

PREPARING FOR LOSS

May you be comforted
by memories of your loved one;
May you be surrounded
by love and compassion;
May you be consoled even now
by the faith that can sustain you.

The Palliative and Spiritual Care teams at St. Bernardine Medical Center continue to hold you in our thoughts during this difficult time.

A Guide to Palliative and Spiritual Care Services



Palliative Care 909.881.4595
Spiritual Care 909.881.4525
2101 N. Waterman Avenue
San Bernardino, CA 92404
StBernardineMedicalCenter.org



“There is no safer place to be
than in God’s loving hands.

Cast your cares on the Lord,
and He will sustain you.”

PSALM 55:22

In the end these things matter most:

How well did you love?

How fully did you live?

How deeply did you let go?

SIDDHARTHA GAUTAMA

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WE ARE HERE FOR YOU

Your St. Bernardine Medical Center Palliative and Spiritual Care support teams understand that the impending loss of a loved one is an extremely difficult and emotional time for family and friends. The need to make decisions about their care adds to the stress and can be overwhelming without the help of trained and caring professionals.

Each member of our care team is here to help you and your family in any way we can. We encourage you to use this guide as a helpful resource. Please don't hesitate to contact us directly if you have any additional questions or concerns.

Call us if you need help

- Hospital main line: 909.883.8711
- Palliative Care: 909.881.4595
- Spiritual Care: 909.881.4525

St. Bernardine Medical Center Services

Palliative Care

St. Bernardine's Palliative Care team is dedicated to improving the quality of life for seriously ill patients, as well as addressing the unique concerns and needs of their families. Our goal is to provide specialized and comprehensive management of the physical, psychological, social and spiritual needs of our patient, so that your loved one's last days may be spent with dignity and quality, surrounded by those who care.

Our team will work closely with each patient and family to ensure the patient receives highly-skilled and compassionate care specific to his or her needs. If you have any concerns or questions, please contact Palliative Care at 909.881.4595.

Spiritual Care

St. Bernardine Medical Center's Spiritual Care Department is available to provide spiritual support and guidance to patients, families and loved ones, regardless of their religious affiliations. Our interfaith team of chaplains is available to individuals of all faiths, as well as those who may have no specific religious affiliation.

No One Dies Alone is a program that enables trained volunteers to provide a compassionate presence at the bedside of dying patients that have no local family or friends, and would otherwise be alone. With the support of nursing staff, these volunteers are able to provide the most valuable of human gifts; a dignified death.

To reach the Spiritual Care Department, please call 909.881.4525 or you may call the hospital's main line, 909.883.8711, and request that a chaplain be paged.

Ethics Committee

There is not always a clear answer when it comes to making a decision about the care of a loved one. To help families with these difficult decisions, St. Bernardine offers the assistance of an Ethics Committee, a multidisciplinary team whose purpose is to act as a consultant when a clear choice does not exist.

For more information, call 909.881.4315 or 881.4564.

In the night of death,
hope sees a star, and
listening love can hear
the rustle of a wing.

ROBERT INGERSOL

When you were born,
you cried and the world rejoiced.
Live your life so that when you die,
the world cries and you rejoice.

WHITE ELK

How to Talk About End-of-Life Concerns

by Joanne Lynn, MD
Americans for Better Care of the Dying

It is hard to talk about dying, death and bereavement. Virtually everyone wants those conversations to have happened, but no one wants to “have that conversation today.” Talking about death seems at first to make it more real, more threatening. Afterwards though, most people find that talking ends up being very helpful and reassuring.

Strategies that may help:

1. Push yourself to take the openings that come up. When Dad says, “I think the doctor thinks things are not going very well,” the family member is prone to say, “Don’t talk that way. Everything is going to be fine.”

Instead, try, “Really, why do you think that?” or “What do you think the doctor is trying to say?”

2. You should talk naturally about a time when the person will no longer be alive, even if at first you talk about some unreasonably long time into the future.

“Mom, is there something that you want your granddaughter to have on her wedding day?” Often a very sick person will take the lead gratefully and say something like, “I wish I could see that, but I don’t think I’ll even see her at Christmas this year. I hope she finds someone half as good as your father. I wonder if I could find that apron that my grandmother gave me when we married; would you keep it and give it to her then?” Obviously, that opens the gates to all sorts of conversations over the ensuing hours and days.

3. Talk about the patient’s current hopes and fears. Ask something like, “Do you think this pain will get worse?” or “What do you think will happen as time goes on?” When you and the patient are not sure what you face, set up a way to find out (like letting the physician know that you want to discuss this at the next visit).

Remember, you need not use blunt or cold terms. Many biblical phrases, poetry, songs and metaphors deal with dying. And you need not talk about death most of the time. You can also reminisce, talk about daily life and talk about plans and hopes.

Continued on next page

How can you start?

First recognize that you and your loved one are still living and have a past, present and a future.

- Talk some about the past – share stories about what is important or what shaped this particular person or family.
- Talk some about the present – what is going well and what is going badly for patient and family.
- And, even though it may seem awkward, talk about the future – what hopes and dreams lie there, what practical problems and how long the patient may live. In addition, you might find it useful to consider a list of important issues that are usually appropriate to consider.

Talking about the Future

Pointers on conversations about the future between seriously ill patients and those who love them:

- Use language that everyone is comfortable using.
- Take your time. Pauses and shared quiet time can communicate, too.
- Check what one another understands and feels.
- Encourage the patient to talk, in his or her own way.
- Talk of the time near death and just after in a natural way.
- Talk of practical matters and also of emotions and spiritual issues.

*Taken from www.pbs.org/onourown/terms, the companion site to the PBS series, *On Our Own Terms: Bill Moyers on Dying*.*

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Preparing for the Death of a Loved One

The impending death of a loved one is always a difficult and emotional time, but knowing what to expect during their final days can help you prepare for what is to come. Below is a list of common physical and emotional-spiritual-mental signs and symptoms that you may see as the illness progresses, as well as some helpful ideas on how to best respond. Not all of these signs and symptoms will occur in everyone or in this particular order. It's important to remember that each person is unique and may experience a different course throughout their illness.

Decrease in Eating and Drinking

As your loved one's illness progresses, he or she may have little interest in eating and/or drinking. An individual's body will let them know when it no longer desires or can tolerate foods or liquids. The loss of this desire is often a sign that the end is near. This is not a painful process. Dehydration no longer makes them uncomfortable. You can:

- Allow the person to eat and drink whatever is appetizing to them, but any nourishment should be taken slowly and in small amounts.
- Let the person decide how much and when to eat and drink. Be careful of decreases in swallowing ability, and do not force fluids if the person coughs soon after. Reflexes needed to swallow may be sluggish.
- Offer small chips of ice, frozen juices or Popsicles, which may be refreshing in the mouth.
- Give moistened tootlettes or swabs may keep the mouth and lips moist and comfortable.
- Offer a cool, moist washcloth on the forehead may also be welcomed.

Decreased Socialization

At times, your loved one may want to be alone, or with a very select group of people. Since the patient may begin experiencing slow or difficult speech and may be weak or fatigued, it is often natural for them not to feel like socializing. You can:

- Limit visitors and/or take shifts.
- Keep the environment quiet and calm.
- Reassure the person that it is acceptable to sleep and/or be alone – if desired.

Increased Periods of Sleep

During this time, it is natural for a person to spend an increasing amount of time sleeping, because as the illness progresses, the body has an increased need to rest. Your loved one may also be uncommunicative or unresponsive at times, which may be normal and due to any number of factors, including medication.

You may want to:

- Sit with the person, hold their hand gently and speak softly and naturally.
- Let them rest as much as possible.

Restlessness

It may be normal for your loved one to make restless and repetitive motions, such as pulling at sheets, or to report having visions. These symptoms may be the result of decreased oxygen to the brain and/or metabolic changes. Do not be alarmed or interfere, or try to restrain such motions. When this occurs you can:

- Maintain a safe environment.
- Talk calmly and reassuringly to the person.
- Lightly massage or stroke their hand or forehead.
- Read to the patient or play soft music.

Disorientation

Your loved one may seem confused about time, place and the identity of people around them, including close and familiar people. In conscious moments, the person may speak or claim to have spoken to people who have already passed, or to see places not visible to you. This is not a hallucination or a reaction to medication. It signifies a person beginning a normal detachment from this life, preparing for the transition, so it will not be frightening. You can help by:

- Consistently identifying yourself to the person.
- Listen with respect to whatever they have to say; allow free expression of feelings and offer comfort through touching and/or talking reassuringly and calmly.
- Refrain from trying to contradict or explain.

Incontinence

Your loved one may lose control of urine and/or bowels as the muscles in the area begin to relax. Diapers or “chux” may be helpful to protect the bed. In addition, urine output may decrease, due to decreased fluid intake and to a lessening of circulation through the kidneys, and a Foley catheter may be inserted. During this time, you can help by monitoring your loved one for bowel issues and alerting staff if you notice they need assistance.

Breathing Pattern Changes

Changes in breathing patterns are very common for a person with a progressing illness. Your loved one may experience a change in breathing patterns and/or breathing pace, which can be shallow, irregular, fast or abnormally slow. Sometimes there may be a moaning-like sound on exhale; this is not distress, but rather the sound of air passing over relaxed vocal cords. You can:

- Help your loved one elevate their head and/or turn onto their side, which may increase comfort.
- Be reassuring and calming to the patient.

Congestion

During this time, oral secretions may collect in the back of the throat and cause gurgling sounds in the chest because the person can't cough them up. While normal, these sounds may become loud and distressing to hear. You may:

- Turn your loved one's head to the side and allow gravity to drain the congestion.
- You may also gently wipe the person's mouth with a moist cloth.

Color changes

Due to changes in circulation, a person's arms and legs may become cold, hot or discolored. This may be especially noticeable in extremities where the color may change to a darker, bluish hue. This is a normal indication that the circulation is conserving to the core to support the most vital organs.

- To help, you may keep your loved one warm if they appear cold and vice versa.

Permission to Go

When a person nears their final days, the body will begin the process of shutting down. This is usually an orderly and non-dramatic series of physical changes that are not medical emergencies and do not require invasive interventions. These physical changes are a normal, natural way in which the body prepares itself to stop. This release may include resolving whatever is unfinished of a practical nature and seeking or receiving permission from family members to “let go.”

To assist your loved one in this process, you may give them permission to go and assure them that those left behind will be all right.

Saying Goodbye

When it appears that your loved one is finally ready to let go, this is the time to say any final goodbyes. It may be helpful to just lie in bed with the person, hold their hand and/or say everything you need to say. Feeling overwhelmed with physical emotion is a normal and natural part of saying goodbye, and it is encouraged that you openly express your love and this will help you let go.

Adapted from www.pbs.org/onourown/terms, the companion site to the PBS series, On Our Own Terms: Bill Moyers on Dying.

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How to be With a Dying Person

*by Frank Ostaseski, founding director
Zen Hospice Project, San Francisco*

Dying is much more than a medical event. It is a time for exchanging love, for reconciliation and transformation for all involved. It is a chance for a dying person's loved ones to become compassionate companions on a journey of continuous discovery.

Fear is only natural. Doubt is to be expected. Whether we are making the bed or confined to it, we will come into contact with the precarious nature of this life and also come to appreciate

its preciousness. Each person's death is as unique as their birth. No one technique can fit every situation, but the following tips can serve as a rough guide during a loved one's final days.

Be Yourself

Relate to the person, not the illness. Bring both your strength and vulnerability to the bedside. It's OK to cry. People who are dying continue to need intimate, natural and honest relationships. Don't use your role in a person's death to downplay or avoid that person's suffering.

Empathize

The greatest gift we can offer another is our undivided attention. Listen without judgment or an agenda. Be aware of feelings and non-verbal cues. Respect the personal truths the dying person may be discovering. Be mindful of your own inner experience and talk about your discoveries.

Show Human Kindness

Details do matter. A cool cloth on a perspiring brow, holding the hand of a frightened patient, listening to a lifetime of stories. When offered with attention and love, these ordinary activities convey caring and acceptance, build trust and enhance self-esteem. Trust your innate compassion and capacity to embrace the suffering of another as your own.

Keep it Simple

Have confidence in the healing power of human presence. Particularly in the final days, slow down and leave room for silence. Reduce distractions. Create a calm and receptive environment. Honor the spiritual dimensions of dying. Let go of control and be willing to acknowledge ignorance in the face of this extraordinary mystery.

Taken from www.pbs.org/onourown/terms, the companion site to the PBS series, On Our Own Terms: Bill Moyers on Dying.

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Spiritual Care at the End of Life

At St. Bernardine, the Spiritual Care Department strives to provide each person, and their family, with spiritual care and guidance, regardless of their religious affiliations or faith preferences. During this time, it is normal for the dying person and his or her family to experience a range of feelings and emotions toward life and spirituality, as it's often the way people give meaning to their suffering.

In general, regardless of faith preferences, it is helpful to recognize basic spiritual needs as they arise and address them by listening to and discussing them. Here is a list of some spiritual needs and concerns and what you can do.

Belonging

Near the time of death, a person or family member may feel a need for belonging. This can be expressed with verbal affirmations of love and with comforting physical gestures. This may be a time to reminisce and express feelings, and it's a chance to surround the person with peace, beauty and familiar images to help their transition.

Meaning

The individual and their family members may look for meaning as the end nears. Questions regarding spirituality and the afterlife may arise and it's helpful to assist and empower the person in their search for meaning. In addition, it's important for family members to have the opportunity to express meaning and reverence in their own terms.

Forgiveness

During this time, the need for reconciliation or healing a past "wrong" may surface. It's important to honor the person's need for forgiveness and help facilitate and embrace open communication.

Goodbyes

As the end draws near, saying a final goodbye may help the patient to let go. At this time grief may be freely expressed and spoken of, both by the patient and by family members. Grief is a normal human process, and its expression may help bring healing. As part of grieving, it helps both the family and the patient to express realistic hopes. It is crucial to express gratitude for the passing person's life and to accept that person's gratitude as it is expressed to family members. All of this paves the way for saying goodbye.

Ritual

Prayer, ritual and sacrament can affirm and celebrate the significance of this time and the people living it, offering sustenance in the midst of loss. Ceremonies of anointing and forgiveness, remembrance and release can connect us with each other and with the divine in profoundly healing ways. The language of the heart and soul is sometimes best expressed in rites and rituals that are meaningful to us.

Health Care Planning

Anxiety during a patient's stay, in both family members and the patient, may be relieved by using health care planning, health care directives and a shared awareness of the patient's treatment choices and priorities. A patient who feels their choices have been clearly heard, may be able let go with less anxiety. In addition, the family can share the gift of knowing they are shaping this last life passage to the wishes of the one who is leaving them.

What is Hospice?

Historically, hospice meant a way station, a place of hospitality where travelers could stop for rest and refreshment before continuing on their journey. Today, hospice is not a place, but the name for an interdisciplinary program of care that provides palliation (relief from symptoms) as well as emotional and spiritual support to terminally ill people and their families and friends. Hospice assists families and friends in adjusting to the patient's illness and death. The patient and caregivers together are considered the unit of care. It is available in nursing homes, the patient's home and some hospitals, or in specialized care facilities.

Hospice care emphasizes enhancing the quality of life and preserving the patient's sense of dignity and self-worth. This includes helping to provide the terminally ill person with an alert, pain-free existence when possible, emphasizing the patient's roles in decisions regarding their plan of care, and assisting them in their desire to stay at home under the care of family, friends and visiting professionals.

Hospice medical care focuses on pain and symptom control and other supportive measures. It is an alternative to treating the patient with aggressive medical regimens, which may no longer be desired nor effective.

When a patient has only months to live, the decision-making process for physician and patient under hospice care focuses on how to enhance the quality of the patient's remaining time.

Hospice is not for everyone – either at the time of possible admission or during the course of hospice care. No one should be pressured in any way to be admitted to a hospice program or to remain in one against his or her wishes. A patient/physician decision to reactivate aggressive curative therapy or seek long-term remission through medical interventions will be respected. Patients are always free to withdraw from hospice care.

*Adapted from material by the Metropolitan Hospice of Greater New York and taken from www.pbs.org/onourown/terms, the companion site to the PBS series, *On Our Own Terms: Bill Moyers on Dying*.*

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More Information on Hospice

If you would like more information on hospice, you may speak with a physician, social worker or palliative care team member. They can help assist you in identifying if your loved one is a candidate and how to get in touch with a hospice agency. Or you may contact the Hospice Foundation of America, www.hospicefoundation.org or 800.854.3402.

PRACTICAL CONSIDERATIONS IMMEDIATELY AFTER DEATH

Do not stand at my grave and weep.
I am not there. I do not sleep.
I am a thousand winds that blow.
I am the diamond glints on snow.
I am the sunlight on ripened grain.
I am the gentle autumn rain.
When you awake in the morning's hush,
I am the soft uplifting rush
of quiet birds in circling flight.
I am the soft star that shines at night.
Do not stand at my grave and cry.
I am not there.
I did not die.

– ANONYMOUS

Hospital Procedures

Immediately following the passing of your loved one, a brief time will be permitted to allow for family and friends to say their final goodbyes. Your loved one's belongings will be carefully packed for you to take home. If you have not received these belongings, please check with the nurses' station or with the Public Safety Department, 909.883.8711, extension 2911.

At this time, you may be asked about funeral home/mortuary arrangements and will be asked to sign a few forms allowing the hospital to proceed with your family's desired plans. If you have not yet made this decision, or need assistance, please don't hesitate to call Nursing Administration at 909.883.8711, extension 3278 or 4440.

In addition, this booklet contains a list of local funeral homes and mortuaries to help you in making your decision. Please see page 19 for more information.

Organ and Tissue Donation

You may also have the opportunity to donate organs and/or tissues to people in need through the regional organ and tissue recovery agency, One Legacy, in accordance with California law. We want to assure you, as arrangements are made, that your loved one's body will be treated with dignity and care. Donation of organs and/or tissues does not interfere with an open casket funeral, should this be desired. Every effort will be made to schedule the donation procedure so that there should be no delay in making the funeral arrangements.



www.donateLIFecalifornia.org
www.doneVIDAcalifornia.org

People You May Want to Call

It is important to have a support system during this difficult time, and you may want to lean on relatives and friends to help you. Here is a list of possible phone calls you may want to place:

Personal

- Relatives
- Friends
- Church or religious group
- Employers
- Associations

Professional

- Funeral director
- Attorney
- Insurance companies
- Financial institutions: bank, brokers, credit cards, etc.

Social Security Benefits

A surviving spouse, dependent child, dependent parent(s), or, in some cases, divorced spouse, may be eligible for Social Security survivor's benefits. One such benefit is a lump sum cash payment to help defray funeral costs.

To inquire about these or other benefits, you must apply in person at any Social Security office. The address of the office nearest you is located in the blue pages of the phone book under United States Government, Social Security Administration. You can call 800.772.1213 for more information, 24 hours a day, or visit www.socialsecurity.gov. When applying for benefits, you must produce the following:

- Your Social Security number, as well as the deceased person's number
- Marriage Certificate
- Proof of marriage termination (if any)
- Income record for previous year
- Birth certificate of deceased, widow or widower and children under 18 (under 22 years old for college students)
- Death certificate (multiple copies will be needed for other benefits or financial matters)

Veterans Benefits

Families of honorably discharged veterans of the United States Armed Forces are eligible for certain funeral and burial benefits. They may include:

- A large presentation flag
- A basic burial allowance
- Transportation costs
- Memorial tablet allowance
- Insurance
- Other additional state and local benefits

To file an insurance or burial claim, please visit your nearest Veterans Administration office immediately after the veteran's death. For more information, contact the San Bernardino County Department of Veterans Affairs at:

San Bernardino Veterans Administration

175 W. 5th Street
San Bernardino, CA 92415.
909.387.5516
<http://hss.co.san-bernardino.ca.us/va/>

Guide to Local Funeral Agencies and Mortuaries

Any of the following county funeral agencies may be able to assist you and your family if no prior arrangements have been made. In addition, these agencies may be able to provide clergy of all faiths to officiate at services, place an obituary announcement in local newspapers, if desired, or order necessary copies of death certificates.

Beaumont

Weaver Mortuary
1177 Beaumont Avenue
Beaumont, CA 92223
951.845.1141

Colton and Fontana

Colton Funeral Home
1275 N. La Cadena Drive
Colton, CA 92324
909.825.0570

Dickey Mortuary
8030 Mango Avenue
Fontana, CA 92336
909.822.2285

Green Acres Memorial Park
and Mortuary
11715 Cedar Avenue
Bloomington, CA 92316
909.877.2311

Inland Memorial
Colton-Hemet-Riverside-Upland
909.254.4100

Montecito Memorial Park
and Mortuary
3520 E. Washington Street
Colton, CA 92324
909.825.3024

Our Lady Queen of Peace
3510 E. Washington Street
Colton, CA 92324
909.796.9351

Hemet and Sun City

Cremation Society
of Riverside County
27784 U.S. Highway 74
Sun City, CA 92585
951.928.9108

Hemet Valley Mortuary
403 N. San Jacinto Street
Hemet, CA 92543
951.658.4433

Miller-Jones Mortuary
1501 W. Florida Avenue
Hemet, CA 92543
951.658.3161

or
26770 Murrieta Road
Sun City, CA 92585
951.672.0777

High Desert

Desert View Memorial Park
and Mortuary
11478 Amargosa Road
Victorville, CA 92392
760.949.0326

High Desert Funeral Chapel
and Cremation
16545 Bear Valley Road
Hesperia, CA 92345
760.244.1400

Victor Valley Memorial Park
and Mortuary
15609 11th Street
Victorville, CA 92392
760.245.8164

Highland

Arrowhead Aftercare
27007 E. 5th Street
Highland, CA 92346
909.425.2920

Redlands and Calimesa

Cortner Chapel
221 Brookside Avenue
Redlands, CA 92373
909.793.2353

Desert Lawn Funeral Home
11251 Desert Lawn Drive
Calimesa, CA 92320
909.795.2451

Emmerson-Bartlett
Memorial Chapel
703 Brookside Avenue
Redlands, CA 92373
909.793.2311

Riverside

Acheson & Graham
7944 Magnolia Avenue
Riverside, CA 92505
951.688.1221

Arlington Mortuary
9645 Magnolia Avenue
Riverside, CA 92503
800.275.4648

Neptune Society
4922 Arlington Avenue
Riverside, CA 92504
951.658.5565

Pierce Brothers Crestlawn
Memorial Park and Mortuary
11500 Arlington Avenue
Riverside, CA 92505
951.689.1441

Tillman Riverside Mortuary, Inc.
2874 10th Street
Riverside, CA 92507
800.300.6433

San Bernardino

Bobbitt Memorial
1299 E. Highland Avenue
San Bernardino, CA 92404
909.882.3761

Mark B. Shaw Funeral Directors
Aaron Cremation
1525 N. Waterman Avenue
San Bernardino, CA 92411
909.889.0173

McKay's Family Community
Mortuary
824 E. Highland Avenue
San Bernardino, CA 92404
909.882.3900

Mountain View
570 E. Highland Avenue
San Bernardino, CA 92404
909.882.2943

Preciado Funeraria
923 W. Mill Street
San Bernardino, CA 92410
909.383.1108

San Bernardino Mission Chapel
1798 N. D Street
San Bernardino, CA 92405
909.886.9911

Simpson Family Mortuary
1557 W. Baseline Street
San Bernardino, CA 92411
909.381.9172

For Veterans

Riverside National Cemetery
22495 Van Buren Boulevard
Riverside, CA 92518
951.653.8417

BEREAVEMENT

What the heart has
once owned and had,
it shall never lose.

HENRY WARD BEECHER

To completely trust in God is to be
like a child who knows deeply that
even if he does not call for the mother,
the mother is totally aware of his
condition and is looking after him.

IMAM AL GHAZALI

Understanding Grief

Grief is a natural reaction to loss and with it comes many ups and downs that can be manifested emotionally and physically. During this process, it is important to be patient with yourself and understand that grief is an individual process, and it may be experienced differently by each person and for different amounts of time.

Emotional Grief

- You may experience intense emotions such as sadness or loneliness.
- You may feel you need to cry, and that's an acceptable and healthy expression of grief.
- Anger is a common reaction to loss and needs expression and sharing in a healthy and acceptable manner.
- Guilt, real or imagined, is a normal part of grief. It surfaces in thoughts and feelings of "if only." In order to resolve this guilt, learn to express and share these feelings. Learn to forgive yourself.
- Feelings that you have 'nothing to live for' are serious and require attention. If you find yourself unable to move forward, please seek the advice of a medical professional.

Physical Grief

- Normal reactions to the death of a loved one may include loss of appetite or overeating, sleeplessness and sexual difficulties. There may be a lack of energy or concentration. A balanced diet, rest and moderate exercises are especially important at this time.
- Avoid the use of drugs and alcohol. Medication should be taken sparingly and only under the supervision of your physician. Many substances are addictive and can lead to a chemical dependence. In addition, they may stop or delay the necessary grieving process.

Other Important things to Consider

- Whenever possible, put off major decisions such as changing residence, changing jobs, etc., for at least a year. Avoid making hasty decisions about your loved one's belongings. Do not allow others to take over or to rush you. You can do it little by little whenever you feel ready.

- Children are sometimes forgotten or overlooked in the grieving process. They are also experiencing many of the same emotions you have, so share your thoughts and tears with them. Though it is a painful time, be sure they feel loved and included.
- Holidays and the anniversaries of your loved one's birth and death can be stressful times. Consider the feelings of the entire family in planning how to spend the day. Allow time and space for your own emotional needs.

What You May Need as You Grieve

Time

Please take time alone and time with others whom you trust and who will listen when you need to talk. Feeling and understanding the emotions that go along with loss is an ongoing process.

Rest, Relaxation, Exercise, Nourishment and Diversion

Grief can be an exhausting process and you may need extra time to replenish. Whether it's a hot bath or an extra afternoon nap, allow yourself time to rest, relax and do what connects you to others and makes you happy.

Security

Having a sense of security and stability can help. Allow yourself to be close to friends and family you trust. Sometimes getting back into a routine helps, but do things at your own pace. In addition, try to reduce stresses in your life by finding help or entrusting family and friends.

Hope

You may find hope, comfort or friendship in those who have experienced a similar loss. Their journey to healing may help inspire you and may give you hope that sometime in the future your grief will be less raw and painful.

Caring

Try to allow yourself to accept the expression of caring from others, even though it may initially feel uneasy and awkward. In addition, helping a friend or relative suffering from the same loss may bring a feeling of closeness with that person.

Goals

For some, it may seem hard to find meaning in day-to-day life. At times like these, you may find that making small goals can be helpful. Having something to look forward to, like playing tennis with a friend or planning a trip may have a positive impact on your outlook.

At first, don't be surprised if your enjoyment of these things isn't the same. This is normal. As time passes, you may want to work on some longer-range goals to give some structure and direction to your life. You may need guidance or counseling to help with this process and that is normal and acceptable.

Small Pleasures

Do not underestimate the healing effects of small pleasures – watching a sunset, a walk in the woods, a favorite food. Finding enjoyment and allowing yourself to experience it, is a positive step forward.

Permission to Backslide

Grief can be cyclical and sometimes after a period of feeling better, you may find yourself feeling extreme sadness, despair or anger once again. This is normal and acceptable. If at any time your feelings become too overwhelming, don't hesitate to contact a medical professional for advice and/or support.

Bereavement Support Groups

We understand that this is a difficult time for family and friends and there may be a need for additional support services. This is a partial list of community support groups available to you and your family/friends. Please call for specific dates, times and locations.

St. Bernardine Medical Center

2101 N. Waterman Avenue
San Bernardino, CA 92404
2nd and 4th Tuesdays of the month
Baby & Family Center.

(Pass main hospital entrance. Turn left into first driveway after hospital's parking structure. The Baby & Family Center is directly ahead.) 909.881.4387

OTHER SUPPORT GROUPS

Loma Linda University Medical Center

909.558.4367

Odyssey Healthcare

909.888.5000

Redlands Community Hospital

Home Health and Hospice 909.335.5643

Visiting Nurses Association (VNA) of Inland Counties

951.413.1300

Vitas Innovative Hospice Care

909.386.6000

SUPPORT GROUP FOR CHILDREN/TEENS WHO ARE GRIEVING:

All About the Children – VNA Hospice

6235 River Crest Drive, Suite P
Riverside, CA 92507
951.656.3153

Mourning Star – VNA Hospice

264 N. Highland Springs Avenue, Bldg 4, Suite B
Banning, CA 92220
951.845.8439

Mourning Star – VNA Hospice

High Desert Location
18169 Bear Valley Road, Hesperia, CA 92345
760.948.7249

Mourning Star – VNA Hospice

Palm Desert Location – VNA Hospice
73726 Alessandro Drive, Suite 104
Palm Desert, CA 92260
760.836.0360

COUNSELING

Community Counseling Center

Cal State San Bernardino
\$10 sessions by appointment only
Students supervised by faculty
909.537.5569

Family Service Agency

1669 N. E Street, San Bernardino, CA
909.881.2691

Inland Behavioral & Health Services

1963 N. E Street, San Bernardino, CA
909.881.6146

SUPPORT GROUPS FOR THE LOSS OF CHILDREN

Compassionate Friends

Peer support groups for parents who have lost a child and siblings.

Inland Empire Chapter

First Congregational Church

2 W. Olive (corner of Cajon & Olive)

Redlands, CA

909.793.3157

www.compassionatefriends.org

First Candle

SIDS Alliance National Headquarters

Free information

Bilingual crisis counselors available 24 hours

800.221.7437

www.firstcandle.org

Umbrella Ministries

Support group and encouragement for those who have lost a child, including stillborn and miscarriages.

760.328.7142

www.umbrellaministries.com

ONLINE SUPPORT

The internet offers many types of online support, such as articles, discussion boards and online memorials. A few are listed below:

www.americanheart.org. Web site for the American Heart Association offers information and support.

www.beyondindigo.com. This site provides information regarding care giving and grief. Includes articles, message boards and personalized grief support.

www.cancer.org. Web site for the American Cancer Society offers information and support.

www.caregiver.com. The Web site for Today's Caregiver Magazine. Includes information about subscriptions to the magazine, as well as online articles and a store.

www.caringbridge.com. Free, personalized Web sites that support and connect loved ones during critical illness, treatment and recovery.

www.caringinfo.org. Caring Connections is a program of the National Hospice and Palliative Care Organization. This Web site offers free resources and information regarding advanced planning and end-of-life care.

www.grieflossrecovery.com. Site includes articles and poems. Allows users to submit prayer requests and create memoirs for lost loved ones.

www.griefshare.org. Assists in locating local grief support groups. Provides a bookstore with coping-related books. For those interested, it has a sign-up to receive daily e-mail messages for additional support.

www.inlandcaregivers.com. The Web site for the Inland Caregiver Resource Center. Provides support, information and resources for families living with traumatic brain injury or other brain impairing conditions, such as dementia, stroke, MS, ALS, Parkinson's, Huntington's, etc.

www.webhealing.com. This site offers grief discussion boards, articles and links to other supportive resources.

www.widowswearestilettos.com. Web site for young widows, offering a monthly newsletter and message board.

Recommended Reading

Reading about loss can sometimes help you better understand your feelings and learn coping strategies. A few books you may find of interest are:

Final Gifts: Understanding the Special Awareness, Needs and Communications of the Dying. Maggie Callahan, Patricia Kelley; Bantam Books, 1992.

Finding Your Way After Your Spouse Dies. Marta Felber; Ave Maria Press, Inc., 2000.

How To Go On Living When Someone Your Love Dies. Therese A. Rando; Bantam Books, 1991.

I'm Grieving As Fast As I Can: How Young Widows and Widowers Can Cope and Heal. Linda Sones Feinberg; New Horizons Press, 1994.

Nothing Left Unsaid: Creating a Healing Legacy with Final Words and Letters. Mary Polce-Lynch; Marlow and Company, 2006.

On Death and Dying. Elisabeth Kubler-Ross; MacMillan Publishing, 1969.

On Grief and Grieving: Finding the Meaning of Grief Through the Five Stages of Loss. Elisabeth Kubler-Ross, David Kessler; Simon & Schuster, 2005.

Surviving the Death of a Sibling: Living Through the Grief When an Adult Brother or Sister Dies. T.J. Wray; Crown Publishing Group, 2003.

The Needs of the Dying: A Guide for Bringing Hope, Comfort and Love to Life's Final Chapter. David Kessler; HarperCollins Publishers, 2007.

The Orphaned Adult: Understanding and Coping with Grief and Change After the Death of Our Parents. Alexander Levy; Perseus Publishing, 1999.

What Dying People Want: Practical Wisdom for the End of Life. David Kuhl; Public Affairs, 2002.

When Bad Things Happen to Good People. Harold Kushner; Schocken Books, 1981.

When Life Becomes Precious: A Guide for Loved Ones and Friends of Cancer Patients. Elise NeeDell Babcock; Bantam Books, 1997.

When Parents Die: A Guide for Adults. Edward Myers; Viking Penguin, Inc., 1986.

For Children

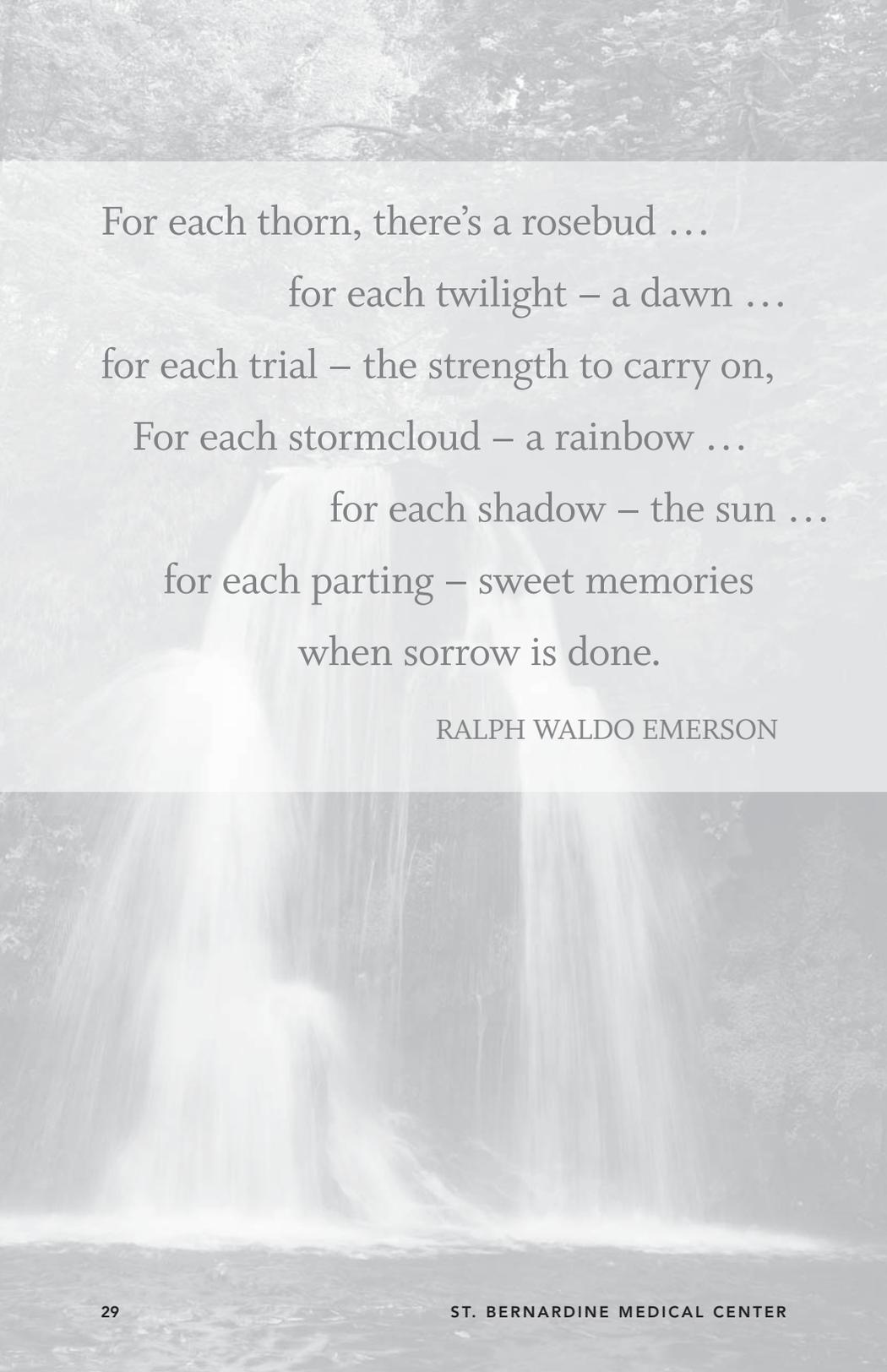
How to Help Children Through a Parent's Serious Illness. Kathleen McCue; Ron Bonn St. Martin's Press, 1994.

I Miss You: A First Look at Death. Pat Thomas; Barron's Education Series, Inc., 2001.

The Fall of Freddie the Leaf. Leo Buscaglia; Charles B. Sack, Inc., 1982.

When Someone Very Special Dies: Children Can Learn to Cope With Grief. Marge Eaton Heegard; Woodland Press, 1988.

You Are Not Alone: Teens Talk About Life After the Loss of a Parent. Lynne B. Hughes; Scholastic, Inc., 2005.



For each thorn, there's a rosebud ...
for each twilight – a dawn ...
for each trial – the strength to carry on,
For each stormcloud – a rainbow ...
for each shadow – the sun ...
for each parting – sweet memories
when sorrow is done.

RALPH WALDO EMERSON