

# *Fear Me Out Podcast*

## **Episode 7**

Hosted by Clinical Psychologist - Dana P. Saperstein PhD.

*Guest Speaker*

**Dairing Pearson - Death**

**Dr. Dana 00:11**

There are two basic motivating forces fear and love. When we're afraid, we pull back from life. When we're in love, we open up to all that life has to offer with passion, excitement, and acceptance.

**Fear Me Out 00:30**

Coming to you from our studio in Santa Barbara, California. This is the fear me out podcast. We're not your typical Self Help Program. Our show takes a deep dive into those psychological issues that affect us on a daily basis. We hope to shift your perspective and have you experiencing emotions differently. Now here are your hosts Kim Fauskee and Dr. Dana Saperstein.

**Kim Fauskee 00:51**

On today's episode, we're going to switch gears and speak about the unspeakable death. We're joined in studio by Dairing Pearson who through her own experience of facing the sudden and tragic loss of her father at an early age, she began her own healing journey that subsequently led her to become a licensed clinical social worker who specializes in grief and bereavement counseling for hospice patients and their families. We hope you enjoy our discussion with Rina so on this quintessential Southern California day, we're going to talk about a topic that is taboo to most of us in the only thing guaranteed in life. And that is the subject of death Dairing. Thanks for being here. Again, I want to give you props for the job that you do not only for hospice in Santa Barbara, but for its patients and families as well. And I've talked about this already, but once you give our listeners a little idea of who Dairing is. Thanks, Dana.

**Dairing Pearson 01:55**

I'm glad to be here and Kim. I'm a grief counselor with VNA health, work in their bereavement care program and help to coordinate that program, which provides grief counseling, and grief support to all members of our community.

**Kim Fauskee 02:12**

In how long have you been doing this for?

**Dairing Pearson 02:15**

I've been at VNA health, in the bereavement care program for 13 years. And prior to that I was a hospice volunteer for about six and a half years.

**Kim Fauskee** 02:24

So I think that's the interesting aspect of how you got involved in doing what you're doing. So I think the listeners would be very interested in some of what you did as a volunteer and how that kind of led you into what you're doing today.

**Dairing Pearson** 02:40

Yeah, I became a hospice volunteer after my mother died in 2001. But I had actually been drawn to the work for really, honestly, most of my life, which is based on an early loss in my family, where I lost my father at the age of two. And that event was a very important part of my entire existence growing up. And sometimes I describe it as I grew up with a bereaved person, my mother, and then in my, in my 20s, you know, I got married and had children, but still felt very, very drawn towards this great mystery of death and the dying process and grief, which was something both known and unknown to me was the grief process. And after much time, and my mother died after a long illness in 2001. And I finally felt like, I want to, I want to go, I want to go work somehow in that area. And I just picked up the phone and called, was called visiting nurse and hospice care then and six months later started training for to become a hospice volunteer, and I've been with them ever since one way and another.

**Kim Fauskee** 04:01

Are there different volunteer options for hospice? Volunteers,

**Dairing Pearson** 04:07

there are the training that I did. And what a lot of people do is a training to be part of the hospice care team, where you go into the home, or the place where the person is receiving hospice care, and you help out. You're part of the team, you're part of the nurse, the social worker, the chaplain, the doctor, all of the people who are helping to care for the patient, you actually, as a volunteer, an important part of the team in the sense of there might be things needed, that all of the other disciplines aren't doing, you know, whether it's companionship, helping out with household tasks, listening to the person or in their family. So Volunteering is a hugely important and rewarding part of hospice care. After doing it for six and a half, seven years, I decided I really wanted to work in the field. And I needed qualification. So I went back to school. And now I'm a licensed clinical social worker and a full time grief counselor with hospice.

**Kim Fauskee** 05:10

So, Dana, why are we fearful of death?

**Dr. Dana** 05:15

Well, I think that there are certain aspects of the concept of death that are frightening. Sometimes it's not knowing what's going to happen when you die. What I don't think that anybody actually really knows for sure. What happens after we die? And lots of different theories, lots of different ideas. There has been some stuff written about that, though. Yes, yeah. There are some people actually, you know, who really believe that they have sort of insight into that, into that process. And I think that that the actual, while you would probably speak better about it than I would, during the process of what you go through, when you're, when you go on to hospice is, has all different types of fears, you know, the fear of kind of

losing control yourself, the fear of maybe being a nuisance, the fear of, you know, the embarrassment of maybe losing control of some of your, you know, abilities to function, all kinds of different stuff. But I, I would absolutely believe that You would speak better about this, and I would, what's your most? What are the most common fears that come up for you when you're working with people?

**Dairing Pearson 06:23**

Well, I think you've identified many of them and the fear of the unknown, the fear of uncertainty, simply the fear of of pain, whether it's emotional pain, or psychological pain, physical pain, of course, I mean, the fear of that is common. And think, like people who get a cancer diagnosis, you know, they fear, you know, what's going to happen to my body? What's going to happen to my functioning, you know, how am I going to be? I think, anytime anyone loses health, you know, they enter into that world of fear. With it, maybe with a diagnosis, even of a chronic illness, there's a fear around functioning and wellbeing, and just how, how is this going to be for me, there are a lot of myths around hospice care that it's only at the end, it means you're dying, you know, that we work really hard to try to allay those, you know that that's not the case. My mother in law in Minnesota, died a number of years ago, but she went on hospice care, in her home, at which it was in Minnesota, and she was, I think, 91 at the time, and had, you know, pretty severe Parkinson's and other conditions. And when she went on hospice care, I was like, great, this is so good. You know, I mean, that was my response, because now she has a chaplain who's going to come and visit her now she has more services. Now she has, I think she even had a music therapist, you know, who came. And so my, my feeling of, you know, grandma's on hospice cares, like, this is good, you know, where it's just so different to how some people experience that word hospice is instills fear unnecessarily, I would say in some people, and even my mother in law was on hospice care for five months, and then died in her, you know, where she was residing under that care. And my husband, her son, was lucky enough to be with her when she died. And it was one of the most, you know, mystical and special experiences of his life was to be with his mother as she passed. And he speaks of it to this day, you know, with sort of tears in his eyes and a lot of emotion and a lot of just gratitude that that could happen, you know, so, there's, but back to fear. There are many fears associated with illness and the dying process,

**Dr. Dana 08:54**

and how do you help people when you can tell that they're actually feeling really overwhelmed with that fear?

**Dairing Pearson 09:01**

Right? Well, sometimes knowledge is helpful, you know, sometimes just having some more knowledge is reassuring, because, again, the fear of the unknown is really threatening, right, you know, and sometimes we can give just knowledge about what to expect or what could happen. You know, how to prepare oneself in different ways. But sometimes, fear of the unknown is fear of a completely unforeseeable future. Like a woman says to me, my husband's on hospice care, they say he only has three weeks to live, we've been married for 45 years. I don't think I can survive this loss. And this is reasonable, right common feeling to have. I can't necessarily say, you know, that's an unnecessary fear, I eat it. That's the fear that she has at that moment. But what we can say is, " Stand, I hear you. There are many others who have gone through similar experiences. I've worked with some of them, you won't be alone, after he dies, you know, the you'll have help. And, there are things that will help in

the future, you know, that you'll kind of learn more about when you're there kind of thing about living without him or coping without him or so. So I think the fears need to be respected, because they're really real. Right. But there are also things that can help.

**Dr. Dana** 10:35

You know, it's interesting, you bring up the notion of helping the person realize they're not going to be alone in the process. I think that that in my clinical work is one of the most important things in helping people manage whatever their fears might be. Not just necessarily, you know, dying, but just about any fear can be more easily met. When you have company, when you have someone that that, you know, that really cares about you and is willing to be present with you while you're going through whatever you go through. Sure. If you think about being a little kid, right, what do we do for our children when they're afraid? Hopefully? Yeah, hopefully, we don't shame them and tell them that there's nothing to be afraid of. Right? Right. You know, we comfort them. Yes. Theoretically, we're supposed to comfort them. Theoretically, yes, we've

**Kim Fauskee** 11:23

talked about this, yeah,

**Dr. Dana** 11:24

take them in our arms and help them feel safe. And I don't think that we ever outgrow that need for connection, whatever age we might be, because it's the most comfortable way to deal with vulnerability. It doesn't make the fear go away. But it certainly makes tolerating the fear, and managing it much, much more effective.

**Dairing Pearson** 11:45

I think. I agree. Absolutely. And all we have to have been as alone and fearful once in our lives ourselves. We know what it's like, right? You know, I mean, someone calls me for grief support. I've been the person picking up the phone looking for help, you know, I mean, I know what that's like the, even the fear of picking up the phone and making the phone call, you know, so so all you have to do is just recognize that we're kind of all in the same boat here, you know, or I've been in the boat that you're in now previously, or I will be again. So the kind of commonality of that, I think is is a really helpful way of looking at all of this. So,

**Dr. Dana** 12:27

you mentioned a few minutes ago that you decided to formally go into hospice work when your mom died. Was there something about her death that sort of that led you specifically to want to start working in this area?

**Dairing Pearson** 12:40

Yeah, well, it was really my father's death when I was two, that was the instigating, you know, inspiration. And his was a sudden death. My father was a young man of 32. And he took a commercial airline flight. In Canada, actually, where we were living at the time, even though we're an Irish family, we were living in Canada. And it was a commercial flight from Montreal to Toronto, and the plane went down. Everybody on board died 118 people. It was it was a disaster. Yeah. And I am too young to

remember it because I was only two. But it was, you know, the, the event of my childhood that kind of set everything else in motion, including moving back to Ireland and growing up there and much later, having a really strong grief experience of my own. Much, much later in my 20s. That all came out later

**Dr. Dana** 13:44

in relationship to his death.

**Dairing Pearson** 13:46

I believe so. Yeah.

**Kim Fauskee** 13:48

How did your mom remember how your mom reacted to your father's passing?

**Dairing Pearson** 13:54

at the exact time that had happened? I was too young to have a memory of it. Camera, but I'll give you a shorthand. It was one week after the JFK assassination. And this is a young woman in her 30s with a little boy and little girl. And everyone said to my mother, look at Mrs. Kennedy. Look at Mrs. Kennedy. And if you remember, Jackie, presented a stoic right, which is probably shock, you know, probably trauma, but she presented in a certain way. So that was my mother's template. It was that you're supposed to be sort of, maybe like Jackie Kennedy, you know, I mean, the whole thing was just ridiculous in terms of how one really is as a human being with with hard times and disasters and traumas. But she had little support. She had a family who cared about her, but were 1000s of miles away. She did not have an occupation that she could generate income from. She had a great deal of stress. And it was very poignant for me many, many Years later, when she came to visit me and my family here in Santa Barbara. And she said, You know, I heard of something they have nowadays and it's called grief counseling. That would have been good. You know, I was like, I wasn't a grief counselor myself, I wasn't even a hospice volunteer, but it was so poignant to think of, she identified the thing that she had needed. You know, and so, now that I'm working this field myself, I just think it's all very, it's very connected, you know, to my early experiences, that when when she died, you know, I like to say, Son, as one of my parents died very suddenly, in this sudden event and my mother died slowly of dementia. Vascular dementia can look like Alzheimer's.

**Kim Fauskee** 15:53

My mother passed from exactly the same thing. Vascular dementia really can just this past January. Oh, my goodness. Well, then, you know, I know the hospice services. Exactly. And again, the misnomer that that hospice is connected to the end of life. She was on hospice, probably 18 months, something like that, not only when she was living with my sister, but when she moved into a Memory Care Center. She continued to be on hospice told that he passed. And it was a wonderful service.

**Dairing Pearson** 16:28

I'm glad. I'm glad that helped her. Yeah. And it's so hard for everyone to see all those changes happening. And it's brutal. Yeah, it's a long death. It's a very long death. And in my mother's case, she died in 2001. So 20 years ago, she was only 72 When she died. So it kind of started, or earlyish, you know, in a way. And I went through quite a, quite a time, still occasionally hits me, where I just

wondered if I was going to get her condition when I was older. You know, I mean, it's not that it's a, you know, necessarily heritable, illness. But her mother had the same thing, her sister had the same thing. And the one person in the family, my Irish family, they look at me, they say, You're the image of your mother.

**Dr. Dana 17:30**

A little scary. If they all died from dementia,

**Kim Fauskee 17:33**

you bring up an interesting topic there. I'm an adopted child. So I didn't know my family history up until probably five years ago. And as you get older, I'm sure we'll broach the subject. Today, mortality becomes a bigger issue in your mind. And every time that I would go for my yearly physical, my physician would ask me if you found out any more about your family history, because it would not only help me, but it would also save you from having to go through a battery of testing every year on that. So I totally, totally get that from the boy, what am I predisposed to, what could I die from, you know, how old were my biological parents when they pass and so on and so forth. And through that investigation over the last five years, I've been able to find a lot of those things out. You know, so I'm not predisposed to vascular dementia. But I'm most predisposed to other cardiovascular issues. So yeah, yeah, but in but it does get me thinking about okay, I have, I still have what I consider younger kids, I still have two teenagers and one adult daughter right now. And we talked about, you know, the fear of dying. For me, it is okay, if I go in and it used to be 10 years ago, where I go in and have my yearly physical, it'd be like, hey, all is good. We'll see you next year. And now my mindset is, every time I go in, it's like, oh, how many things are going to be wrong this time? And is it going to be? Yeah, you need to talk to an oncologist right now. type thing. And you know, when I started thinking about that in my head, if I had to sit down there and got the stage three or stage four cancer diagnosis, my biggest fear is, I still have kids that I have to raise. Right,

**Dairing Pearson 19:31**

right. So often our worst fears or around our families or our kids have, you know, almost put up with anything but not them. You know, not them be hurt. Yeah.

**Kim Fauskee 19:43**

So I was thinking about while you were speaking about your experience with hospice, I don't want to call it and again, I don't want to bunch it into how we do health care in the United States which is reactive and not proactive. But you are, in a sense, reactive in terms of somebody, it's kind of toward the end of life that you have gotten that diagnosis may have weeks to live, Month to Live or a year to live type thing. So you're reacting to that. And I'm kind of interested in both your perspectives of, of when we talk about the fear of death, should this be more of a proactive discussion over life? before we, before we get to this point of, well, you're gonna die, and you're gonna die soon, and you got to prepare yourself for it now.

**Dairing Pearson 20:31**

Yeah, I think it is helpful if we can soften that conversation and allow for it in in different ways at different times, it doesn't have to be always super heavy or scary conversation, but just to kind of allow

it in the room sometimes with with conversations, and I have definitely have friends who are very open to talking about these things. Those of us that work in the hospice and palliative care and grief fields, I think we are talking about these things a lot. Maybe there's more comfort with talking about them. But it still calls for a sort of a gentleness, I think so that people aren't just, their anxiety doesn't rise up too high. You know, that's the last thing one wants to do is just trigger a whole bunch of anxiety in ourselves or another, so sort of finding ways to, to talk about it without it being super threatening. I know, with my own children, I've been less likely to share stories and talk about the very things that I encounter, you know, all the time, sort of as protecting them a little bit. My husband ever 30 plus years has been privy to much, much talk from me about death, you know, my thoughts, my fears, my process, you know, bless him, he's a wonderful listener and a really great partner for all of that. But for instance, just back to what you were saying, there, Kim, a while back, my husband, I decided, okay, we'd like to be cremated when we die. You know, that's simple. And then okay, but what do we want to do with our ashes? After that, we went back and forth. And yeah, he loves the ocean, I love the ocean. And all of that is fine. But we actually fixed on the Kimber peak. And it's a good spot, you know, clearly you can be driving down the freeway on Runway one, or one, and you can see it, you know, you can see the spot in the little trees sticking up. And so we've gone up there a number of times, you know, around, like New Years or other times, and we've just located like, the tree, you know, where we plan on it. And it's been kind of a nice little outing, you know, and it's not, like, scary or threatening or anything. It's just like, well, this is the spot, you know, this is where we're going to put our ashes one day, and we're probably going to put them there at different times, you know, chances are

**Dr. Dana** 23:02

we are your kids involved in this adventure. They haven't

**Dairing Pearson** 23:05

They haven't been with us on the expedition, but they've certainly been told about and shown photos. So they

**Dr. Dana** 23:11

know your intention.

**Dairing Pearson** 23:12

Yes, they do. Yes, they do. Yeah. And I think that's just one way of, you know, instead of saying, I'm never going to talk about it, never to think about it, I'm going to, you know, claim that's not going to happen, of Bay markets gonna happen. This is what we're gonna do, you know? So,

**Kim Fauskee** 23:30

yeah, I mean, this isn't a podcast about finance. But I mean, you bring up another good point about, you know, as you do estate planning, or as you have to as an adult, when you have kids or even don't have kids, you do have to plan for your death, your ultimate demise, right. Like what I was saying, when we started the podcast, that is the only thing that's guaranteed in life, right? And, and it's funny to sit in your attorney's office and look at your estate plan, which you know, has, you know, durable powers of attorney and healthcare and, and all the stuff that you should do in life, you know, to kind of make it easier on your family and easier on yourself when you get to that point. But it's, it's like, you have this



this kind of out of body thing thinking, wow, I'm actually planning for my death right now. Yes, yes. And, you know, it's not something again, we talk about it being, you know, taboo, because I don't think I've had much discussion with my children about it, you know, it's, for them being younger, it's, you know, out of sight out of mind, and they have so much life ahead of them. Right. And, you know, they keep thinking why am I talking about my own mortality? You know, they don't they look at me as old but not that old. Right. You're not grandma, yet?

**Dairing Pearson 24:47**

Yeah. Yeah. Well, it's it's it I think the it is hard for many people to countenance such a thought of planning for one's own death. But I think it's a huge kind. has to do for one's own family to make arrangements to make things clear, you know, to have a advanced care directive in Santa Barbara County, we call it my care, it's very simple document free to do very good idea to do it to make some arrangements about, if I were to die, here's where my, here's where you would have access to the information that you need to have, you know, it's a huge kindness because I, in my role as a grief counselor, talk to many people who are left stranded without the information that they need, including just simply what did my loved one want? You know, I don't even know what they wanted, you know, so I can carry out their wishes. So it's a tough subject. It's not a it's not, you know, of course, we all avoid it, but it's still really a big kindness to do. Do you

**Kim Fauskee 25:51**

get involved with every hospice family? Or is it a choice from the hospice families, whether they want to engage your service or not?

**Dairing Pearson 26:00**

Good question. And hospice lets every family know that they can have grief support if they want, and we stay in touch. But it's up to the individual, some people don't need us at all. And that's fine. And other people do need us. So we have a method of staying in touch, which is by mailing through phone calls. And then after that, it's up to the individual, they can come to us and say I'd like to have grief counseling, please. And it's provided free of charge, which is wonderful.

**Kim Fauskee 26:27**

In this may be a broad spectrum question. But is there any commonality to what you deal with in terms of the patients and the families that you interact with?

**Dairing Pearson 26:38**

commonality in terms of

**Kim Fauskee 26:41**

in terms of preparing them for death?

**Dairing Pearson 26:50**

Before someone dies, if they're on hospice care, I think the the is a little bit of a longer answer here, Kim, but there's an what we call an interdisciplinary team. So more than one person, a nurse looking at symptoms and pain management, things like that. A social worker helping with Oh, does this family



need and, you know, an Advanced Directive or figure out who's the durable power of attorney for health care, or maybe they need help with funeral arrangements, whenever those are needed, you know, social worker plays role Chaplain will provide spiritual counseling and care. And then sometimes there's even an A Grief need before someone dies, you know, grief, anticipatory grief, or grief. Now, even though the Death hasn't happened yet. So all of those members of the team are trying to find out what's needed, you know, what's needed here, this particular individual and their circle. And its various, it's with people of all ages, people of all backgrounds, just huge diversity of people. So, commonality, they're all human. They're all human, and they're all, you know, going through something, maybe kind of intense. So try to meet them where they're at.

**Dr. Dana 28:11**

You know, it's really interesting that you mentioned anticipatory grief, I've almost died four times in my life come very, very, very close. Fortunately, it hasn't happened. But I've come as close as a person could and survive some pretty major medical issues. And I was walking with my daughter this morning. And, and I was asking her, whether she would be willing to come on the podcast and talk about what it was like to have considered losing a parent. And she just started crying. And she said, There's no way in the world that I could get a word out of my mouth, you and I would just sit there for an hour and cry. That's all we could possibly do. Because from her experience, it's incredibly traumatic, the notion of losing me we're very close to each other. And she's a daddy's girl, for sure. And she's had to go through watching me almost die. The first time she was only 15 years old. And I know that it was very traumatic for her. And I know that and she's told me, I don't know what to do. I don't know how to live with this notion that you're going to die. So, you know, I understand from a very personal perspective, how I mean, I didn't do anything on purpose, so to die, as you know, to me to almost meet death, but it sure has affected my family in a very, very big way. Sure. So I can appreciate that notion of I mean, it didn't happen. I'm really grateful that I'm alive. But I also know that the experiences that my family has gone through were extremely difficult and very, very, very frightening and painful for them.

**Dairing Pearson 29:51**

Yeah. That goes on really, really hard. Because of being repeated, you know more than once you know

**Dr. Dana 30:00**

Yeah, just Yes, it's sadly been repetitive

**Dairing Pearson 30:04**

at any one time traumatic, but but many times, that's, that's very hard.

**Dr. Dana 30:09**

Do you ever work with people that have had these kinds of experiences that I'm describing? Yes. So hospice will conceivably, you know, talk to someone who 's family who's where the person didn't die, but almost died. The kind of trauma that's leftover after those kinds of experiences.

**Dairing Pearson 30:30**

Yes. And, you know, I think all of us have gotten a bit more aware of just trauma and trauma focused, you know, approaches in maybe the last five to 10 years, you know, right. And so, sometimes, people

come to us, and, and it's really, an I'm not an expert on trauma at all, and probably, you know, need more education in that field. But sometimes, trauma is the presenting, you know, feature of what someone's struggling with. And, and so sometimes somebody who's really skilled with trauma is what's needed most. And so we do refer out to others, many other resources, depending on the needs of the individual, right. But I will say that, you know, so many people nowadays have long term chronic illness, and have maybe beat and death a number of times, or gotten close, and maybe went into remission, or, you know, there's just long trajectories to people's illnesses. And so sometimes, and when they do die, and their family member comes to us, or their friend comes to us for grief counseling, they will talk about how long the, the narrative was, and how I felt, maybe they never would, because they had beaten it so many times. Right, you know, and that's part of their, you know, part of the really strong experience is, but I saw them come back, you know, I saw them come back. And, you know, it's it just I just, that's, I think, just think that's an important feature for people in their what they're going through is, is that something was anticipated, dreaded, feared, nearly lived through, pull back from the edge, and then again, and again and again. And that's, that's something we definitely hear about. And sometimes it's with somebody who's very elderly, you know, just went through many things, you know, before they died.

**Dr. Dana 32:41**

Well, I know where my daughter has talked to her friends or other family members about what she's gone through in relationship to me, than most of the time what she's told us, what, can't you just be grateful that he survived? You know, why do you have to be sad about that? Why? Why do you have to be scared, you should just be happy, because he's at all here, which is really, sort of, it's a denial of her experience in a very profound way. And I always feel really sad when she's, you know, says to me, Well, you know, everybody just tells me to be grateful that you're still here. They don't want to hear how scary and sad it was for me to have to consider not having my dad, right. Sure. I know that you talk about losing your dad when you were two. But I'm assuming that you could feel your mom's energy, regardless of whether you remember the experience or not. And if she had to hold everything in and just pretend like everything was okay, that had to have a really profound effect on you. And did you say you had a brother a brother?

**Dairing Pearson 33:40**

Yes, I do have one brother who's a couple of years older than I am. Yeah, I think that again. When, when people encounter someone in grief, or who's had a traumatic experience that causes them grief, right, they often feel very helpless, and very at a loss themselves, even sometimes even panicky of just like, I have no idea what to say, I feel very uncomfortable right now. And so it's natural, up or unhelpful. Sometimes to jump in with a, you should, you should just be grateful. You should just be glad you should just think of the good times, right. I mean, it's sometimes in our grief groups, you know, we'll have conversations about that with the, with the members and it'll almost be you know, almost lightheartedly, oh dear people being well, but, you know, the zingers and the you know, the kind of unhelpful statements that sounds people make, and we've all made them I mean, I've I've made poor statements to people, you know, in the past as well, because I didn't know what to say and how to be with with someone. So the feeling of helplessness is super strong, when you're with somebody who's suffering and in grief, and I think for myself and for others that, you know, work as I do, we're often dealing with our own helplessness all the time as well all the time, all the time, because it's the problem

that cannot be fixed, the person cannot come back to life, the beloved husband or wife or mom or best friend is not coming back, you know, it's an intractable problem, we will never be able to fix it. And so, so just working with that helplessness, and the kind of humility of that is really important, right for me.

**Dr. Dana 35:33**

You know, I have a very dear friend, actually, who lost his 21 year old son in a very, very violent, tragic accident. And most of the people that talked to him after he lost his son would do what you were saying, Oh, he's in a better place. You know, try to think of the positive things, because, in my experience, they were so frightened about this, the possibility that that could happen to them, that all they wanted to do was make him go away and stop talking about what happened with the son. And he approached me and he said, if one more person tells me my son is in a better place, they're going to end up being with myself. Because I can't hear that from one more person. How the hell did they know where my son is? And, and it's so disrespectful. And I said to him, you know, this, again, is an example of what people do when they're afraid.

**Dairing Pearson 36:27**

Yeah, yeah, it is. It's a little bit of a reaction. But I think we can learn from each other. In other ways, including grieving people can sometimes show us what grief looks like, and they can educate us and because I haven't lost my spouse or partner, and yet, here I am working in this area. And I haven't lost a sibling and you know, haven't lost a child. I thought it was first of all, fess up to that and tell people that I don't have your loss. But also, I've been educated by everyone I've met, everyone I've met has taught me about their experience. And I have learned from them, you know what, some of some of what it's like, right. And I remember, actually, shortly after I got married, which is over 30 years ago, being with dear friends in Ireland. And it was a couple of days after our wedding, and we visited these dear friends. And our friend Loretta, her sister had just died in a freak accident in Alaska, where she'd been a park ranger. And she had died in in, you know, very unusual and meet sudden circumstances. And I remember when I was a young woman in my 20s, at the time listening to our friend, and she was just grieving. She was weeping. She was talking. She was emoting. And she was talking about how it was to be with her sister on life support and how that life support was ending. And then the confusion and just how much she loved her sister and hurt her pain. And it was all kind of coming out of her in the most real way. And I remember thinking, Oh, my gosh, she's creeping, you know, I mean, I just like really appreciate I mean, you know, there's appreciating that really respecting that, appreciating that. And I think that's the benefit of not not turning and running is that we can be educated by other people and see what this is what it looks like, it does look like this, you know, and that's, that's grief.

**Dr. Dana 38:41**

Yes, my friend did not need to be told his son was in a better place. And as soon as I put my arms around him, we saw him together. He decided that he wasn't going to kill the people anymore, that were telling him his son was in a better place. Because what he needed was exactly what you're talking about, was not to be alone in his grief. Right? Right. Not to feel not only, you know, the incredible loss, but not to go through it all by himself. Yeah, yeah. It's a really big difference. To have people that understand and don't run can be present to you during the the status, probably the most frightening moments in your life.

**Kim Fauskee 39:21**

So so how do I do that? Right? Because our responses to try and to support our friends or our loved one sometimes can be very awkward. We say the wrong thing. We don't know what to do, so on and so forth. And I get the idea of just showing some level of vulnerability, some level of caring, but I think this is an interesting thing, because we all know people year in and you're out that have suffered, you know, from loss and how to respond appropriately to that.

**Dr. Dana 39:55**

Well, it was easy for me because it was so clear to me what he needed and I just let myself feel What was missing, what was missing was, was comfort and compassion not being not making this his son's death about my discomfort. Because when people say, you know, your son is in a better place or whatever, it's not for the person that we're talking to a suit, it's to reassure themselves that that's not going to happen to me, right. And I know enough not to do that. Because all it does is hurt the person that you're talking to. And it's not going to make my fear go away anyway. Because just because I tell myself, right, that what happened to his son is not going to happen to me and my son, there's no guarantee of that. So it doesn't really work. But, you know, I think that the most important thing you can do is to try to understand your own feelings. And to kind of, if you can put them aside a little bit and be present to the person that is really going through probably one of the worst moments of their entire life, and it's not complicated. They just need to feel loved and supported in their process. And that's not usually with words, we're humans, and we make it complicated. Well, we make everything complicated. That's for sure. That's one of the things we do best, I think, is overcomplicate things.

**Dairing Pearson 41:10**

I think it's, I think it's also okay to Sam, I'm sorry, and I don't really have any words, right now, I'm here for you. And then do as much as you can do within your comfort zone, but don't feel like you have to go beyond that, because you're human too, and you're not called on to take on everything for another person, you know, and their grief is their experience, and maybe it's most helpful to just offer some practical help, you know, it's their kind of kind of walk your dog or you know, I mean, sometimes those things are actually more needed and more helped helpful than sort of emotionally trying to absorb everything, you know, what someone is feeling. I was going to mention, too, that I, I, I'm honest in saying it's much harder to deal with one's own family and friends than the clients that I serve. You know, if it's my person from my circle, who's going through something very difficult, I'm much more scared. I'm much more helpless feeling I'm much more worried. You know, I mean, I just am. And so it's different sometimes to go to an office and talk to a therapist or a counselor. And it's a container, there's a certain parameters around the whole thing. It's time limited, you know, and then, so, so I think there's a place for family and a place for community in place for friends to support and there's a place for professional support, too. And sometimes you have to do a bunch of different kinds of support all ulted working together to help someone. My husband and I went through serious cancer diagnosis and treatment three years ago. I was I was scared as the next person. You know, I mean, maybe more so. From working in hospice, you know, I but it's, it's that we're in no way impervious to any of the feelings of helplessness or sadness or fear as anyone else. When it happens to to us, you know, so

**Kim Fauskee 43:35**

I know that people want to try to do the right thing. Or say the right thing. What's your opinion about being direct with people? In terms of, you know, we tend to walk on eggshells sometimes, or dance around the edges, because we don't want to understand the inevitable. You know, it's going to be okay, you know, you'll live another six months when probably that's not the case. So what's your opinions on being more direct? In that situation?

**Dairing Pearson 44:18**

Yeah, I think you bring up the question of like, what can I talk about, with this person? I'm going through these hard times. And I think it does call for some sensitivity to what is this relationship? Are we are we best buddies? Or are we acquaintances from the office, you know, like, depends on the relationship. And then maybe ask a direct question, you know, ask a question. Do you want to talk about how treatment is going? You know, ask maybe open the door, you know, do you want to talk about the, you know, your mom died last month, you want to talk about that, as opposed to assuming they do because people have so many variable names. needs, you know, people have told me like, I don't want to be asked about it. And then other things like, I wish people would ask me about it. It's like, oh, we don't know, you know, so maybe a direct question, you know, is appropriate sometimes of, hey, I'm not sure if you want to talk about this, but just let me know if I'm open if you are. And if they'd like, no last thing I want to do is talk for two days, I want to walk or I want to watch the game or I want to, you know, not be in that space. You know, I've spent the morning crying, I now just need some foam, some air or something, you know, people are variable. So. And I think it is hard to know sometimes what the best approach is, what's needed, you know, we don't always know.

**Dr. Dana 45:48**

Is there anything else that you might help us understand that the average person probably doesn't know about your work, the dyeing process, what you know, the things that you've learned, it's a very unusual experience that you have. My kids grew up, you know, my wife, she was a hospice nurse for a very long time. So they grew up with stories of death, and they grew up of stories, you know, I help people live and she helps people die. It was a very unusual sort of upbringing for them. I always wondered, you want to hear stories about deaths today? Or do you want to hear stories about life today? So I'm just kind of curious about how it's how your work has changed you as a person.

**Dairing Pearson 46:31**

Well, my work has definitely changed me that I'll give you that. But I was also wanting to share about the this the new and scary world that people maybe feel like they're stepping into because somebody is seriously ill, or somebody is on hospice care, or they're talking about hospice care. So they, it's appropriate to have fear of it, think you're stepping into a new and scary world. Well, there are really good people in that world. They're good people, I mean, good nurses, good doctors, good helpers of different sorts, some very kind, some very helpful. So I think that's an important message to get across is that, yes, you might be stepping into a world that you didn't really want to be in, like the world of, even like, the world of cancer is a world and I mentioned, my husband had to step into that world a few years ago, and it's not a world you want to be and we get that, but believe me, there are good people in that world waiting to help waiting to be of help. So I think that's an important kind of message to get across. Because all of us have fears of the unknown. And if we know that there are folks there who can help, then I think it makes it a little bit less scary. And, working in this area has changed me greatly. I

think I've worked my whole life with my own anxiety, my own fears, you know, losing my father, h2 in a sudden violent disaster gave me the clear message from an early age, bad things happen. And they happen randomly, without warning. And they are very male, well it may happen again anytime. So it was like a you know, and people die young. That's another message, you know, so. So my whole life I've had to, you know, face face to face, but encounter my own anxieties, my own worries, grief, you know, sense of lack of safety in my whole life. And working in this area, you know, with respect for the dying process with respect for living as you die, you know, respect for grief, you know, and all of our kind of open hearted humaneness in all of this has helped me not to be free of anxiety and worry, that would be nice, but, but but to to know more about how to how to understand it and myself how to care for myself in it with it. And, and some of it has been a lead, you know, some of that honestly, has been a lead, you know, my husband's experience with his mother dying, which I mentioned near the beginning of our chat. You know, it was it was it was an experience that anybody would want to have, you know, it was it was an amazing experience. And, wow, if that was what it was like, people we were lining up for. A lot of us would be like, okay, that'd be okay. You know, that would be okay. As opposed to like, this dreadful abyss of horror, you know, it's like, no, no, no, this was something that was you know, life changing and heart heart. Filling experience, you know, like being at a birth or something, you know, so. So I think some of my fears have, you know, very gratefully say this had been a lead based on some of the some of the learning I've done.

**Kim Fauskee 50:14**

Is there such a thing as a better death? A good death? And if so, in what context is that?

**Dairing Pearson 50:25**

I think it depends on the individual, what do they want, you know, because people vary in what they would consider a good death for themselves based on their belief system, their philosophies, etc. But certainly one where one has completed the tasks that you've wanted to complete, maybe that you have a sense of not being alone, maybe being with people who are important to you, if that's who your people are. Most people would identify being comfortable and being without pain as being very desirable. And to, you know, to be able to die. Having had a sense of, I've lived this life, I have lived, you know, I've lived, you know, I think that's I think sometimes the idea of a good death can sometimes be over, over emphasized, because we're not in control of all of life. And sometimes even, even, even with our best intentions, sometimes things go a little differently at the end of life. So just like people who often birth and death are compared usefully. And, you know, sometimes women who get super focused on the perfect birth, you know, then they end up with the emergency C section or something. Because life isn't fair or kind sometimes. And for myself, the best death, I would hope for myself would be not to sudden, for the sake of my family, somewhat prepared for and with enough, like, you know, comforting grace that that it wouldn't be traumatic for others. I mean, that's me, that's a low bar. But that's about as much as I would expect for myself.

**Kim Fauskee 52:18**

How do you counsel people that have regret? That, you know, we're going along just fine, got that stage four cancer diagnosis and said, Oh, my God, I had 10 years, 20 years of plans ahead of me and not gonna be able to get it. And I should have done this, I should have done that.



**Dairing Pearson 52:38**

Well, I think regret is almost universal, some regret is almost universal. And it can even be an aspect of, I'm not in control, I didn't get to do everything I wanted to do, you know, it's okay to have some regret, because we all regret. I mean, looking back on our lives, we've already lived and we have regrets about the way certain things went at certain times, to have, you know, some kindness around one's own experience of like, I, I'm not, I'm not gonna be able to get everything perfect all the time, I'm not gonna be able to complete all my tasks, I you know, but people do have regret. I mean, they do it, maybe it's better to know that there'll be some regret rather than expect no regret, and then be hit with a lot of regret. An example for me that I've often reflected on with the people I work with. Many times people are wanting to be with their person, when they're dying. I want to be there when they die. Or sometimes people say I don't want to be there. And that's perfectly fine, too. But for the people who really want to be there, and then can't be there. Because there's a turn in the road. And, you know, they didn't, they're out of town, they didn't get to be here, there's just something has happened where they are not with their loved one when they die. I often think about my own experience, where I was not with my mother when she died. I wasn't even with her for months before she died. And so I had to look at that is, am I going to regret that forever? Or am I going to say, that's the way it happened for my mother as she died far away from me, without me being there. And to have, you know, kind of forgiveness around that for myself, you know, because that's, that's the way it went.

**Kim Fauskee 54:32**

You're being kind yourself and that provided the closure that you needed

**Dairing Pearson 54:36**

for myself that was necessary. Yes. And I certainly don't think it would have helped anybody to regret that for a long time. I mean, that's, again, we things don't always go as, as one would wish, you know, in these scenarios, you know.

**Kim Fauskee 54:56**

So Dana, you've you've For lack of a better term, you've been on death's doorstep a couple of times now, over over your life. And in being there, what what was the reaction like for you?

**Dr. Dana 55:11**

I have to say that because the at least three of the four experiences were very sudden and unexpected. The reaction was one of very intense shock and fear. Because it was they were unexpected. One of them, I knew that I was going to die. And I had to convince some of the doctors that were treating me that there was something really wrong with me, because I went through a million tests and everything was normal. But I had a feeling inside my body that I was going to die, I knew for sure that if something didn't happen, in very short order that I was going to die of a heart attack, for sure. It took a lot of convincing to get my physicians to take me as seriously as I wanted them to, because the medical evidence didn't support my feeling. But I'm not somebody who gives up easily, and I trust the way that I feel. And so I did whatever it took in order to get the proper medical treatment to prolong my life, but I know that I was very close to dying. And it was extremely, probably more frustrating than anything that I couldn't get anybody to listen to me and take me seriously. The other ones were really sudden experiences that were completely out of control and ended up you know, being in an ambulance being



taken to the hospital and, and wondering if I was going to survive. And one time I absolutely felt myself dying. And amazingly enough, it was an incredibly peaceful experience, it felt really lovely actually. It was just such a peaceful, quiet, absence of pain. And, and then all of a sudden, I woke up. So I guess again, it wasn't my time to die, even though I felt like I was certainly on my way.

**Kim Fauskee 56:57**

So how is your perspective on dying shifted?

**Dr. Dana 57:02**

I don't really feel like I'm necessarily afraid to die, because I've had, you know, I guess the more experiences you have with something that is dramatic, very dramatic, you're more informed now. Yeah. And plus, the one time that I thought it was, it was incredibly peaceful. I'm not a religious person. So I don't believe in like heaven or hell, or any of that stuff. So I'm not afraid of what's going to happen to me when I die, I don't feel like I'm going to, you know, be tortured in some way or have to spend eternity trying to make up for my misdeeds. I think that that's an incredibly stupid way of living in the world. And, and not helpful in any way. All it's going to do is make you feel terrified and ashamed yourself. And that's just not how I want to live. So I'm just assuming it's going to happen. And I don't know when obviously, I feel like I'm incredibly lucky. Because I mean, the first time I was not I was surfing, I know three people that died in the water surfing. So I mean, I got lucky, this wasn't your time, it wasn't my time, right. And, you know, I know lots of people that have been disabled by having really severe strokes or died from them. And you can look at me and see that I've had some major, major strokes, I don't have any leftover symptoms. So I figured that it the better I take care of myself. Now that's going to prevent me from having bad experiences. But at least I'm going to recover more quickly than the average person. So I try to control the things I can. And I try to understand the things that I can't control, and do the best I can to take really, really good care of myself, despite the fact that I'm more fragile than most people my age.

**Kim Fauskee 58:50**

So during during that we have a couple minutes left in our discussion, which is very eye opening. What are a couple things that you would like to leave for our listeners that they should take away from this conversation?

**Dairing Pearson 59:12**

Well, it's a very good idea to get your affairs in order and have an Advanced Directive and all of that, because while none of us wants to die, you do want to make things as easy as possible for the people left behind. So that's a good idea. And it's, it's a good goal to have as even a peacefulness that can come from having completed those tasks. Even if you have 50 years more left to live, it's still a good idea to get those things done. And one of the questions we get most often about grief is how long is this going to last? And am I going to feel this bad, you know, for a long time and I would say that, take some comfort in that grief changes a lot. It keeps changing as an experience. And it can feel better, you know, with support with some different kinds of help or approaches or just ways of looking at it you people do feel better people do, do survive even what they think is unsurvivable loss, the loss of the most beloved person is survivable. And so those are two important messages around just getting your life together. And for the sake of those you do love that you might leave behind, try to get things in

order. And, and then there are, there are helpful people to help you deal with some very challenging things like chronic illness or terminal illness, hospice and palliative care, are wonderful supports available to pretty much everyone in our community. So don't be afraid of asking for that help or looking into that help. They have been shown to make a huge difference in how people get through these really hard times.

**Kim Fauskee** 1:01:31

That's really good advice, Dana, any last words from you

**Dr. Dana** 1:01:35

know, I just really appreciate your candor and house. I mean, I have a lot of experience in the hospice world because of my wife, and you're very much like most of the people I've met. So dear and kind and lovely. We really appreciate you wanting to come on our podcasts and again, talking about something that we are all going to happen to all of us. And it is something that's really frightening. And I wish for all of us that we could talk about it more openly.

**Dairing Pearson** 1:02:05

Well, thank you guys for what you're doing.

**Kim Fauskee** 1:02:07

Thank you for being here. So that was an interesting and excellent way to begin our discussions on the fear of death. And again, I want to reiterate that it's okay to fear death. It's actually how we manage that fear that will get us to that place of comfort in facing that when it actually is our time or family members time or friends time and how we actually deal with that in a caring and positive way. I'm interested, Dana and in kind of your takeaways from our discussion with Irina?

**Dr. Dana** 1:02:47

Well, you know, Kim, there's a couple things that I thought were really important about what Karina had to say. Number one, it appears as though she used her intuition in order to help her heal some of her own trauma based on her father's death and her mother's death because she chose a career that that helped her heal. You know, when I asked her how her life had changed as a result of being in the hospice world, she said that she started off with a lot of anxiety and feelings of not feeling safe in the world. And the more that she was able to help people come to terms with their own dying process and, and grief and all of that, that it actually helps her feel safer as a person and more comfortable in her own skin. And I really believe that intuitively, even though she may not have used that term exactly that she just knew inside what her calling was. And it got to the place where she was willing to honor that. She went back to school. It was it was a, you know, a major process to get to that point. And it seems like it's not just served the people that she takes care of but also helped her in her healing process.

**Kim Fauskee** 1:04:01

Like I said, it's a great way to start. We're not stopping on the fear of death conversation. Our next episode, we'll have another in studio Gaston and we'll continue our discussion on it. So till next time.

**Fear Me Out** 1:04:15

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