatehealth.com/newsletters
Caregiving and depression

Caring for a family member in need is an age-old act of love and loyalty. Because people live longer and more people live with chronic conditions, today there are more than 50 million caregivers in America. The demands on them can be relentless and sometimes lead to depression.

Recent Yale research revealed that nearly one-third of people caring for terminally ill loved ones suffer from depression themselves. Another study found that 41 percent of those who cared for a spouse with dementia experienced depression up to three years after that spouse died.

Changes in eating or sleeping patterns, loss of energy, becoming easily angered or agitated, low-level sadness for months – these are some of the symptoms. Early attention to them may keep a mild depression from becoming more serious.

Maintaining good health is imperative for caregivers. Sleep, exercise and a healthy diet can ward off physical problems, but emotional health is critical also. Family and friends can offer support and sometimes just being asked to help. A caregiver support group on the Internet or in person may offer needed relief.

But self-care MUST come first. The loving kindness that caregivers offer their loved ones can continue only if they remain physically and emotionally healthy themselves. This self-care is anything but selfish. It’s yet another generous act of love because it reduces the risk of emotional breakdown. Depression need not be a by-product of caregiving.

Prayer: Loving God, thank you for those who tirelessly care for the ill and infirm. Keep me mindful of those who can ease their burdens with my friendship and my offer of help. Amen.

November Is Family Caregivers Month

Advocate Lutheran General Connections Newsletter
Jan—Mar 2013
Community HealthBeat

Healthy Digestive Systems
Your Gastrointestinal System | Colorectal Health
Nutrition for the Coming Year | Celiac Disease

How You Can Help Your Gastrointestinal System
Tuesday, January 8, 2013
Presented by:
Kenneth O’Riordan, MD
Gastroenterologist
Class Code: BG52

Colorectal Health
Tuesday, January 15, 2013
Presented by:
Slawomir Marecik, MD
Colorectal Surgeon
Class Code: BG52

Obesity: Sound Nutrition for the Coming Year
Tuesday, January 22, 2013
Presented by:
Marc S. Fine, MD, FACG, FACP
Gastroenterologist
Class Code: BG52

Celiac Disease: Diagnosis and Management
Tuesday, January 29, 2013
Presented by:
Esperanza Garcia-Alvarez, MD
Pediatric Gastroenterologist
Center for Children’s Digestive Health
Class Code: BG52

All lectures are free and take place from 7 – 8 pm at the West End Conference Center. Free valet parking and refreshments are provided to attendees.
Looking forward to weekly lectures in 2013:
February: Healthy Heart

Registration | Space is limited!
To register for an event, call 1.800.3.ADVOCATE (1.800.323.8622) and mention the class code or go to advocatehealth.com/uth and click on “I need a class or support group” and type the class code in the keyword box.
SENIOR ADVOCATE
BREAKFAST CLUB

Fire Safety and Burn Prevention for Older Adults
Older Adults are at risk... are you one of them?
Lieutenant Kevin Plach from the Park Ridge Fire Department in cooperation with the Illinois Fire Safety Alliance will present on keeping you and your home safe.
When: Friday, Oct. 19th, 2012
Code: 8520

You and Your Health Care Provider
Learn how to choose a doctor that meets your needs and what to expect at each visit. Become skilled at keeping a health history and medication logs. Be prepared when you enter your physician's office by becoming a partner in your health and well being. Presented by Diane Kuehnlenz, MS, APN (Advanced Practice Nurse) who specializes in geriatric care.
When: Friday, Nov. 16th, 2012
Code: 8521

There will be no presentation in December. Happy Holidays from your Senior Advocate and Older Adult Services Team.

Prevention is the Best Medicine
Mark Kiezel, RN Infection Control Specialist from Lutheran General Hospital will share tips on keeping healthy through prevention of infectious diseases. He will also share what inoculation is imperative to have as a senior.
When: Friday, January 18, 2013
Code: 8511

Medicare update for 2013
Medicare Update 2013
Once again Tamatha Smith, Community Relations Specialist from BlueCross BlueShield of Illinois will explain to us the latest changes in Medicare. This is a must see presentation. Bring your questions.
When: Friday, Feb. 15, 2013
Code: 8512

To register, call 1.800.3.ADVOCATE (1.800.323.8622) or visit advocatehealth.com/senioradvocate and click on “I need” and “to register for a class”
Advocate Lutheran General Hospital’s Senior Information and Resource office.....
Call us for help: 847.296.0737

Senior Information and Resource - Information and Resource is a free service that connects you with trained staff that can provide you with information on a wide variety of services and programs.

Senior Advocate - Personal assistance with Medicare and supplemental insurance billing.

Adult Day Center - This program offers a safe, secure and stimulating environment for older adults who, because of physical or cognitive disabilities require supervision throughout the day.

Expressions – A new program designed for people with early memory loss.

Philips Lifeline - Lifeline is a personal response system that links older adults to help at the push of a button 24 hours a day. The newest technology can automatically detect a fall and summon for help.

Home Delivered Meals - A support service provided to homebound elderly, individuals recovering from hospital stay or disabled persons who cannot prepare their own meals.

Free blood Pressure Screening done the first Wednesday of every month between 10:00am and Noon at our Senior Advocate office located at: 8820 W. Dempster Street, Niles, IL

(Across from Advocate Lutheran General Hospital)

Older Adult Services & Senior Advocate staff members you should know:

Mindy Haglund: Information and Referral Specialist, Home Delivered Meals and Philips Lifeline Coordinator 847.296.0737

Agata Doerfler: Senior Advocate billing counselor 847.723.7277

Linda Gonzalez: Senior Advocate billing counselor 847.723.7277

Sandra Mueller: Senior Advocate billing counselor 847.723.7277

Edythe Hirasawa: Manager, Medical Model Adult Day Service 847.624.5142

Katie Klehn: Coordinator of Expressions (early stage Alzheimer’s program) 847.296.0434

Gwynne Chovanec: Director of Senior Advocate and Older Adult Services 847.824.5143

"Wrinkles should merely indicate where smiles have been.” Mark Twain