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The Thanatology Association®

The Art of Condolence

Beyond Words: A Creative Arts Approach to Counseling the Bereaved



By Christine Linnehan, LCPC, BC-DMT, FT

“There are no words to describe how I’m feeling” is a statement often heard from those who have experienced a profound loss. The use of the creative arts in bereavement support can provide children, teens and adults a way to tell their stories of loss, to cope with their powerful feelings, to restore their resilience and to envision a path toward healing. Music, movement, art, poetry and drama can serve as a “voice” when words are not enough.

Throughout time the arts have helped people of many cultures to connect with one another; to celebrate joy and grieve sorrow; and to find meaning and purpose in community. In many ancient cultures people believed that mind-body-spirit were interconnected in a powerful way, and a wide variety of art forms became integral in the religious and social rituals of their lives (Levy, 1995; McNiff, 2004). These

time-honored modes of expression surged again in modern times. Most notable were the pioneering efforts of dancers, visual artists, poets and musicians in the early 1940s, who began exploring art as a form of therapy in mental health settings, including the wards of psychiatric hospitals. Since then, the integration of the arts in therapy has flourished as a way to enhance physical, psychological, emotional and spiritual wellness (International Expressive Arts Association, 2013).

Arts and Traumatic Loss

Much has been written regarding the restorative power of the arts in the wake of loss (Berger, 2006; Bertman, 1999; Duffy, 2007; Neimeyer, 2012; St. Thomas & Johnson, 2007) and art modalities have been widely recognized for their efficacy in the treatment of trauma (Carey, 2006; Cohen, Mannarino, & Deblinger, 2012; Foa, Keane, Friedman, & Cohen, 2009; Van der Kolk, 2006). The creative process can help clients to counteract the lethargy

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A Note From the Editor



By Tashel C. Bordere, PhD, CT

Welcome to the *Art of Condolence* issue of the *Forum*. As I embarked upon the journey of putting together this issue, I was reminded of the complexities involved in this seemingly simple act of offering condolence. People often struggle with *what to say* (e.g., “I don’t want to bring it

up and upset them.”), *how to say it*, *who should say it*, the *timing* of such expressions (e.g., “The funeral was yesterday. Did I miss my opportunity?”), and *how to be present*. I was also very surprised by the limited amount of research specifically addressing *condolence*. Much of the literature relating to condolence (in word searches) is found in medical journals and directed towards physicians (e.g., Saitta & Hodge, 2012). This issue provides diverse and interesting insights

into the art of condolence but will hopefully also leave you with additional questions to be answered in future research endeavors.

Central to our role in ADEC is to grow our organization through the provision of professional development opportunities for developing scholars. Towards that end, two professional development volunteer positions were added to the *Forum* to

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President's Message The Verdict Is In, but the Outcome is Still Out

By Jon Reid, PhD

As I write this, it has been about a month since the verdict from a famous trial in the U.S. (Florida), regarding the fatal shooting of an unarmed black teenager named Trayvon Martin by George Zimmerman, a person of mixed-race. From the moment the shooting occurred it has been an emotionally charged topic. [Detailed information about the shooting and the trial has been published.](#) Strong opinions have been voiced both for and against the "acquitted on all charges" verdict.

Speaking for myself and not for ADEC, I can share that I was shocked at the verdict. I'm not shocked by much in life, but by this verdict I truly was. I have listened to well-educated persons articulate that, based on the evidence presented at the trial, the verdict is understandable. Other well-educated people voiced completely opposite interpretations of the verdict. As I think it through, I can not accept the verdict as understandable.

I'm not an attorney nor have I ever worked in law enforcement, so I can not speak from those perspectives. But as a mental health professional, a grief counselor and a scholar, I am able to speak to the issues from both my observations and from scholarly sources. I have worked with parents whose child or loved one, whether in their youth or as an adult has been murdered or died tragically, suddenly and violently. I watched Trayvon's parents on television speaking with great poise about their profound loss and the pain of the verdict. A guilty verdict in the case would surely have brought some comfort to the family in the sense that the legal system had provided justice. However, I've heard other parents and family members in similar situations say that a

guilty verdict has felt hollow to them, eliciting responses such as, "It doesn't bring them back." Or "It didn't bring me the closure I had hoped for." I discontinued using the term "closure" many years ago. I still hear bereaved persons use the term, but almost always preceded by the word "some," as in "the funeral provided some sense of closure for me."

We don't know what Trayvon Martin's parents would have felt if the verdict that they had anticipated and believed to be the legally justified outcome would have been delivered. But I believe it would have brought "some" closure for them in their grief, as they continued the long journey of coming to terms with their profound loss.

Perhaps I should have begun this column with a warning: "Author will shamelessly name-drop in the following essay." For those not familiar with the phrase, it means: "the introduction into one's conversation, letters, etc., of the names of famous or important people as alleged friends or associates in order to impress others" (www.dictionary.com). In fact, when I teach the graduate course "Grief Counseling," I inform my students on the first day of class that it is the only course in which I can shamelessly name-drop. Although I haven't met every author listed in the references of our grief counseling text book, I have met a considerable number of them through ADEC conferences, board meetings, or conference calls. It's not true of other courses I teach, so I especially enjoy it in this one.

So, here goes with my shameless name-dropping... At an early ADEC conference, Washington, DC 1997 (in conjunction with the 5th International Conference on Grief and Bereavement in Contemporary Society), I was fortunate to attend



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ADEC's Mission

The Association for Death Education and Counseling® is an international, professional organization dedicated to promoting excellence and recognizing diversity in death education, care of the dying, grief counseling and research in thanatology. Based on quality research, theory and practice, the association provides information, support and resources to its international, multicultural, multidisciplinary membership and to the public.

Serpentine Required



By Kerry L. Malawista, MSW, PhD

There are lessons in life one would rather not have to learn. One of these is how best to offer condolences to someone who has experienced a loss—especially when that loss is of a child.

In the weeks and months following my daughter's death, I struggled to stay afloat in a sea of grief, barely breathing. Out in the world I felt vulnerable and shaky, in constant fear of sinking. I felt as though I was drowning. When I'd momentarily recover my sea legs, I'd be quickly undone by the pain and grief reflected back at me in the faces of my family and friends. I was on constant alert, trying to avoid running into acquaintances or friends from the past and risk being overwhelmed by another wave of grief. Where once I loved being out and about exploring the world, I now wanted only to be with my inner circle of family and closest friends. I avoided public places. But of course, in time, one has to go out. One *must* go out.

In public, I became an expert at a dance I call "The Serpentine." It's an easy dance to learn and requires no formal training, only the ability to duck and weave. I came up with the name after watching a scene in the movie, *The In-Laws*. In the movie, Alan Arkin and Peter Falk fall under sniper fire and Arkin, terrified, runs straight for the cover of a lone car. Just as he is about to reach safety, Falk, a CIA operative who has put mild-mannered Arkin in peril, yells "Serpentine, serpentine!" Arkin backtracks, zigzagging his way through a stream of bullets.

Now I am the one dodging bullets, ducking and weaving my way through life.

While I am certain "The Serpentine" is a dance that no one wants to join me in, I will offer this idea of what it looks like. Let's say I am in the local grocery store and I see a neighbor or acquaintance in the cereal aisle. I deftly do a half-spin and scurry down another aisle. If I see that person down another aisle, I add a heel change, swerve and head for the deli section. If I am clearly cornered, with no possible means of retreat, I duck and do a little dip. I pick up whatever item is close at hand, maybe a can of green beans, and read its label intently. Or, if my grocery cart is sparse enough for me not to feel too guilty, I just abandon it mid-aisle and dart back to my car, knowing that my husband will just have to do the food shopping later.

I serpentine to avoid people, even people I used to look forward to seeing. One day, while collecting the newspaper from our driveway, a neighbor approached me. With a deep breath she murmured, "Kerry, how *are* you? I don't know how you survive. I really don't. I know I couldn't." Her reference to my "survival" causes me to feel somewhat challenged, as if she

means, "How can you be standing here, surviving at all?" As in, if the grief about my daughter's death were truly devastating, I would not be able to stand upright. I should be prostrate, inconsolable in bed. To those I answer, "Of course, you would survive. What other choice is there?"

Sometimes I also do a quick duck and weave away from casual friends who act as if nothing has happened. On one occasion, a mother at a school play greeted me with a broad smile, as if the world was no different than before my daughter's death. Likely she imagined she was protecting me, and perhaps herself too, by steering our talk to safe ground, such as our new principal or the great spot she found for mussels. She wanted to dwell in a world where our children are safe, where no ill child dies.

Then there are the times when I am unsure if the person I've run into is aware of my loss. What moves should I do in this case? Two months after Sarah's death I encountered a couple

In public, I became an expert at a dance I call "The Serpentine." It's an easy dance to learn and requires no formal training, only the ability to duck and weave.

at a neighbor's gathering. After greeting me warmly the wife asked, "How are you?" The husband chimed in, "Yeah, what have you been up to lately?" I was at a complete loss for words. Did they not know about Sarah? They must have heard, I think, but they seem unaware. Me? I had no "news" to share. The only thing I had been "up to" was grieving. If they did not know, my words would shock them. If they did know, what could they possibly think I "had been up to?" With nothing to say, I serpented my way through the party and headed for home. After, I phoned

a friend to tell her of my encounter. She responded, "Of course they know. They were at the memorial service." I was stunned. I wondered if anyone, including me, really knows the right steps to this dance.

The encounters I dread most are those when it's not possible to serpentine at all. Like the time I went to have a picture framed. The framer helping me said, "Oh, wait, now I know how I recognize you. Your daughter was with my Jane in elementary school, wasn't she? Um, it's Sarah, right?" He seemed so pleased that he had remembered. "Yes," I answered, as the now familiar crushing feeling returned to my chest. Quickly, I glided over to another wall, while averting my eyes. Following closely behind he asked, "So what has Sarah been doing since high school?" My face crumbled as I began to weep. Almost as quickly, I saw the anguish spread across his face. "Oh, my God. I am so sorry. I heard about Sarah. How could I forget? I am so, so sorry. How could I be so stupid?" He berated himself for being thoughtless and profusely apologized and comforted me. This time I had no special moves. I simply left.

Ironically, the one time I didn't need to serpentine was with my old dance teacher, Lin. I hadn't seen her in years. On a Saturday night, a few months after Sarah died, my husband and I ventured

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of grief (Carey, 2006) and regain a sense of control which is often shattered by loss (Neimeyer, 2012). Art activates the senses—visual, auditory, tactile and kinesthetic—and “mobilizes creativity as a healing force of stress reduction for a troubled heart in times of emotional chaos” (Malchiodi, 2002, p.167).

In all expressive work, but perhaps particularly when dealing with trauma, the expressive component needs to be carefully balanced with a reflective component (Pennebaker, 1997). It is also essential that a variety of cautions be observed (e.g., regarding timing and pacing) and specific distancing techniques used so that the client feels safe and does not become overwhelmed or re-traumatized (Carey, 2006; Neimeyer, 2012). By externalizing thoughts and feelings in the form of art, the bereaved can maintain a protective distance from the emotion laden aspects of the loss. Through the active use of the imagination, they can explore situations from the past, present or future and try on new responses, preferred outcomes and fresh perspectives. Creative techniques and props (masks, costumes, puppets, musical instruments, etc) can be used as catalysts for expression. Each intervention should be tailored to meet the client's individual needs and interests. For example, one woman who enjoyed drawing but was reluctant to try movement, created a mandala (an image within a circle) as a symbol of how she would like to feel in her body. She stated, “I didn't think I'd feel any relief from the internal pain and turmoil, but then it came. It's an indescribable feeling. This drawing is what the feeling looks like.”

Arts in the Military

Major Jeff Hall was one of the active-duty troops that participated in the healing arts program at the National Intrepid Center of Excellence (NICOE), a Department of Defense research institute in the Walter Reed National Military Medical Center, Bethesda, Maryland. In the four-week intensive outpatient program, service members participate in art therapy, music therapy and therapeutic writing activities. Hall spoke about a mask he created entitled *The Shock of Death*, which portrayed an image that had haunted him—the face of an Iraqi man looking up at him before dying. He stated, “That image had been seared into my mind. The mask project gave us a chance to say what we couldn't say out loud—because it's too painful or because we just don't feel like anybody really wants to hear it. I absolutely believe it is a method to help calm the mind.”

Donna Betts, PhD, ATR-BC, a professor in the art therapy program at George Washington University, believes that art therapy is especially effective with the treatment of trauma in service members. She stated, “When trauma is experienced, it tends to be stored in the non-verbal parts of the brain. This is why so many can't even put into words what they've been through. Art therapy helps them retell their story. It translates that trauma from the nonverbal part of the brain to the verbal part so they can start dealing with it. This is where the healing starts to take place” (NBC News, 2013, May 26).

Storytelling and Bibliotherapy

The use of stories (Bowman, 2012; Chavis, 2011; Crenshaw, 2005; Robinson, 2012) as a springboard for exploring feelings and

experiences is also an effective way of incorporating the arts into counseling for the bereaved. Hearing about characters in similar situations can provide comfort and ideas for coping.

In response to the stories of trauma that were entrusted to her during her thirty years as a high school art teacher, Susan Paradis wrote *Edna* (2012), a book about a troubled young elephant who tries to hide her worries and bad memories but becomes entangled by them instead. Through rich imagery and symbolism in the evocative illustrations, readers see how Edna is able to gain mastery over her worries with the help of Ms. Maxwell, a wise, patient mentor and mouse. In individual sessions with both children and adults, as well as in bereavement support groups, this story has elicited many meaningful discussions and dramatic enactments (sometimes with puppets) about how Edna moves from shame, fear, hopelessness and isolation to safety, hope, trust and connection.

Communal Loss

Art can help with the grief of not only individual losses but also of communal ones (Bertram, 1999; McNiff, 2004). Many legendary dances were created as communal tributes. After World War II, German modern dancer, Mary Wigman, saw the anguish of women who had lost children during the war. She created *Dance of Niobe* as a testament to their unspeakable grief and to capture the senselessness and ravages of war. She stated, “It was as if all the mothers wanted to drop their sorrows into my lap, urging me, ‘You say it, we have no voice and no tears anymore!’” (Wigman, 1966).

Alvin Ailey's choreographed dance, *Cry*, in honor of his mother and all black women chronicles a journey from bitter sorrow to ecstatic joy—a stunning symbolic representation of what we now might refer to as posttraumatic growth or, more poetically, rising like a phoenix from the ashes (Alvin Ailey American Dance Theatre, 2013). The dancer represents the woman who came from the hardships of slavery, through the pain of losing loved ones, through overcoming extraordinary depressions and tribulations. Coming out of a world of pain and trouble, she has found her way—and triumphed (Jamison, 1993).

This summer I had the privilege to go the Terezin Memorial in the Czech Republic and saw how the arts were used to strengthen and sustain those living through an unimaginably dark time (Terezin Memorial, 2013). As I walked through the rooms of the former Magdeburg Barracks and viewed the exhibits of music, art, literary works and theatre created by those detained in the concentration camp, I was struck by one poignant example after another of how the arts provided a means of authentic expression and protest while fostering resilience, hope and community spirit even amidst the horror (Volavkova, 1993; Weisssova, 1998; Wilson, 2013). In the theatre exhibit, there was a moving account of how the Czech opera, *Brundibar*, by Hans Krasa and Adolf Hoffmeister, was performed fifty-five times by the imprisoned musicians and children. The opera lives on today as a powerful children's story in praise of courage in the face of oppression (Kushner & Sendak, 2003; 2014).

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Integrating the Arts in Counseling Practice

When the bereaved seek counseling, they come with their own unique losses and with preferred modes of expression. Interventions that encourage nonverbal exploration may be intimidating to some clients, and it is important that we respect their hesitancy. For those who feel reluctant or self-conscious about participating in a creative process of their own, witnessing the artistic expression of others can offer inspiration and promote feelings of universality, empathy and understanding. It can also instill a sense of hope as they see that they are not alone in their suffering; others have experienced it and have not just survived, but have thrived (Stillion, 1999).

In an adult bereavement group, art images were displayed and participants were asked to choose one that resonated with them. One woman chose a photograph of Käthe Kollwitz's sculpture, "*The Lament*" (Image 1). She described how the image reminded her of being rendered speechless after the sudden death of her son. She then read a quote from Winston Churchill which she felt expressed her appreciation of her own healing process and her gratitude to the group members for their support through the darkest moments of her grief, "Courage is what it takes to stand up and speak; courage is also what it takes to sit down and listen."



Image 1: *The Lament*, by Käthe Kollwitz
(photo courtesy of Christine Linnehan)

Exploring stories of survival and hope through art can provide impetus for creative expression.

This was an approach that worked well with a bereaved client in her mid-thirties (referred to here as Maria). Maria sought counseling due to her difficulty coping with symptoms related to her long history of trauma and multiple losses. She struggled with intrusive thoughts; fear and anxiety; hyperarousal; and other somatic complaints.

Our work together began with a careful assessment and several sessions devoted to developing a plan for safety, self-care and emotional regulation in an effort to moderate her distress and manage her physiological reactions (Carey, 2006; Rynearson & Salloum, 2011). Maria devised a daily "calming ritual" using soothing music, peaceful images from nature, a favorite haiku and centering movements.

After viewing Alvin Ailey's *Cry* as a homework assignment, Maria stated that she felt "empowered" and was inspired to create her own dance that would convey her wish to move from a painful past of fear, shame and regret to a hopeful future in which she would feel safe, strong and joyful. She named her dance, *The Lark Ascending*, after the classical piece by Vaughn Williams, which she chose for her musical accompaniment.

In line with the research on the efficacy of disclosure through expressive modalities (Pennebaker, 1997), Maria benefited from

doing some reflective writing about the themes of her dance which, not surprisingly, run parallel to those in *Cry*:

- Struggling to get up, removing the boulders that weigh me down
- Driving back the monsters, the weights that bind
- Discarding—moving out the old for the new
- Creating a garden of flowers, of hope
- Nurturing self, reveling in the flowers
- Opening to God and to life

In our discussion about her creative process, Maria was able to feel her deep sorrow about her complicated losses without becoming overwhelmed by it. She described her dance as a "vision of

hope" and began to appreciate her body as a source of pleasure, comfort, and an instrument of expression. She stated, "I had forgotten that my body was also a sanctuary, a haven."

Engaging in the creative process awakens a language of images, symbols and metaphors which can speak from different aspects of the self. The judicious use of various art modalities promotes self-regulation, resilience, meaning and community. The expressive medium, be it a painting, a poem, a story, a song or a dance can provide a structure to uncover, express and assimilate the wide range of feelings that may surface after loss while offering the bereaved an opportunity to create new visions of wholeness and hope.

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A Note From the Editor

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afford our talented new professionals and students mentorship and editorial experiences. Dr. Mary Alice Varga, assistant professor of educational research at the University of West Georgia, occupies one such role and does outstanding work as *New Professional Intern Editor*.

It is my sincere pleasure to introduce **Daniel Romo**, our newest talent, joining team *Forum* as the *Student Intern Editor*. He has already been fast at work demonstrating his editorial skills with this issue. Daniel is a doctoral candidate and instructor of human development at Oregon State University's School of Social and Behavioral Health Sciences. He received his master's degree in experimental psychology from CSU, Fullerton. Daniel's thesis examined the role of death philosophy in psychological adjustment to widowhood in late life. In his doctoral studies he is working to advance a more adequate theory on grieving as an integration process across loss experiences. When asked about his research goals, Daniel explained, "As a lifespan developmentalist, I plan to pursue research centered on the neuroendocrine



Daniel L. Romo,
Doctoral Candidate
Student Intern Editor

and psychological sequelae of traumatic grief, as well as the more elusive nonfinite, non-death, and ambiguous losses extending beyond literal bereavement." Welcome aboard Daniel!

Finally, there is still time to submit an article for inclusion in the January 2014 issue of the *Forum* which has as its theme, **Suicide and Grief**. Articles are due by **November 20, 2013**. Please contact Tashel Bordere at tbordere@ucmo.edu for additional details or with any questions. We would love to include your voice and work if this is an area of expertise or experience for you.

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About the Author

By Tashel C. Bordere, PhD, CT, is an associate professor of child and family development and editor of *The Forum*. Her research focuses on African-American youth violence, grief related to homicide loss and culturally sensitive practices with youth. Email: tbordere@ucmo.edu.

President's Message

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a full-day workshop by Janice Harris Lord, LCSW, LPC (and a co-presenter, whose name I have since forgotten). Both presenters were associated with Mothers Against Drunk Driving (MADD). Ms. Lord is a licensed counselor and social worker, and was a national speaker for MADD. The co-presenter was a victim of an alcohol-caused driving collision, from which she received a closed-head injury. This training was integral to my professional development, as the presenters shared the results of their personal experiences and research on coping with traumatic loss. I learned not to call it a MVA (motor vehicle accident) when caused by drunk driving, since the collision, injuries, and/or fatality weren't an "accident." The workshop was a microcosm of what ADEC offers; an interface of empiricism and clinical application. For me, ADEC is the place where research and clinical practice sit down and have coffee (or tea) together. And if ADEC is not currently the best source for best clinical practices in the study of loss and in the field of thanatology, it is at least what we strive for and often achieve—always informed by research and confirmed by practice.

I've read conference evaluations of several recent ADEC conferences, and it is interesting that the majority of respondents are "satisfied" or "very satisfied." Yet inevitably there are also comments that our content is too research-oriented and not practical enough for some or too practice-oriented with not enough research results for others. We endeavor to provide an appropriate mix of scholarly findings and clinical-practice observations in all ADEC products, and I think we do a good job of addressing both, whether through this quarterly publication, *The Forum*, webinars, or through our

annual conference. Some professional organizations provide members with a "warm and fuzzy" experience, while others focus on an empirical approach. We don't aspire to be either-or, but rather a source of support for the grieving and a resource for practitioners.

And so, as I have my visceral reaction to the outcome of the Trayvon Martin/George Zimmerman case, I am able to inform my reaction by what I have learned about how the outcome of a criminal trial might impact its survivors. It would be a mistake, of course, to impose research findings on an individual, but it may be a possible starting point to know that the parents would still be suffering, still grieving for years to come regardless of the verdict.

I hope that the mass protests of the trial verdict have brought some comfort to the family and friends of Trayvon Martin. As one bereaved parent told me in an informal conversation, "It has been five years since my son was run over by a car, and I'm just now beginning to feel normal." I emphasize the words "beginning to," as she realized that life would never be normal again. Her family was destined to experience a new normal.

As I contemplate the impact of the shooting and this verdict, I wonder when I see black youth alone at the gym or in a store what they might feel. I wonder if they are afraid and if so, if any of them reach out for someone to talk to, be it a mental health professional, a teacher, or some other caregiver. It is my hope that whoever offers a listening ear also speaks from an informed perspective. I find comfort and satisfaction in being part of an organization that works diligently to provide informed perspectives.

Comments? Please contact me directly at jon.jreid@gmail.com.

Serpentine Required

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downtown for tapas. We arrived at the restaurant just as Lin and her husband were leaving. There wasn't even a possibility of ducking and weaving my way out of this encounter. Had I been quicker I would have grabbed the chance to escape. So I steeled myself as she approached. Lin neither avoided me nor made light conversation as if nothing life-shattering had happened. Instead, she walked right up to me. She looked me straight in the eyes, gave me a very long, tight hug and walked away. Not a word was uttered between us. Nothing was required of me—neither a duck nor a weave. I slowly exhaled. Lin had all the right moves.

About the Author

Kerry L. Malawista, MSW, PhD, is in private practice in Potomac, Maryland and McLean, Virginia. She has written extensively in the area of grief and mourning. Her newly edited book, *The Therapist in Mourning: From the Faraway Nearby* was released in 2013 by Columbia University Press. She is a training/supervising analyst at The Contemporary Freudian Society. She has been on the faculties of The George Washington University PhD and PsyD programs; Smith College School for Social Work; Virginia Commonwealth University School of Social Work and other local training programs. Email: MalawistaK@gmail.com.

The Art of Condolences: Gratitude for Whatever Life Brings Us



By Cheryl A. Giles, MDiv, PsyD

The notion of sharing another's feelings or comforting them in times of loss is known as condolences. The dictionary defines condolences as the expression of sympathy with a person who is suffering sorrow, misfortune, or grief. The origin of the word dates back to 1580 from the Latin *condolere*, which means "to suffer together" and from *com*, meaning "with" and *dolere*, which means to feel pain (condolences. (n.d.) *Dictionary.com Unabridged*).

Offering condolences is an outward gesture

Condolences can take on different forms. In its traditionally understood usage, it means comforting others who have experienced the loss of a family member or loved one. We visit, write letters and send cards or flowers. None of our gestures can protect them from the loneliness and suffering they must endure, but we try to hasten it by surrounding them with love and companionship.

In this modern age of real-time, immediate communication, almost all of our written dialogue takes the form of email, text, Tweets and other instantaneous forms of corresponding. There are, however, times when a handwritten letter is the best means of communicating. Writing to express condolences following the death of a family member, friend, or colleague is a difficult task for many of us. Perhaps it's because a handwritten letter is very personal and we struggle to find the right words to express love and concern. Or maybe it's because in doing so that we find ourselves trying to manage our own feelings. What is it that gets us so stirred up?

When we express our care for others, we are affected

By definition, we suffer together with others through condolences. The language we use indicates our willingness to join others in their suffering at times of loss. We "offer" condolences, we "pay" our respects. In other words, we reach out to others in order to share in their suffering. We think of offering condolences as an outward gesture. But in offering our sympathy to others, we may find ourselves experience feelings that we don't recognize or understand.

The expression of condolences or sympathy might also trigger our own discomfort with suffering and death. By expressing our care and concern for others, we risk being affected by their pain, sadness and suffering. This mutual suffering may bring up memories of our own losses, so painful that we struggle with them even after many years. Or maybe we suffered through them alone and feel vulnerable when a similar event causes memories of them to resurface. When this occurs, the shared condolence takes on a different context. We may want to avoid our painful feelings amid the swirling tide of emotions, but

when we acknowledge and accept our own humanity through opening ourselves to the suffering of others, we realize how we are all interconnected. This is the heart of compassion.

We also offer condolences to the dying

Most people think that offering condolences is something we offer only after a person has lost someone to death. But we may also offer condolences when we share in the suffering of someone who is gravely ill and will soon die. The outreach is not to the survivor, but to the central character in this scenario of death. The person who is dying may be suffering and feeling frightened, and alone. We can share in her/his grief the same way we share the suffering of those who survive her/him. Often in the work of chaplaincy, this is an act of loving-kindness, one that can never be repaid by the recipient.

Condolences take different forms

In June 2013, my mother-in-law, Sarah, died peacefully after enduring several months of debilitating pain in a rapidly deteriorating body. At 97, her mind was clear and she still had a sharp wit and a wonderful sense of humor. Sarah read romance and mystery novels, solved crossword puzzles, and watched the cooking channel to learn about new recipes. Watching CNN helped her stay connected with the rest of the world.

As she became increasingly frail, Sarah began using a walker to make it easier for her to get around the nursing home where she had been a resident for nearly four years. Though she was a self-described "mole" who

preferred solitude, Sarah's vibrant personality attracted the interest and attention of other residents and nursing home staff. Sarah kept going, even as she struggled with the pain of severe arthritis in her shoulders, back, and fingers with diminishing relief from pain patches and medications.

Sarah's heart was strong, but her body was worn out. She was weary of the fight to keep going. Her daughter likened her to an old car with a finely tuned motor, but a rusted out body. During the last six months of her life, Sarah repeatedly told us she was tired and ready to die. Although she was not a religious person, she prayed to God for a quick death when she became frustrated and overwhelmed with pain she endured. At times, our visits with her were tense and full of sadness. Yet we were able to share special memories, express our sadness, and acknowledge our deep love for each other. In doing so, we were offering condolences to Sarah and to ourselves, for her suffering and for the inevitability of losing her. We all suffered together.

Throughout her 97 years, Sarah lived by the clock. She was always prompt and had little patience for waiting, and now even less as she waited for death. But death, it seemed, wasn't coming soon enough for her. Her patience ran out and she announced that she was done. In her own way, she was announcing her

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faceoff with death—she would no longer get out of bed or eat. After almost a week, her discomfort became unbearable. Her daughter was able to persuade her that taking a little nourishment would not postpone death by too much and that she did not need to suffer so.

Sarah had entered hospice care and was now heavily sedated to keep her comfortable as her death drew nearer. During the previous four years she had made friends with residents, nurses, aides, therapists and hospital administrators in the nursing home. Many of them came to visit and express their appreciation and fondness for her. Not surprisingly, Sarah was able to accept their condolences, even through the fog of medication, and express her gratitude and love for the care and friendship they had given her. She was well known in the facility as feisty and outspoken, but she was also funny, sharp and alert and the staff genuinely loved her. As I watched their comings and goings, I was reminded of the Rumi poem, *The Guest House*, that encourages us to be open to the unexpected in life with a sense of curiosity:

*This being human is a guest house.
Every morning a new arrival.*

*A joy, a depression, a meanness,
some momentary awareness comes
as an unexpected visitor.*

*Welcome and entertain them all!
Even if they are a crowd of sorrows,
who violently sweep your house
empty of its furniture,
still, treat each guest honorably.
He may be clearing you out
for some new delight.*

*The dark thought, the shame, the malice.
meet them at the door laughing and invite them in.
Be grateful for whatever comes.
because each has been sent
as a guide from beyond.*

(Jelaluddin Rumi, translated by Coleman Barks)

People were always visiting Sarah's room, whether to visit and spend time with her or to provide care service. She treated each person as a special guest, a guide. She seemed to recognize that each person had a purpose in approaching her, and she was open to whatever that might be. Although death is an ordinary occurrence for people working in a nursing home, each visitor expressed that Sarah was special and that they were grateful for what they shared with her. While they were generous with their condolences after Sarah died, they also demonstrated that

the art of condolence is being present in each moment, rather than waiting until someone dies to express their deepest sympathy. Perhaps it is by facing death every day that they are able to understand that life is impermanent. They are not indifferent to death, just more accepting of it. Everything changes and death is a constant reminder of this.

During her last days, we kept a vigil to comfort Sarah. Her daughters placed cool towels on her head, sprayed her body with her favorite perfume, moistened her dry mouth with ice chips, and put soothing drops in her eyes and balm on her lips. When she became too tired, she asked us to leave so she could rest. On her last day, she asked us to go home throughout the day, but we remained close by. She died peacefully in the evening. Following a sponge bath from one of her favorite aides, she simply said, "thank you," and closed her eyes. It was the peaceful death for which we all had hoped. She'd had the good fortune to be surrounded by a caring community in the nursing home and a loving family to support her. These relationships helped her face death openly and without fear.

Sarah's dying gave me an opportunity to observe the beauty and sadness of condolences in its several manifestations. Her family, along with her friends and the staff at the nursing home, offered condolences to Sarah for her suffering and for what was before her and for what was past. As a family, we suffered after she died, glad she was at peace but knowing that we would miss her. We were consoled by the many wonderful visits, remembrances, notes and cards we received. I struggled personally to console myself, as I sat with the loss of my beloved mother-in-law and revisited the grief of losing my own mother many years earlier.

Condolences and our own humanity

In our culture, we struggle with accepting death even though it is a natural evolution of life. Suffering, even the suffering of someone we barely know, scares us. We want to reach out and offer condolences, but we also want to shield ourselves from the suffering, sadness and loss they feel. We want to share their suffering, but not feel it in ourselves. This separation of feelings is a false dichotomy. When we reach out to others by offering condolences, we also reach into ourselves and offer ourselves consolation for the sadness we feel. Condolences, by definition a "shared suffering," require that in consoling others, we too will suffer.

The art of condolences requires skill and is not a one-way gesture or a simple offering of sympathy. It is an acknowledgment of being in a relationship. There is no separation between self and others. When we offer condolences, we become aware of our own suffering and our link to others who suffer. We realize that we are all connected. Through condolences we learn to be present in whatever arises within us, moment to moment, and without judgment. When we isolate our feelings of sadness and grief in an effort to contain them and protect ourselves, we become fearful of the unknown and unexpected. Mastering the

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art of condolences requires us to befriend the things that cause us discomfort in our own life and in the life and death of others. It allows us to be open to all that life brings us. This might involve a complex range of feelings, such as joy, sadness, grief, surprise, curiosity and disappointment. When we try to control or avoid feelings that we find difficult, we cut ourselves off from experiencing the fullness of our humanity and the realization that we are fundamentally interconnected. Once we learn to sort out the feelings aroused when we offer condolences, we become more effective in being present to the suffering of others.

About the Author

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Invisible Possibilities: Expressive Arts, Grief and Healing



By Irene Renzenbrink, MSocAdmin

Could we ever know each other in the slightest without the arts? — Gabrielle Roy

The arts provide not only a bridge of understanding in relationships with others but also opportunities for self-knowledge and personal growth. This is never more apparent than in crisis situations and when we are challenged by life-changing experiences of loss and bereavement. Expressive arts therapies such as music, movement, poetry and visual art provide a welcome alternative to the talking therapies that can at times become “problem saturated.” Paolo Knill, one of the founders of inter-modal expressive arts therapy, refers to the tendency to focus on the ‘problem-bound narrow logic of thinking and acting’, which often means ‘more of the same.’ Knill and his colleagues have pioneered an alternative way of helping people in pain and turmoil to move away from the presenting problem into an imaginative realm from which new possibilities can emerge in surprising ways. This process of moving away is referred to in the field of expressive arts therapy as ‘decentering’ or an ‘expansion of the range of play’ (Knill, Barba, & Fuchs, 2004).

This approach does not deny or invalidate a person’s suffering—it simply moves away from a direct and emotionally charged experience. A person who is engaged in expressive arts activities often experiences a restoration of their creative capacity that leaves them feeling refreshed and lighter in spirit. Skill in painting, drawing, writing poetry or playing a musical instrument is not required and this is what expressive art therapists describe as a “low skill, high sensitivity” approach. I think some aspects of this approach actually reflect the conceptual framework introduced by Henk Schut and Margaret Stroebe as the Dual Process Paradigm or Oscillation Theory. A relentless focus on the emotional aspects of the loss is not only exhausting but also counterproductive in terms of coping with the challenges of a new life. We now understand that it is more helpful for the bereaved to oscillate between the loss focus and the restoration focus. It has also argued that both are needed for adaptive coping (Stroebe & Schut, 1999).

Stephen Levine, an eminent philosopher and pioneer in the field of expressive arts therapy has written about the “necessity of fragmentation.” He believes that it is “essential for human beings to fall apart, fragment, disintegrate, and to experience the despair that comes with lack of wholeness” (Levine, 1997, p. xvi). According to Levine (1997), it is by moving into the experience of the void that the possibilities for creative living arise and a new form of existence begins to emerge.

In a previous edition of *ADEC Forum* (January, 2011) I wrote an article about my photographs of materials caught up on barbed wire fences as a metaphor that gave form to a chaotic experience of grief following migration and relocation (Renzenbrink, 2010). I was inspired by the words of short story writer Katherine Mansfield who captured the essence of homesickness with the following words:

How hard it is to escape from places. However carefully one goes they hold you. You leave bits of yourself fluttering on fences—the little rags and shreds of your very life.

Born in New Zealand in 1888, Mansfield was a thoroughly modern nineteenth century woman who traveled the world, lived in many countries and belonged to a circle of artists and writers that included Virginia Woolf and D.H. Lawrence. Tragically, she died of tuberculosis at the age of 34, and I will be forever grateful for her gift of words and, in particular, the metaphor of “fluttering on fences.”

For over seventeen years I have taken hundreds of photographs of “flutterings” on fences in all shapes, sizes, colors and stages of disintegration, walking through fields of grass and even clambering through ditches filled with snow. While some people may think that I have “lost the plot” by taking photographs of an environmental disaster the flutterings on fences have continued to hold a special significance for me. Hopefully the images will also remind people to be more careful and responsible about plastic bags. Mansfield’s metaphor not only validated my experience of fragmentation and suffering but also marked the beginning of a transformation and healing process. I further describe the concept of “photographic metaphor” in *Grief and the Expressive Arts*, edited

by Robert Neimeyer and Barbara Thompson (Pending publication, 2013).

In a workshop that I conducted at the 2013 ADEC Conference in Hollywood, I shared some of my thoughts about fragmentation and transformation in death, dying and bereavement through stories and images from my art therapy work in hospice and palliative care. I invited workshop participants to bring a photograph of a special person who had died. The idea came to me while I was keeping an arts-based journal after my mother’s death. I had photocopied a photograph of my mother’s face and wondered how it would feel to tear it up into tiny pieces. It somehow reinforced the reality of her death and its fragmenting effect on my life and identity. As I randomly pasted the fragments onto a new page I felt the impact of the changes and came to a new understanding of how I was growing through the experience of bereavement. Another memorial project involved making a small patchwork quilt with

Given my professional experience as a social worker, art therapist and grief counselor, I firmly believe that art-making in the company of a skilled and sensitive practitioner is one of the most important ways in which dying and bereaved people can find healing in their isolation and suffering.

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my mother's handkerchiefs. Once again, the process of sorting, cutting, sewing and quilting symbolized both the fragmentation and transformation of the grief experience. Two of the Hollywood conference workshop participants, Sylvia Chou and Debbie Whittam, have generously given me permission to share their artwork and stories in the following account.

Sylvia paid tribute to her grandmother, who died in August 2012 in Taiwan, by creating a colorful collage of her grandmother's favorite possessions and activities. In the collage (Fig. 1) she used Japanese paper, shimmering blue fabric and magazine pictures of food and jewelry. Sylvia explained that her grandmother was born into a very poor family and was sent away to be a servant for another family. When this family's home was bombed during World War II, Sylvia's grandmother tried to return to her own family, but they asked her to leave as they still didn't have enough money or food to raise her. At the age of 17 she lived in the jungle trying to survive and eventually found work in a restaurant where she also met her future husband. Together they raised a large family and led a fulfilled life. Sylvia's grandmother loved to cook and enjoyed feeding the whole family of children, grandchildren and great grandchildren who gathered at her house twice each week.

Sylvia brought a copy of a black and white photograph of her grandmother and, following my suggestion, she tore the photograph into pieces. Unsure about how to proceed, Sylvia and I worked together by looking at all the materials. With my encouragement she selected some transparent white tissue paper. The pieces of the photograph were pasted onto the tissue paper in a broad heart shape, and as Sylvia gently covered the colorful collage with the tissue paper 'veil,' the two aspects of her grandmother's life and death were acknowledged. (Fig. 2)

"Give grief a chance" was the name that Debbie Whittam, another participant in the workshop, gave to a collage (Fig. 3) inspired by her grief following the death of her mother. Debbie's relationship with her mother had been filled with ambivalence and she describes the liberating and healing effect of the art making experience in her own words. "Once allowed to peruse the vast collection of Irene's art supplies available to us at the workshop, something on the front of a magazine

cover jumped out at me. I felt as though I was given permission to be me, and to do and create anything. The emotional impact of using these art materials helped me reach a part within that was grieving, as an innocent child, the loss of my mother who had passed away that past July. The tactile feeling and the smell of these materials brought me back to a time when cutting and gluing in the classroom was for a special gift. I loved cutting and gluing pieces of tissue onto my artwork. The tissue had the ability to make this piece 3-D. I puffed out the tissue, glued these pretty purple and pink puffs to the magazine page that said, "Give Grief A Chance" and I was brought back to a time in elementary school where my whole reason for doing a special piece of art was for my mom. Even though there were years when my mom and I had a distant mother daughter relationship, at least I had a mom to have a bad relationship with! The possibility to grow old with her was still there and in fact mom and I did become closer as her illness progressed. My artwork is very special to me. I kept it safe as I packed my suitcase to come back from the conference in LA to my home in Pittsburgh, PA. Each time I look at my "love-art" piece that I made it for my mom. It reminds me of what she meant to me—everything."

These examples powerfully illustrate what Levine (1997) describes as "the healing of the imagination by the imagination." Art therapy and the expressive arts in general play a central role in the care of dying and bereaved people. The arts can help to restore a stronger sense of self and a creative capacity that may be lost or diminished by life threatening illness or intense grief. There are times when the focus in end of life care is purely on physical and emotional problems, rather than on resourcefulness and resilience. I remember an 85-year-old woman who was suffering

from pain, anxiety and depression associated with her terminal illness. Referred to me for art therapy, I was able to engage her in a simple but soothing activity of molding a small piece of modeling clay. Although she had little strength in her hands, the frail, elderly woman was able to create a circular form that she described as a "bagel." This led to a pleasurable experience of



Fig. 1: Sylvia's Tribute



Fig. 2: Sylvia's Veil



Fig. 3: "Give grief a chance"

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reminiscence with her two daughters about the first bagels she had ever made and about other family celebrations.

While creative opportunities may bring respite and comfort to patients at the end of life it is important that the therapist is sensitive to symbolic language and remains open to what Levine describes as “invisible possibilities.”

Good therapists are open to metaphor and symbol; they listen with a third ear that hears what is not said; they see the potential for development in the person and are animated (ensouled) by these invisible possibilities (Levine, 1997, p. 4).

Learning to listen with that “third ear” and using our own imagination when we support dying and bereaved people is not easy. It requires a willingness to know ourselves and to face our own experiences of loss and change with courage and artistry. We bring our own stories and histories of loss to the work. Indeed, for most of us, our own experiences of loss and bereavement have served as a starting point and motivator for our helping roles. I discovered art therapy when my husband was going through an arduous cancer treatment and I was searching for a way of coping with the stress of caring for him. Having worked as a social worker for almost 40 years I was searching for a method that went beyond words. The art therapy experience as a client led to my decision to become an art therapist and to embark on doctoral studies in expressive arts therapy in my early sixties. An arts based approach nourishes the soul and represents another way of knowing. As Pat Allen reminds us:

Art is my way of knowing who I am...soul is the place where the messiness of life is tolerated, where feelings animate the narration of life, where story exists (Allen, 1995, p. ix).

Carl Jung’s words, “Often the hands will solve a mystery that the intellect has struggled with in vain” (Jung, 1989) is often quoted in the context of expressive arts therapy. When we feel trapped in a web of words (Levine, 1997) or overwhelmed by emotions such as fear and sadness, it may well be our hands and our creativity that help us to find a way forward, solving some of the mystery. As McNiff (2004) would say, when the soul is in need, art presents itself as a resourceful healer.

Given my professional experience as a social worker, art therapist and grief counselor, I firmly believe that art-making in the company of a skilled and sensitive practitioner is one of the most important ways in which dying and bereaved people can find healing in their isolation and suffering. Engaging in creative and meaningful activities somehow restores a sense of capacity and shifts the focus from problems, frailty and physical decline to an imagined realm. Allen (1995) goes even further when she says that our imagination is the most important faculty that we possess and that it is through our imagination that we discern possibilities and options. It represents the ‘deepest voice of the soul’ (Allen, 1995, p. 3).

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The Forum 2014 Themes

Issue	Theme	Submission Deadline
January	<i>Suicide and Grief</i>	November 20, 2013
April	<i>Violent Death and Loss</i>	January 15, 2014
July	Conference Issue — <i>Riding the Dragon: End of Life and Grief as a Path to Resilience, Transformation and Compassion</i>	May 16, 2014

Please contact the editor, **Tashel Bordere** at tbordere@gmail.com if you have knowledge, skills or expertise related to an upcoming theme and are interested in submitting an article. We welcome your interests and unique perspectives.

Following the Metaphors of Grieving and Condolence



By Ted Bowman, MDiv

*The Book said we were mortal;
It didn't say we had to be morbid.*

*The Book said the beloved died,
But also that she comes again,
That he's reborn as words*
(Orr, 2013, p. 89).

Lyric poet Gregory Orr points readers toward the conundrum of condolence. Condolence is paradoxical, ambiguous, multi-faceted, universal and individual. The many words associated with condolence affirm the absence of clarity. Sympathy, solace, comfort, companionship, acknowledgement and witnessing are but a few of the associations found in the literature of condolence. What do these words mean and which should be the preferred choice... at the interactional level? Is condolence something offered; if so, what words can be used to describe the recipient's experience? Condolence can be rational, emotional, spiritual or tangible, depending on individual preferences and understandings. Even though humankind has thousands of years of condolence experiences, it is still common to hear someone assert that he/she did not know what to say or do to and with a grieving other. The act of condolence remains awkward for many, including grief and bereavement professionals and volunteers that work with saddened persons. This conundrum deserves exploration.

In this brief essay, I suggest that one option is to follow the metaphors. Grieving persons frequently use metaphors to describe their experiences of loss. Consider these: "All motion stopped when he died...I couldn't move" (Spenser, 2004); ..."suffering is the smallest room, and there the sufferer lives" (Berger, 1996, p. xvi-xvii); "No matter what the grief, its weight,/we are obliged to carry it" (Laux, 1994, p. 23); ..."disaster sucks all the air from the room" (Erdrich, 2010, p. 53); "...the beloved died/...he's reborn as words" (Orr, 2013).

Grieving persons similarly use metaphors for condolence. To follow the metaphor, one moves from an internal or conversational debate about what condolence might mean or what form condolence might take to a desire to meet the grieving person where they are and follow their words, especially metaphors and figures of speech. To do so may itself be a desired act of condolence.

An oncology patient upon hearing the news from her physician that he had no more medicines to offer responded, "No... you do have something to give. You have the medicine of friendship" (Groopman, 2004, p. 135). Friendship, a common word, but what does she mean? Surprisingly she named a form of condolence desired. In the poem "Heavy" written after the death of her long-time partner, Mary Oliver described this image of condolence voiced by a friend, "It's not the weight you carry/but how

you carry it—/books, bricks, grief—it's all in the way/you embrace it, balance it, carry it/when you cannot, and would not,/put it down" (Oliver, 2006, p. 53-54). As the poem continues, Oliver reports that she began practicing the words of condolence her friend offered. Note both the title of the poem and the advice offered to her are common, but what did the friend mean; what does she mean? How would you follow anyone's descriptions and images?

Paul Rosenblatt, in a session at the 2012 ADEC conference called "Alternative Approaches to Conceptualizing Grief," addressed issues for consideration by those doing work with grieving persons. In that session and in a recent interview (Rosenblatt & Bowman, 2013) Rosenblatt asserts that metaphors are an underexplored facet of grief and bereavement expression and experiences. Further, he argued that the metaphors of grieving and condolence may require us to develop new or different conceptualizations that address and respond to metaphors people use.

Some Examples of Condolence Metaphors

When near your death a friend

Asked you what he could do,

"Remember me," you said (Gunn, 1992, p. 76).

Christopher Reid in "A Scattering" described a scene of elephants grieving, hooking their trunks to bones and parts of a dead elephant chucking them this way and that. This scattering, he wrote, has an air of deliberate ritual, ancient and necessary. Then this, "may their spirit guide me as I place/my own sad thoughts in new, hopeful arrangements" (Reid, 2009, p. 38).

Carol Muske-Dukes' condolence process, upon getting "The Call", included both transparent clarity and imagery. After receiving the call informing her that her husband had been in an accident, she finally reached a nurse who asked did she want to be told what was happening to her husband. She did... "And then the professional/voice...called out to me, step by step./precisely how your body failed...I held the phone to my ear...so that images of you dis-

appearing, appeared in the air..." of the kitchen in which she was standing (Muske-Dukes, 2003, p. 28-29).

Each of these poignant examples could be responded to variously. The point of emphasis in this essay is that by following the metaphor of the bereft person, we stay in her/his vocabulary of grief, not ours. Following their metaphors moves us into her or his particular culture of bereavement.

Rosenblatt offers helpful insights, "A common metaphor that shows up in the literature is a hole—a hole in my heart, in my chest, in my self. To follow that metaphor, one may describe a hole in the social fabric, the household, the future, life meaning, their roles, and their realities." He suggests further that one might explore where it was in a person's social life the person did not

The point of emphasis in this essay is that by following the metaphor of the bereft person, we stay in their vocabulary of grief, not ours. Following their metaphors moves us into their particular culture of bereavement.

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Following the Metaphors of Grieving and Condolence

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experience holes. Provocatively, he wonders, "...the hole metaphor may seem to imply something that needs repair...That may be there, but it also may be that the self with a hole is a complete and whole self, and what is needed then is not necessarily repair but acknowledgment, witnessing, and empathy" (Rosenblatt & Bowman, 2013).

Summary

In *The Helper's Journey*, Dale Larson stated that whatever approach you take, it must be congruent with your unique helping style (Larson, 1993, p. 30). While drawing on literary examples for this essay, the process discussed here does not require literary training or awareness of poems and memoirs. Rather, the method presented is one congenial to most therapeutic practices. The nuance of emphasis is that metaphors often hold individual meanings that deserve exploration. To follow the metaphors of grieving can lead helpers to greater clarity about their words or acts of condolence.

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Video and Condolence



By Lothar Delgado, MS, CT

We all wonder what we can say or do for someone who has lost a loved one. Grief is a solitary journey, but sharing a beautiful memory with the bereaved can help.

In 18 years of working with the dying and their families I have found that a great source of consolation to those that have lost a loved one is the preservation of personal memory. Video is an excellent means to this end.

In 1998, I developed "Life Journeys," which creates video biographies of terminally ill people. I have seen the profound effects of these videos not only on the people who are the subjects, but also on those in both the short- and long-term stages of grief after the death of their loved one.

The first video I made was as a hospice social worker. My client was a 35-year-old woman with end stage ALS and the mother of twelve year-old twins. On a ventilator and unable to speak or move, but with eye blinks and an alphabet chart, she communicated to me her final wish. She wanted a way for her children to remember her.

With the help of her friends, I gathered together her photo albums and brought them to her room. I held the pictures up, one by one, and she chose the ones to be included in a video biography of her life. In less than 24 hours, she was gone.

I attended her funeral, and with the help of a videographer, I recorded her friends as they described in detail each of the pictures, many including her children. Each friend eulogized her on camera, speaking directly to her children. By combining the stories with the pictures, we completed the project, and I was able to bring it to her children and witness first-hand the comfort it brought them.

I cannot speak to the long-term benefits for the children; the twins are now twenty-eight years old, and the memories of their mother are now sixteen years in the past. But as a clinical therapist, I recognize the psychological value that this video holds for these young adults. The memories stirred by the stories told by their mother's friends and coworkers will mean that something from their mother will stay with them throughout their lives, providing comfort and a touchstone to the years they had together.

In the fifteen years since that first video, I have created more than 100 videos with the terminally ill. As a therapeutic tool in working with the dying, the videos have served much the same purpose as Dignity Therapy championed by Dr. Harvey Chochinov, offering the terminally ill a chance to record memories and experiences that explore life's meaning, while also leaving behind a legacy for their bereaved (Chochinov et al., 2005). Another

2012 study using Dignity Therapy with subjects in nursing homes concludes, "For bereaved family members, documents provided comfort during their grief" (Goddard, Speck, Martin, & Hall, 2012). By using a subject's photographs and home movies along with their memories and message to the future, video is particularly well suited to meet Dignity Therapy's goals.

Karen Oman, LCSW director of psychosocial services for American Home Health Hospice wrote, "The families I have referred to this service (Life Journeys) have felt blessed to be able to have this gift for their children." Knowing that the memory of their loved one has been preserved for future generations brings consolation to the bereaved.

Ten years after the death of her husband, one recipient of Life Journeys wrote, "To have his story and the memories that he had, that he could have shared with me ongoing through our marriage, and for my children, has just meant everything. It's a permanent record of things I would never get to hear again."

A family whose six year-old daughter died of cancer a year earlier provides another example of how video can provide consolation to the bereaved. The parents wanted to preserve their

daughter's memory not only for themselves, but also for their two younger children. Their daughter's story, told without words, but with pictures and music brought great comfort to the parents, but even more striking was the reaction of the child's younger sister and brother. The video opened up in them a freedom to talk about their sister, remember her, and even explore her toys and possessions kept by her parents.

One last example of my video work with the terminally ill and their families is that of an older gentleman, a holocaust survivor, with only a few days to live. He wanted his story to be told and preserved. Sitting beside him, his daughter read the life story

he penned on camera. To illustrate the narrative, we used his rich collection of black and white photographs going back to prewar pictures of him as a handsome youth in Poland, to his sojourn in Israel and his family life in America. Several months later, she wrote to say, "From the time of making the tape with my father, to viewing it again later on, as the months go by, there are many blessings that come...It's healing for the person who's being taped, and it's healing for the person who gets to keep that token of their life."

Grief is a lonely path, and it is only when real acceptance of a loss comes over time that a person can truly move forward with their life. But the acceptance of loss does not mean forgetting about the one who has gone. Though the use of video, personal memory can be preserved and honored, providing the bereaved with joy and condolence.

In 18 years of working with the dying and their families I have found that a great source of consolation to those that have lost a loved one is the preservation of personal memory. Video is an excellent means to this end.

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Video and Condolence

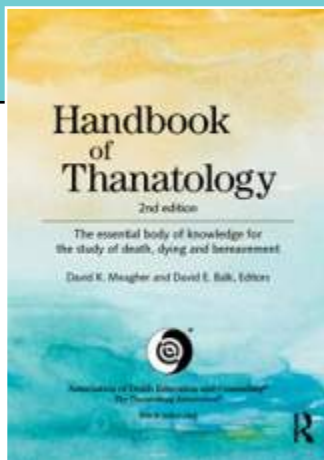
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The Power of Cinematherapy



By Susan Celentano, MS, LMFT

Motion pictures offer the viewer visually stunning and emotionally soothing images, such as an ancient flowing river (*A River Runs Through It*, 1992) and an enormous, sheltering fig tree (*The Tree*, 2010). Combined with validating narratives and melodic musical scores, films provide a richly textured opportunity for healing and consolation during grief.

Cognitively, films about loss can help a grieving client normalize her/his experience. By identifying strengths and exploring adaptive vs. destructive responses to grief, clients can begin to contain the disorganized nature of early grief. With exposure to different perspectives, a personal narrative about the loss will gradually take shape, one which is honest and coherent and which makes sense to the survivor. Emotionally, the treasure of film is its ability to reach beyond the reasoning self, and into the psychological self—the world of imagination, memory and emotion—and the spiritual self, where attachment wounds, if unattended, can result in permanent, wretched damage.

During the uncharted journey of early grief, fear plays a prominent role—fear of facing the stark reality of loss, with its loneliness and uncertainty. Observing fictional characters may be the first foray a griever takes into this territory, a first look at how to face those fears, peeking with covered eyes at what it might be like to live without one's cherished other.

As early as 1926, the psychoanalyst Hans Sachs wrote, "Film seems to be a new way of driving mankind to conscious recognition...by making the inexpressible expressible." In 2010's *Rabbit Hole*, a character speaks words many survivors find inexpressible. She responds to a group member's declaration that God had to take their child because he needed another angel with the bitter quip, "Why didn't he just make one? I mean, he's God after all." This scene can be liberating to a griever who may be experiencing such thoughts but judging them as inappropriate. In shamed silence, the griever retreats, thus increasing isolation and suffering. Once validated, the griever is strengthened and grief can continue to flow untethered by self-criticism and judgment.

Later in this film, a character expresses the seemingly inexpressible feeling of surviving the loss of a child, "The weight of it... at some point, becomes bearable. It turns into something that you can crawl out from under and... carry around like a brick in your pocket. Not that you'd like it exactly, but it's what you've got instead of your son. So, you carry it around. And... it doesn't go away. Which is... fine, actually." This scene conveys a powerful message of hope to those who will recognize

the possibility of surviving devastating loss. The analogy of the "brick in your pocket" assures grievers that they need not let go completely, a fear which can hinder the grief process.

For better or for worse, films provide viewers with role models. Assigning a film and then processing the client's response in session can have great therapeutic value. When a client is instructed to view a film with conscious awareness of what resonates and what doesn't, there is opportunity to uncover hidden guilt or anger or unexpressed fear or even relief. When a client can understand why certain feelings were evoked by certain characters or situations, they increase their emotional literacy and ability to navigate the overwhelming and unpredictable waves of grief.

Knowing your client's strengths and limitations and where they are in the grief process will determine if cinematherapy will be useful as an adjunctive method. Some grievers avoid

Slowly, the challenges and lessons and even the gifts of grief are revealed in well-chosen films, evoking a sense of safety and hope, and illuminating a path toward the full experience of grief and its inherent transformative possibilities.

movies with themes of grief and loss for fear of re-traumatization. For example, a film such as *What Dreams May Come* (1998), which relies on allegory and symbolism to illustrate the power of guilt and unfinished business and the corresponding tasks of renewal and forgiveness, presents unsettling images which may be traumatic to some viewers. In contrast, *Housekeeping* (1987), addresses similar themes, but the images are soft and plaintive and the messages are more likely to be absorbed and lead to healing.

Movement through grief is fraught with land mines for the newly bereaved and observing a fictional character's journey can introduce them to the landscape. The viewer becomes aware of how failure to open to grief

and meet its challenges can result in bitter loneliness, as illustrated in the 1980's film, *Ordinary People*, when the character portrayed by Mary Tyler Moore rejects the changes and soul-searching necessary to heal herself and her fractured family. In *A River Runs through It*, following the death of his son, a minister wrestles with his soul, but follows a trajectory which ultimately leads to acceptance and forgiveness. The initial response of, "Why can't the people who need help the most take it?" evolves into "It is those we live with and love and should know who elude us," and finally into the transformative, "You can love completely without complete understanding." It is compelling for survivors to examine and process the different responses to loss, along with their own.

Turning to the emotional and spiritual value of film, the 2008 German film *Cherry Blossoms* is a standout. It is a celebration of life through an exploration of grief, with powerful cinematic images. In grief, the spirit has been diminished and the self has sustained a deep wound. How better to inspire the spirit and

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Poetry: An Expressive Art Form of Condolence



By Julie A. Guistwite, MSW, LSW

Grieving individuals can offer one another a distinct form of psychological and instrumental support incomprehensible among outsiders through expressive art. Poetry as an expressive art form influences the bereavement process of both a seasoned and newly grieving individual (McArdle & Byrt, 2001).

Singularly poetry presents as a form of art and the process of creating a poem a source of healing (Robinson, 2004). Lehman, Ellard, and Wortman's (1986) research among mourning adults concludes persons continuing to adapt to similar life altering experiences remain one of the most effective psychosocial guides and inspirations to a grieving person. Sharing in the inexpressible thoughts of another similarly adapting to the internal ache of loss through poetry can foster a sense of empowerment, comfort, and inspirational hope for the bereaved creator and receiver.

Individuals across gender and generational boundaries adjusting to the death of a spouse offer one another a unique form of social support through expressive art (Lehman et al., 1986). Creating and facilitating a Pennsylvania funeral home bereavement program and series of spousal support groups for over five years led to the witnessing of numerous interactions between seasoned mourning and newly grieving individuals. One instance involving the use of poetry remains clinically memorable and beneficial for bereavement practitioners personally and professionally on a global level.

Approximately nine months after experiencing the loss of a spouse, one client found a support group session focusing on the benefits of poetry to the bereavement process insightful. Within a brief period of time the individual began rekindling a young adult passion for the expressive art form to provide new spousal support group members and friends comfort through the writing and gifting of poems specific to a person's experience. In a similar manner a potter begins working with clay, the client undertook listening to the stories of others and drafting a poem distinct to the individual to frame and present as a token of mutual understanding and encouragement. Building upon prior life experiences, the seasoned individual's words became a means of offering others confronting similar circumstances reassurance and strength, while simultaneously providing them with a beneficial means of giving back and new sense of life purpose.

Poems can serve as an empowerment tool for grieving individuals confronting challenging and painful situations (McArdle & Byrt, 2001; O'Connor et al., 2003). The seasoned client's sharing of expressive art with newly mourning persons offers strength during periods of uncertainty along with reassurance another

similarly continues to persevere through the ache of spousal loss (O'Connor et al., 2003). As the couplets individualizing focus provides a distinct form of support and the linguistic imagery can strengthen a receiver's diminishing self-esteem and stimulate personal growth (O'Connor et al., 2003; McArdle & Byrt, 2001). Kim (2010) and McArdle and Byrt (2001) refer to poems as a relationship building source that offers grieving individuals the opportunity to view another's experience and ability to manage feelings of emptiness, alienation, and sadness in a clinically beneficial manner. They can also lead to an increasing openness to discussing a companion's death and instill an empowering foundation for growth (Kim, 2010; McArdle & Byrt, 2001). As the bereavement experience creates a distinct connection

coherent only among those confronting similar circumstances.

The unwritten symbolism within the expressive art form extends beyond empowering an individual to provide an inexpressive source of comfort and understanding. As the images encompass concrete reality to articulate the experience through the eyes of one equally continuing to adjust to the pain of spousal loss and offer insights that can provide a hurting reader with healing and peace (Cook & Dworkin, 1992; Lehman et al., 1986; Robinson, 2004). From personally witnessing the poetry gift giving process, clients frequently comment to the creator and others on the unwritten understanding within the

words and find the linguistic imagery a source of comfort and encouragement to persevere through the difficult days.

An unspeakable comfort and hope appears to lie within a poem's artistic language and behaviors that only another mourning individual can clearly articulate (Robinson, 2004). The ability of a client to offer others words of reassurance at a time when family and friends, who lack a secure understanding of the life changing experience, may express less supportive statements provides inspiration (Lehman et al., 1986). According to Robinson (2004), a deep sense of healing and meaning making resides within poetry's imagery among those adapting effectively to a similar pain. Additionally, the seasoned individual's exemplification of compassion and empathy in the creation and sharing of expressive art demonstrates the hope one will equally gradually reconstruct a new life purpose (Vachon & Stylianos, 1988). As the seasoned individual's gestures provide a unique confidence building perspective.

One grieving client's artistic gifting became a source of empowerment, comfort, and hope that will forever affect the giver, receiver and practitioner. Along with witnessing the beneficial impact of providing a grieving client with the tools for reconstructing a new sense of life purpose after loss as a clinician,

Sharing in the inexpressible thoughts of another similarly adapting to the internal ache of loss through poetry can foster a sense of empowerment, comfort, and inspirational hope for the bereaved creator and receiver.

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assuage the wound than with the image of cherry blossoms, symbols of impermanence and renewal, or the lyricism of a musical score which can reach beyond the broken places to that which remains whole and untarnished. The film is salve for the brokenhearted.

Shakespeare advised us to, “give sorrow words.” The cinema can be an opportunity to begin hearing those sorrowful words, the language of grief, which is awkward and unfamiliar to the newly bereaved. Slowly, the challenges and lessons and even the gifts of grief are revealed in well-chosen films, evoking a sense of safety and hope, and illuminating a path toward the full experience of grief and its inherent transformative possibilities.

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becoming the receiver of one of the expressive art gifts came about following the funeral home owner's business decision to eliminate the bereavement program in 2012. A client's articulate words of strength, eternal gratitude, and optimism continue to provide personal comfort and fortitude. Worden (2002) reminds mental health professionals at times the complexity and pain of grief may hinder the ability to assist mourning clients in working towards the goal of establishing a new life meaning. One client's willingness to personally apply pedagogical strategies to the experience of spousal loss led to compassionately providing an eternal strength and sense of empowerment to other grieving individuals and the practitioner.

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Assisted Living

By Naomi Grossman

The wing chair was Mortie's beloved chair. He sat in it, napped in it and slept in it at times. It had his imprint in it. The smaller chair and footstool belonged to Doris. My husband's parents were bright and warm, involved with friends and family, independent, in a strong marriage and living a very full life. However, the last years of their lives were challenging.

Mortie was sharp until the end of his life but very sad and unhappy about how limited his life had become. He had loved to write letters, read and work on his stamp collection, but his body was failing him. He was frail, had severe hearing problems as well as macular degeneration. We spent one visit bringing a tape recorder to use with audio books and teaching him how to use it. For a person in his late eighties with increasingly limited sight and hearing, it was not easy for him to master these technologies, and they were not satisfactory replacements for reading.

Doris had a number of mini-strokes, each one leaving her more confused. After reaching the age of 80, she started sliding rapidly into dementia.

We arranged help for them so they could continue to live independently and visited them often with our children. For us, seeing the diminution of their lives was very sad. It became harder for them to go out, and their friends were dying. We had many conversations with Mortie about how hard life was becoming for him. We would try to convince him that his life was still fulfilling, but he would tell us how unhappy he was with it.

Doris lost more and more ground each year after Mortie died. She went from a competent woman to a person with a level of dependence akin to that of a young child. We mourned her as we took care of her in those last long years. We arranged for her to go to an Alzheimer's daycare center while she could; later she was cared for in her home. She lived for ten more years and spent nearly the last year of her life curled up in a fetal position. It was so painful to see, knowing that the strong and lovely Doris would have hated the life she was living out now. It was a terrible ending for an amazing woman.

When the time came for us to take apart their apartment, I had thought about their chairs. I saw the chairs as representing them, the large male wing chair Mortie, and the delicate club chair, so lady-like Doris. I decided to bring the chairs to my studio and reupholster them using wire and words.

I tore both chairs apart, down to their wooden frames and started using chicken wire and steel wire to cover them in wire and words. The chairs are filled with words and took over a year to complete. The words are about aging and being isolated. Some of the words are "see me, touch me, hear me, love me, want me, need me, hold me." I had originally thought the frames would be part of the pieces, but as I worked on them it was clear that the wood was way too thick and overwhelmed the delicacy of the wire and words. When the chairs were almost done, I had to cut open the bottoms and lift them off the frames.

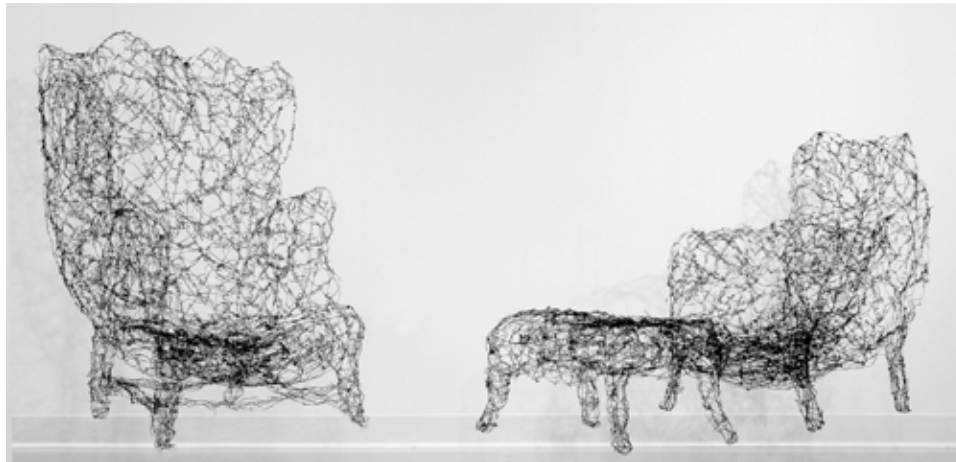
I was surprised to realize that the chairs, although made of thin wires, could not stand on their own legs. They were heavier than I expected. I decided to suspend them from the ceiling on filament fishing line. I love them suspended off the floor. They hang ghostlike in their space, the imprint of a body on the seats.

I never realized how the installation would be such an homage

to Mortie and Doris, and to how hard and lonely the aging process can be. Just as the sculptures became heavy, caring for these lovely frail people became difficult. Our love and caring continued but by the end, it was harder to remember the vibrant independent people they had been.

When the title "Assisted Living"

came to me, it felt perfect. When our family sees this piece we think of Doris and Mortie with both love and a sense of loss. It is impossible not to picture them sitting in these chairs with us sitting around them looking at pictures and reading to them, or remembering having one of Doris' wonderful dinners. I see these chairs floating off the ground, and their memory still lives.



Assisted Living ©Naomi Grossman, wire, words.

Note

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About the Artist/Author

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Yoga for Grief Relief: When Oneness Enables True Artful Condolence



By Antonio Sausys, BA, MA, CMT

Condolences are an expression of sympathy to someone who is experiencing pain arising from death, deep mental anguish, or misfortune. Why is it then that so often what people say is more upsetting and disturbing than calming or soothing?

I was truly good friends with my mother, and when she died of a stroke at 54 (I was 20), I almost did not hear words of condolences simply because for two-and-a-half years after her death, I lived disconnected from my feelings. When I was finally able to be with the pain of grief, I discovered, to my astonishment, that my body had created an additional calcium deposit between one of my ribs and the breastbone; what the body will sometimes do in response to a fracture. In essence, what my mind had been hiding, my body showed with pristine clarity: I had a broken heart.

As life went on, I began working with Lyn Prashant, creator of Integrative Grief Therapy, who asked me to develop a yoga practice to address the body-centered effects of grief. I could draw on my own training as a somatic psychotherapist and yoga teacher as well as my own personal experience to build a *sadhana* (spiritual practice) for Yoga for Grief Relief.

Grief takes place throughout the body, mind and spirit and this is one of the main reasons why yoga therapy is perfectly suited to address it. Yoga states that everything in the Universe works in exquisite integration, as one unit, and enhances the awareness of the inherent, vibrant unity between body, mind and spirit.

On a physiological level, by combining different actions such as massage, stretching or alterations of the circulatory patterns, yoga therapy promotes specific changes in muscles, joints and organs altering the vital functions of the body thus eliminating the chemical byproducts of grief. From a psychological standpoint, therapy is defined as the possibility of accessing self-knowledge that will enable one to change that what is consider dysfunctional. The introspection promoted by yoga is essential to the self-knowledge process that fuels psychic transformation. From a spiritual standpoint, because yoga believes that the knowledge to live a full life is already within one, by offering a vehicle of self-knowledge, yoga provides the opportunity to become acquainted with one's own essence. Yoga therapy offers asana or body movements to address the body, pranayama or breath work to address the mind and meditation or dyhana to address the spirit.

We identify ourselves through the persons and things we are attached to, and when we lose them, we lose part of who we are. Yet, we continue being, only that in a way that is not known

to us. The process of finding out is multi layered. It involves understanding and dealing with the physical symptoms of grief; actually completing the grieving process, and re-identifying ourselves now based not on preconceived or pre-learned notions, but instead, on our true essence, the one we've come so much closer to thanks to having been stripped out of our previous identity. For that to happen, we must work. The *sadhana* I have integrated offers a practice, the foundation for the work.

It presents six sections that aid the transformation of grief, from a painful experience into a conscious source of self knowledge. These are: breathing exercises, body movements, cleansing techniques, relaxation, mental reprogramming and meditation. The breathing techniques (*pranayama*) help bring back a sense of control to the individual by manipulating the prana, or vital force, to help unite the gap between the conscious and the unconscious. The body movements (*asana*)

Grief takes place throughout the body, mind and spirit and this is one of the main reasons why yoga therapy is perfectly suited to address it.

serve to manage the body's physical symptoms of grief, particularly addressing pain, while the cleansing technique (*shatkarma*) of *tratak* helps reset the endocrine system, affecting the flight or fight response, which plays an essential role in the grief reaction and the feelings associated with it. Relaxation is included with the intention of diminishing the stress levels that increase during grief. *Sankalpa*, the powerful yogic principle of resolve, helps reset mental patterns and focuses the mind towards the transformation of

grief. Finally, meditation is used to address the Spirit: once the body is still and the mind is calm, that which is neither body nor mind can manifest more clearly.

In the 20th century, our brains were thought to develop within a critical period during early childhood, to then remain relatively immutable. These beliefs have been challenged through the modern concept of Neuroplasticity that refers to the brain's ability to change its structure and function in response to experience, training and practice all throughout life. Employing intentional and conscious physical and mental practice, we can change our relationship to ourselves and to our grief. Each action we perform, each thought we think, each word we speak then becomes an opportunity for a new connection in the brain that can modify the old and emphasize the establishment of a new identity. This new identity hopefully reflects the union yoga emphasizes within the self as well as with others. Through its establishment we realize that we are one with our grief and that we are one with all those grieving, as well as continuing being one with whom or what have departed.

The Yoga for Grief Relief practice, serves then as a base for sympathy being embodied rather than just spoken. Giving condolences, more than a formality or an intention to fix or save a

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Yoga for Grief Relief: When Oneness Enables True Artful Condolence

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griever, becomes then an expression of silent understanding, of true union with who is grieving. Though united, we can't grieve another's grief, we can't undo their suffering, but we can 'be one with it'. In Uruguay, where I was born, the most appropriate and common words given to grieverers are, 'I accompany you in your sorrow'.

Yoga offers the tools for developing that deep company that only comes from oneness.

About the Author

Antonio Sausys BA, MA, CMT, RYT, is a somatic psychotherapist and yoga instructor specializing in one-on-one yoga therapy for people with chronic and acute medical conditions and emotional imbalance. He teaches and lectures at U.C. Berkeley Institute of Integral Studies, is a member of the World Yoga Council, the founder and executive director of *Yoga for Health*, the International Yoga Therapy Conference and a television host of *YogiViews*. His new book, *Yoga for Grief Relief*, will be published in January 2014 by New Harbinger. Email: antonio@yogaforgriefrelief.com.

The 10th International Conference on Grief and Bereavement in Contemporary Society (10th ICGB)



The 10th International Conference on Grief and Bereavement (ICGB) in Contemporary Society will be held June 11-14, 2014 in Hong Kong. ADEC is one of the supporting organizations of the 10th ICGB, and was a co-host of the 9th ICGB in Miami 2011 and the 5th ICGB in Washington, DC in 1997.

With the conference theme, "East Meets West: Expanding Frontiers and Diversity," there will be rich scientific programs delivered by international leaders in end-of-life care and bereavement studies. In addition to scientific presentations, there will also be exciting social programs on qigong, tea ceremony and laughter

therapy; along with field visits to foster exchanges with local experts in organizations specializing in the area of death, dying and bereavement.

Registration details and deadlines, plus further details regarding the program are available at www.icgb2014.org

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The Art of Condolence—From a Child’s Perspective



By Rory Kidder

What can children teach us about condolence? A lot. As adults, we sometimes get in our own way of offering condolence. We think about condolence, but may hesitate to express it for various reasons. Maybe we are afraid of bringing up a painful topic, or just unsure of what to say. Children, on the other

hand, have the uncanny ability to “say it like it is” without fear or hesitation.

Sam, 12, lost his father to lung cancer in 2012. In the film, *Children and Grief*, he shares the following insight, “I think the reason people don’t bring it up is because they’re scared to mention it because I might, like, break out and cry, flip out and stuff. It would help a lot if friends and people actually really talked about it and gave you support because it’s really helpful.”

In fact, all of the children interviewed in *Children and Grief* expressed the importance of having others acknowledge the passing of their loved one. Yet they also want you to understand that although they want you to offer condolence, they may not feel like talking about it at that moment.

Alexander, 14, explains, “Advice I would give when you’re confronting someone with grief is not to come on too strong, you know. They just had someone die and it might be like a year after the person died and it still feels like the day it just happened.”

Condolence is a balancing act. Children experiencing grief want their loss to be acknowledged, but also ask for respect and understanding of their reactions. They may be fine discussing it one day, but not the next. “Sometimes just talk to them and if they don’t want to talk to you back, just leave them alone,” shared Aurora, 10. She goes on to say, “Sometimes it helps me to talk to them and sometimes I just go and lay down for a little bit.”

Phoebe, 7, prefers actions over words. “Comforting them. Patting their backs, saying that ‘it’s going to be okay’ and giving them a kiss or something.” This is how she likes to receive condolence.

Julia, 9, finds condolence in simple gestures. “Something that my friends and my class did to help, was that my teacher, he just felt bad and stuff, so he had the whole class make cards and talked about it and that helped. Also some of my friends said that they were sorry and stuff.”

In *Children and Grief*, the children are the experts, the professors, and we, the viewers, are the students. After viewing this film, I learned two invaluable lessons that have changed my life. The first lesson is about how I view condolence. Condolence is no longer about me and something I feel I have to do even though I may dread it. Sam is right. In the past, I’ve been afraid to say “I’m sorry” because I worried that by acknowledging a person’s loss, I would rekindle a person’s grief and cause them pain. What I learned from these children is so simple—so easy. Just say it! They want to hear it. Don’t be afraid of their reaction. They want to hear you acknowledge the passing of their loved one.

The second lesson I learned from these beautiful children is that simple gestures matter. As Phoebe so wisely shares, “Give them a hug or a kiss and say it’s going to be okay.” Or make a card. Or invite a child who has experienced a loss to go swimming, or play in a park, or go out for ice cream. It’s so simple—so easy. These children have taught me it’s the little things in life that matter and can make a big difference to someone who is grieving.

“To me grief means love and respect for the ones that I love that have passed away,” shares Sequoia, 12. What I have learned from Sequoia, and all the children featured in *Children and Grief*, is the importance of the simple act of acknowledging their grief and how far reaching small gestures of kindness can be toward helping them on their healing journey.



Julia, 9, from the film *Children and Grief*

About the Author

Rory Kidder is a co-founder of Professor Child, an organization developing films and workbooks for children experiencing challenging life events. Professor Child believes in the power of children teaching children by sharing their personal stories. To learn more about the film, *Children and Grief*, and the accompanying workbook, please visit www.professorchild.com. Email: rory@professorchild.com.

The Doctor's Letter of Condolence: An Important Part of the Continuum of Care for the Dying Patient



By Gregory C. Kane, MD, FACP

In my early career as a pulmonary physician, I cared for an elderly and accomplished local ophthalmologist with advanced lung disease. He was a gracious and gentle man with a loving family, including a devoted daughter. As death approached, he made it clear that his comfort was to be the main goal of any treatment. The end of his illness was managed effectively; he died without pain or obvious suffering and was surrounded by his extensive family throughout.

Not long after, I sent his daughter a note of condolence; something I had done on occasion but had not yet made a regular part of my approach as a busy internist and pulmonary physician. She called in follow-up and shared information about the funeral services, how she was coping, and wonderful anecdotes about her father's legacy. The exchange served as a fitting conclusion to my role in caring for her father and allowed me to underscore my privilege of serving as her father's physician.

To my surprise, our paths crossed again about a year later. My patient's daughter had grandchildren in the same school that my children attended and we were both present for the first grade chorus (a delightful annual event). I still remember how natural and comfortable our chance meeting was. The exchange prompted by my letter of condolence had allowed us to conclude our relationship in a most comfortable way. Had we not conveyed, in very human terms, our emotions in the wake of her loss, I might have felt compelled to inquire about the funeral, or about her grieving. Instead, with a proper exchange already concluded, I was able to say, "It is so good to see you, and I hope you continue to be well."

As a result of this experience, I decided to make writing condolence letters a mandatory part of my care. The habit has enhanced my skills as a physician, deepened my relationship with families in their time of loss, and served as a source of rejuvenation in times of stress. Unfortunately, this important gesture is often overlooked by today's physicians (Bedell, Cadenhead, & Graboys, 2001; Tolle, Elliot, & Hickam, 1983).

Why write a letter of condolence?

The doctor's letter of condolence has been described as a dying art (Kane, 2007). Many have called for a return to sharing condolences with surviving family on the part of the treating physician (Irwin, 2003). Condolence letters allow the physician to support the surviving family in their time of grief and

express gratitude for their role in caring for their loved one. The letter can remind surviving family members of their strengths and recall a special memory of the deceased (Kane, 2007). It is the physician who serves as witness to the companionship of a spouse during an illness, the role of children in providing physical care, or the role of a companion in transporting someone during a fragile time. Witnessing these acts is a reminder of the positive parts of our humanity, the common bond of love within families, and the importance of small gestures of kindness in our lives. Reminding the bereaved of their goodness during their grief can assuage the anguish of their loss and help them during a time of loneliness.

The benefits for the physician cannot be overlooked. As the physician, the time of reflection can serve to relieve the stress of a busy practice and recall the core lesson of a life as a healer. The richness of an exchange with a family member of a dying patient reminds us of our shared humanity and the importance of our role in relieving suffering (Parker, 2002).

Finally, I might emphasize the family's view if such a letter is omitted. Too often, I have heard family members mention the lack of any contact from their loved one's doctor after their passing; "he didn't even take the time to call." Irwin (2004) has suggested that this may give the family the impression that the deceased patient was not important. Though

there may be a simple explanation, the lack of any contact is often felt deeply by the family and causes them to question the depth of the relationship with the physician.

How should a physician write such a letter?

If you are struggling with how to do this, there are many tools and guides available (e.g., Kane, 2007; Wolfson & Menkin, 2003). While I will share some basic guidelines, I will not go into detail about potential contents. I will, instead, emphasize that sincerity in the expression will be appreciated, if not treasured, by the surviving family. They will see the gesture as an affirmation of the physician-patient relationship and a reflection of respect for the deceased.

Perhaps, the physician will not cross paths again with a patient's family as I described in my opening, but the conclusion of the physician-patient relationship through this type of communication with the family is an important aspect of the role of the physician that should not be overlooked. Several have proposed ways to introduce this into the curriculum for education of young doctors, but it is hard to assess the effect of such educational programs (Kane, Weitz, & Merli, 2004).

A condolence letter affirms this relationship, reminds the bereaved of their strengths, and reminds us all of the value of the deceased patient in the eyes of the treating physician.

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The Doctor's Letter of Condolence

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Closing thoughts

The doctor's letter of condolence has been too often overlooked in the fast paced world of modern medicine (Kane, 2007). It should not, however, be forgotten. The effort to complete such an important communication with surviving family members is important to their grieving and a respectful way to conclude a unique and rewarding relationship. A condolence letter affirms this relationship, reminds the bereaved of their strengths, and reminds us all of the value of the deceased patient in the eyes of the treating physician.

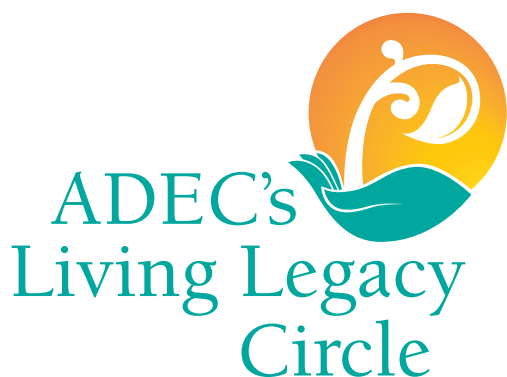
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Collage: A Hero's Creation



By Sharon Strouse, MA, ATR

"The hero is an archetype, and it appears at crucial moments in people's lives to carry them over difficult transitions." — Von-Franz

In my professional life as an art therapist I am devoted to those who have lost someone they love by offering them a creative way through grief. Those who come to my Artful Grief Studio are heroes on a healing journey, including Mel and Carlos who walked through my door in May 2013. I witnessed their quest and the power of their creations as they gave form to myth and miracle. They entered unknown territory, externalized chaotic, frightening experiences and opened themselves to a new way of being in the world.

I knew Carlos. We had met a few years earlier at the Tragedy Assistance Program for Survivors (TAPS) National Conference.

He and his wife, Mel, had come to my studio several times to explore their feelings. Their son Alex had been killed in Najaf, Iraq in 2004 and their son Brian had taken his own life in 2011. My studio was one of the options offered to anyone in the military who had lost someone in service to our country. It is a refuge away from the fray, away from the workshops where conversation was the modality through the territory of loss. It is a quiet, safe space, punctuated by the sound of those leafing through the pages of magazines in search of collage images. Their images captured the "unspeakable elements of their journeys, torn images that aligned them with the reality of their own torn edges" (Strouse, 2013). The studio is as much a physical haven as it is a soulful place of transcendence. The "controlling mind relaxed its grip and allowed spontaneous expressions to form itself into fresh structures" (McNiff, 2004). There is relief in that pause. Deep breadths mark the letting go as nervous systems came into balance. Healing happens, for "therapies of the imagination such as the expressive arts are of particular value in helping to transform and revision lives in the aftermath of traumatic loss" (Thompson & Berger, 2011).

I saw Carlos in the morning, during the official opening of the TAPS weekend. I stood with a few others to hear his story. I wondered how he handled the growing attention. I moved through my day in the studio. After dinner I settled into a chair at one of four round tables, and waited for anyone interested in a creative evening. I turned to the sound of the heavy wood door opening as Mel and Carlos entered. In our greeting I remembered the moment I recognized Carlos from television, for Carlos was an iconic face during the Boston Marathon Bombing. He was the man in the cowboy hat who ran toward the explosion, the man who rushed in to pick up and save Jeff Bauman who had just suffered the loss of both his legs in the blast.

In my professional life as an art therapist I am devoted to those who have lost someone they love by offering them a creative way through grief.

Mel gathered scissors, paper, glue and magazines. She sat quietly in front of me. She settled into the creation of her collage and did not need any direction. She was familiar with the process. Carlos stood behind Mel, pacing in the space between the art supplies and the tables where we sat. I asked him how he was. He began sharing his story. It poured from him, as I imagined it had all day. I watched his body in the fullness of gesture, an expression of movement that coincided with the evocative details of his Boston Marathon experience. Mel and Carlos were positioned in the stands at the finish line, there to cheer on those who had run in honor of their sons. Carlos said, "Suddenly something happened. I didn't know what it was but found myself running toward it. I wasn't thinking. I broke through metal barricades, lifted them and tossed them aside. There was body parts everywhere, blood all over." As I listened, I entered a space with Carlos and descended into the underworld with

him. "I spotted Jeff, his legs were over there. I looked at the man next to me, a physician." He was part of the staff in place to attend to the runners. "The physician yelled, tourniquet. I started yelling tourniquet, tourniquet. Take off your belts, rip your shirts, make tourniquets. I ripped a shirt and began to wrap it around Jeff's hemorrhaging stumps. I scooped Jeff up, took him in my arms and ran with him toward the emergency tent. A woman pushing a wheelchair ran toward me as I yelled for help. I placed Jeff in that wheelchair and continued to run to the emergency tent, where staff urged me to place Jeff in one of the waiting beds. I said no, he will die. I continued to run with Jeff to the waiting ambulances."

Mel never turned to look at Carlos in his storytelling, but kept her attention in the slow and methodical process of her own creation. She glued a halo of pearls and jewels onto a woman's head and nodded in approval of her husband. Mel said, "In the chaos of the moment, we all ran. When I turned to see where Carlos was, he was not with me. I knew he was running toward the white plume of smoke, into it all." I offered support to them and wondered with Carlos how his experience might take form in the materials available in the studio. Still standing and pacing, Carlos entered once again into the spiral of sharing and added more details. He focused on the blood. "Blood was pumping out of Jeff. I lifted the tissues that oozed out of his severed legs. I tried to hold it in place. I looked into Jeff's eyes and asked his name. I pleaded with him not to die, as he told me that he looked into the bomber's face. Medics ushered him away while the police and FBI began to question me."

Mel worked steadily on her collage while I wondered again, how the fragments of Carlos' story might take shape. I asked if he had made connections between his experience with Jeff and the death of his sons. With that, Carlos stopped, sat down

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Collage: A Hero's Creation

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and pulled a chair toward me. He leaned in closer, as a kind of hush took up residence in the room. He said, "I am sure my sons guided me there that day, placed that physician next to me and helped me to save Jeff." He then paused and shared details about his son's death. "Alex was on patrol in Iraq. He had come under enemy fire and was shot in the head." Carlos was not there that day to hold his son. Carlos could not save Alex, he could not save Brian, but on April 15, 2013 Carlos was able to "help a family get their son back." Healing happened. "Identity can be seen as a narrative achievement, as a sense of self is established through the stories we tell about ourselves and relevant others" (Neimeyer & Sands, 2011).

We talked in general about the "hero in the cowboy hat," and how Carlos was suddenly defined by his physical movement towards the chaos and terror. He picked Jeff up and courageously ran with him, undeterred by his wounds. It was an experience and symbolic of the grief journey he and Mel already embraced. Their intention to heal played out in their actions, that day and in the present moment we shared in the studio. Mel's hands moved over the bits and pieces of paper, gathered into a unified whole, a re-creation of past and present. "The creative process called for action, engagement, willingness to give form to suffering, to shape it, glue it down, let it go, make sense and find meaning" (Strouse, 2013). Carlos said, "I like working with my hands, I feel better. In December, when the twenty children in Newtown were killed, I had to do something. I built white crosses for each of them and drove to Connecticut. I created a living memorial by a tree." He seemed to gravitate toward the creative and so I invited him once again to consider what was in the art room, available to him now, in this moment.

Carlos selected a large piece of black construction paper and began to sift through hundreds of pre-cut images spread out on long tables. His demeanor softened as he directed his attention into his creation. He joined Mel and sat across the table from her, tearing, cutting and gluing until he was finished. I pulled up a chair and invited them to share. Mel said, "I am the woman whose head is haloed by pearls and jewels. I feel that the Holy Spirit comes to me." She glued feathers on a dark figure and called him, medicine man. "He is Carlos, now thought of as a cowboy hero." A fire rages in the center of her piece onto which she glued the words, "Calm inside a tornado." Fragile, torn and crumpled tissue paper represents her sons, "who blessed their Dad, so he was able to help." When I turned my attention to Carlos, I could not believe what he found among the hundreds of pre-cut images, a double amputee in a wheelchair. It took up the center of his piece, with the words "victim and survivor," boldly placed on top. Fire and lightning flanked the amputee on the left with American flags on the right. His collage looked one way on the surface, in its reference to Jeff and the Boston Marathon Bombing, and another way when I imagined Carlos as the central figure in his collage. I saw Carlos as the man in the wheelchair who lost both his legs, who lost both his sons and who must now learn to walk without them. Carlos was the one

who moved from victim to survivor, the one who survived the fire, the one deemed a hero for entering the unknown. "When we face and engage our pain, it begins to soften and open and change into something else" (Allen, 2005). I noticed that both Mel and Carlos included images of fire, clear references to the fact that Carlos had set himself on fire when he learned of Alex's death. Mel pasted the word calm over the fire. I sensed her layered understanding of the events that had placed them in the heart of a nation and in the heart of a family, whose son was alive.

"Art is a vehicle that allows us to transcend linear time, to travel backwards and forwards into personal and transpersonal history, into possibilities that weren't realized and those that might be" (Allen, 2005). The Artful Grief Studio and collage process allowed Mel and Carlos an opportunity to "enact scenes not in order to deny its fragmentation but to reveal it. We could say that the art of trauma is not an imitation of the past but an opening to the future" (Levine, 2009). In the breaking open to death, life and loving was possible. In subsequent weeks I watched Carlos and Jeff threw out the first pitch at a Boston Red Sox game. On *NBC Nightly News* with Brian Williams, their closeness was highlighted as Carlos supported Jeff during his rehabilitation. Two families were drawn together and each received something from the underworld journey.

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About the Author

Sharon T. Strouse, ATR, is an art therapist. She became a suicide survivor on October 11, 2001, when her seventeen-year-old daughter Kristin ended her own life. Sharon's process of collage-making in response to the trauma of loss developed into a template for work with others, both locally and nationally. Her [private practice](#) in Baltimore, Maryland includes art therapy and meditation. Sharon is co-founder of [The Kristin Rita Strouse Foundation](#), a non-profit dedicated to supporting programs that increase awareness of mental health through education and the arts, and the author of *Artful Grief: A Diary of Healing*. Email: devotion5@hotmail.com.

Condolence Houses in Turkey: A Creative Attempt to Preserve a Tradition



Samet Kose, MD, PhD

By Samet Kose, MD, PhD and
Medaim Yanik, MD

In most cultures after a death, relatives, neighbors and friends visit the deceased person's family to express their sympathy and their grief. The grief process is shaped throughout tens and thousands of years. A tradition of giving condolence to the grieving person is seen in almost every society as being part of the social support system. Funerals and ceremonial expressions of condolences may help the grieving individual to face the reality of the loss in a supportive and encouraging environment.



Medaim Yanik, MD

In traditional Turkish society, giving and accepting a condolence is a special ceremonial event. It is practiced differently in rural and urban areas of Turkey. Giving and accepting condolence in a special ceremonial way is limited to three days in the

city center while it takes as long as one week, sometimes even longer, in the rural setting. The practice and duration of the ceremony is determined by the age and gender of the deceased and the family's societal background.

The grieving family does not serve any of the food or drinks. Relatives and friends do the serving. The first holidays after the loss are called "black holidays," and the condolence ceremony is repeated during these times. The neighbors come to the family home to give their condolences once again. Friends and relatives living far away, who were informed about the loss after the first condolence ceremony was over, have a chance to visit and console and support the family of the deceased. It is believed that this social support is important since the absence of the deceased family member will become more apparent on such special dates.

During the condolence period, bereaved men do not shave. On the seventh day, friends and relatives take them to a barbershop. This marks the end of the condolence period. The ritual is meaningful for encouraging the grieving person to return to the daily routine of life. No TV or musical device is turned on at the bereaved person's home. Bereaved individuals do not attend wedding parties or any other kind of celebrations. If a party or celebration is to take place in the neighboring area, it is postponed for at least three months and later elaborately arranged to reduce the musical noise as a sign of respect.

In rural areas, male and female members of the family accept condolences in separate places. When females gather in the deceased person's home, males gather in another house nearby. Although

most rituals are similar, there are slight differences between male and female gatherings. When gathered, females sing hymns. Adolescent girls or newlywed brides are not allowed to participate in condolence visits; the mother of the family, older daughters and older daughters-in-laws attend the condolence ceremony. On the fortieth day, *mevlit*—a long poem, written in Turkish, celebrating the birth of Prophet Muhammad, is chanted. Chanting the *mevlit* is like a ceremonial concert with all its uniqueness.

The tradition of visiting the bereaved family is very old and worldwide. However, to our knowledge, specially built condolence houses only exist in the city of Sanliurfa, Turkey. Until a decade ago, giving and accepting condolences used to take place at family homes or in the town center. Special places called "condolence houses" appeared a decade ago for the first time and have since increased in number. In 1994, a non-profit organization partially sponsored by the government, named Sanliurfa Culture Education Art and Research Foundation (SURKAV) initiated the "condolence house project" by allocating two rooms in a governmental building

in the Balikliogol area. Since then, families started renting these condolence houses for three days. People pay to rent condolence houses, but the amount paid is just symbolic and only used for housekeeping and maintenance of the houses. Condolence houses that were built recently are all in mosque yards. These condolence houses are built near Balikliogol, one of the sacred places of Sanliurfa. Tea, bitter coffee, cigarettes, and fragrances are served inside. Bereaved families are there only to accept condolences.

At present, there are six condolence houses already in use and fifteen more under construction. The question about how this transition took place and what need it is satisfying is intriguing. People have many different views on

the subject. Being one of the most traditional towns in Turkey, traditional values are widely accepted here. For instance, everyone who knows a relative, even in-laws of relatives, is obliged to visit the grieving family and offer condolences. The society considers the opposite behavior as impolite and views it negatively. As a result, hundreds of people come to visit the bereaved family.

Life styles have changed with modernization. Apartment buildings have replaced wide single story houses with big yards in which extended families could reside. Although the families function as modified extended families (Ozbek & Volkan, 1976) and usually live in separate apartments in the same building, the apartments are designed for nuclear families and do not have either the space to hold a crowd or the capacity to serve as a facility for such a ceremonial event. Therefore, there has been an increased need for places outside of family homes to hold the ceremonies.

Until a decade ago, giving and accepting condolences used to take place at family homes or in the town center. Special places called "condolence houses" appeared a decade ago for the first time and have since increased in number.

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Condolence Houses in Turkey

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Not only have living places changed with modern life, so have family structures and daily routines. As a result of the transition from a rural to an urban life style, more people work in industry or administrative offices instead of agricultural fields. Working hours are defined much more strictly and time has to be carefully organized. Previously, societal rules were considered more important than every other consideration. Gradually, individual comfort started to gain importance. With this transition, the need to make ceremonial events more convenient and less expensive emerged.

We can argue that, during this time of irreversible societal change, condolence houses appeared to be in the service of the continuity of tradition. Social support has a positive impact on the course grieving. Parkes (2002) labeled the absence of social support as one of the risk factors for pathological grief. In this context, social support includes sharing of hurtful emotions, passing time together, sharing one's own similar experiences and also giving economical support. It is provided by relatives, friends, neighbors, religious authorities, self-help groups, online groups and mental health professionals. During the grief process, social support is provided mainly by other members of the family, relatives, and friends (Harrison & Harrington, 2001).

It is too early to comment on the transformation of condolence tradition in Sanliurfa, and it is difficult to predict the remote future of condolence houses in an era of rapid transition. However, some tentative conclusions can be drawn. As a result of economic difficulties and modernization, new societal needs have emerged.

In other words, economic difficulties in the region have required the ceremonies to be less expensive. Additionally, traditional ceremonial tasks bring inconvenience to individuals and families in a modern world. These causal factors usually lead a society to abandon some of its traditions. This was not observed in Sanliurfa. Instead, the city's unique sociocultural structure created a compromised solution, and moved the traditional condolence ceremony to a sacred place where it can be performed in a less expensive and more convenient way.

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ADEC 36th Annual Conference—Riding the Dragon: End of Life and Grief as a Path to Resilience, Transformation and Compassion



Robert Zucker,
MA, LCSW, FT

By Robert Zucker, MA, LCSW, FT
and Elissa Berman, MA, LPCC-S

It's not too early to begin marking your calendars for ADEC's 36th Annual Conference in Baltimore! And don't forget to include the high quality and compelling professional development courses and specialty workshops that will be offered at the Pre-Conference Institute on April 22 and 23, before the Conference begins.



Elissa Berman,
MA, LPCC-S

Attendees can opt to sign up for Professional Development Courses that will take place on Tuesday, April 21 and Wednesday, April 22. These two-day sessions provide an opportunity for attendees to deepen their knowledge in an environment tailored to their current level of knowledge and experience in the field. Choose from the

Introduction to Thanatology: Dying, Death and Bereavement, taught by Lynne Ann DeSpelder, MA, FT, and Ronald Keith Barrett, PhD, FT; the Intermediate Course: **Grief Counseling**, with J. William Worden, PhD, ABPP; or the Advanced Course: **Complicated Bereavement and Grief Therapy**, led by Janice Winchester Nadeau, PhD, FT.

Tuesday April 21 promises to be an extraordinary day of learning. If you opt for the full-day course, you will learn with Therese A. Rando in her class entitled, **Treating Personal Traumatization Following Traumatic Death**. Or, you can create a custom day of learning by choosing two half-day courses to suit your needs.

Tuesday morning you can learn with Lisa Renee Prosser-Dodds, in her course called **Beyond Intuitive and Instrumental**. If your interest is in the area of children's grief, you may find Linda E. Goldman's course, **A Look at Children's Grief and Trauma in Today's Society**, the right fit for you. For those who work with veterans, Laurel Burnett will offer, **Oath of Service to Final Taps: Honoring Loss for Veterans**.

On Tuesday afternoon you'll have the chance to earn ethics CEUs if you opt to take James. L. Werth's course entitled, **Practical and Ethical Issues When People are Making Life or Death Decisions**. For those interested in how grief support can be a tool to engage diverse communities, while creating competency and excellence in inclusion practices, Alesia Alexander Layne's course, **Community Tapestries: Creativity and Inclusion Support**, is a course to consider. If exploring a mind-body approach to healing is of interest, consider **A Mind-Body Approach to Healing from Loss**, taught by Fran Zamore and Michael Shea.

Wednesday April 22 is a day not to be missed. You can enjoy a full day of learning by taking the one-day course with Robert

Neimeyer, entitled **Reconstructing the Continuing Bond: Accessing the Backstory of the Relationship**. But this is another day of choices!

Wednesday morning you can choose from two half-day courses. Hope Edelman will teach, **Reframe a Story, Revise a Life: The Power of Narrative in Bereavement and Post-Bereavement Work**. Or for those of you who work in the area of pediatric palliative care there will be, **If I Die Young: Facing End of Life as Young Adult**, taught by Rebecca Brown.

Complete your day with one of three courses offered Wednesday afternoon. Sandra Bertman will teach, **Exercising Our Therapeutic Imaginations: Techniques for Reflective Practice and Renewal from the Arts**. Ted Rynearson and Alison Salloum are looking forward to sharing their work in a class entitled, **Under the Shadow of Complicated Grief: The Clinical Impact of Violent Death in the Middle East**. Darcy Harris and Brad Hunter will bring their work with mindfulness and compassionate practice to life in their course, **Mindful Awareness, Presence and Compassion in Grief and Loss**. Some of the best educators and clinicians in our field will be sharing their ideas and insights in the Pre-Conference Institute. We hope that you will make time to participate in these exceptional learning opportunities.

The main Conference will open with **Robert J. Wicks, PsyD**, with the session, **Riding the Dragon: Strengthening the Inner Life of the Caregiver**, which will address the intersection of spirituality and psychology as depicted in his book, *Riding the Dragon: Ten Lessons for Inner Strength in Challenging Times*.

For more than 30 years, Dr. Wicks has helped people take measure of their lives. Together, he and his clients have taken the perspective that "difficult times can offer graced moments in a more striking way than the good times can." As a professor, speaker and teacher of psychology, medicine, nursing, theology, and social work, he has guided students and professionals in discovering how to value their strengths, develop a practice of mindfulness, and take charge of their self-care.

Miriam Greenspan, MED, LMHC, a renowned psychotherapist, speaker and author, will present **Global Healing in a Brokenhearted World**; her approach to grief work draws upon her personal experiences as a child of holocaust survivors, her early years growing up in a German displaced person's camp, the death of her infant son and the challenges and rewards of raising her profoundly disabled daughter.

Miriam Greenspan takes a fresh approach to the three emotions we most dread and devalue: grief, fear, and despair. She argues that our avoidance and denial of these dark emotions contributes to the epidemic of psychological ailments characteristic of our age: chronic depression, anxiety, psychic numbing, addiction, and irrational violence.

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ADEC 36th Annual Conference

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Our Ira Nerken International Speaker is internationally acclaimed Rumi scholar, mystic and spiritual teacher **Andrew Harvey**. He will speak about *Love in Action*, which focuses on hope derived from what he calls “sacred activism,” a confluence of compassionate service, self-reflection, prayer and a commitment to exploring our shadow-selves.

Andrew Harvey is founding director of the Institute of Sacred Activism, an international organization focused on inviting concerned people to take up the challenge of our contemporary global crises by becoming inspired, effective and practical agents of institutional and systemic change, in order to create peace and sustainability.

Hope Edelman will present *Motherless Daughters: A Twenty-Year Retrospective*, in honor of the 20th anniversary of her book, *Motherless Daughters*, which has been published in 16 countries and translated into 11 languages.

Hope has lectured widely on the long-term effects of early parent loss. She has appeared on national and local television throughout the U.S., including the *Today* show and *Good Morning America*. She has also appeared on television and on radio in Toronto; Vancouver; London; Sydney; Melbourne, Australia; and Auckland, Wellington, and Christchurch, New Zealand.

We are honored that **Dr. Sidney Zisook** will be speaking at the conference as well. He is the director of the University of California, San Diego Residency Training Program, a professor of psychiatry at UCSD and director of the Operation Core of the Advanced Interventions Center for Older Persons with Psychotic Disorders.

Dr. Zisook's research centers around mood as both a primary and secondary manifestation/disorder. His major clinical focus is treatment of adult patients with grief, mood and anxiety disorders. Using an integrated approach which combines various psychotherapeutic modalities with pharmacotherapy, he provides consultation for patients with particularly chronic and refractory conditions, individuals with complicated bereavement reactions, and older persons with mood and/or anxiety disorders.

Rudy Wietfeldt is another featured speaker that we are honored to have at the 2014 conference. Rudy has personally faced and overcome incredible tragedies. At 18 he was pallbearer for his father, who died suddenly in his 40s; at 25 Rudy also served as pallbearer for his mother. By the age of 33, Rudy had buried three sons and a daughter. Through all the pain and suffering, he wrote the book, *The Core of Happiness* (which is what he will speaking on at the conference) in the hope that his surviving children and others would ultimately derive benefit from his philosophy of hope that has guided his life.

There is extraordinary work being done in the area of pediatric palliative care, so we are pleased that **Rebecca Brown, MDIV, CT** has also agreed to be a featured speaker.

Rebecca works at the University of Florida in the Adolescent Palliative Care department of Pediatrics in the College of Medicine as the director of *Streetlight*, an adolescent and young adult support program for people aged 13-25 living with cancer, cystic fibrosis, sickle cell, and other chronic and life-limiting illnesses.

Rebecca has worked with adolescents in the Gainesville community since 1984, through a church-based program, which drew 150 local adolescents yearly. It was considered Gainesville's safe place for youth. In 2002 she left Gainesville to pursue her Master of Divinity degree in Berkeley, California. The premise of her masters thesis, *Streetlight*, was that today's generation of youth forms community and accesses spirituality and hope through music, pop culture and strong peer relationships.

This conference would not be complete without our outstanding concurrent and poster sessions. Featured speakers have been chosen and we are excited to share their insight and wisdom with you.

See you in Baltimore!

About the Conference Co-chairs

Robert Zucker, MA, LCSW, FT, is a bereavement counselor, consultant, writer and national seminar leader. A long-standing ADEC member, his private practice is on the Massachusetts South Shore. He is the author of *Journey through Grief and Loss: Helping Yourself and Your Child When Grief Is Shared*. This year, Abbey Press published his 15th Care Note. Website: www.robertzucker.com. Facebook page: Counseling for the Journey. Email: robzucker@gmail.com.

Elissa Berman, MA, LPCC-S, is the Director of Bereavement Services at Lifebanc in Cleveland, Ohio. A long-standing ADEC member, she maintains a private practice in Beachwood, Ohio. Email: ElissaB@lifebanc.org.

POC/MCC Will Launch Rituals Archive Project at ADEC 2014 Annual Conference



By Doneley Meris, MSW, MA, FT

The People of Color/MultiCultural Committee (POC/MCC) deliberated at the ADEC 2013 Conference in Hollywood, California and decided to establish an archive to which ADEC members can contribute information that showcases the cultural diversity of grief and mourning rituals globally.

The Rituals Archive Project will be launched by POC/MCC at the 2014 ADEC Annual Conference in Baltimore, Maryland. Conference attendees will be encouraged to bring a token remembrance of someone deceased and a paragraph or two explaining the meaning of the object. The written explanation serves to connect the legacy of the deceased and tell how it sustains and supports their surviving loved ones. Conference attendees will deliver their objects to a designated space at the conference which will highlight the cultural and ethnic uniqueness and diversity of ADEC members' symbols of remembrance.

All objects submitted at the 2014 ADEC conference will be collected by me and preserved as part of an ongoing display at future ADEC conferences. POC/MCC committee members will volunteer their time at the conference to receive the ritual objects and facilitate discussions with conference attendees on the multi-cultural significance of honoring and celebrating loved ones.

For more information, or to volunteer with the ADEC-POC/MCC Rituals Archive Project, please contact Doneley Meris, Chair, POC/MCC at doneleymeris@gmail.com or (212) 385-4945.

About the Author

Doneley Meris, MSW, MA, FT, grief psychotherapist and training consultant, is founder and executive director of HIV Arts Network. He was the director of CenterBridge program at NYC-LGBT Community Center and director of New York University's AIDS/SIDA Mental Hygiene Project. Doneley is also Chair of the People of Color/MultiCultural Committee of ADEC. Email: doneleymeris@gmail.com.

Student Initiative Committee: Making Changes and Building Alliances



By Elizabeth Collison, MS

As autumn progresses, the leaves begin to change, the air becomes crisp, and we finally get to wear boots again! The beautiful and fiery colors of the leaves signal wonderful changes ahead, like the changes that we are making to the ADEC Student Initiative Committee (SIC). Though it has served us well, we hope that these

important changes and additions help ADEC continue to grow.

First, this past year we chose to modify our leadership structure so that it more closely aligns with ADEC's organizational structure. Rather than two co-chairs for the SIC, there is now a chair and an associate chair. This small change allows things to function as usual, but reflects our unity with ADEC. This mirroring of the ADEC Board structure represents the students' efforts as budding professionals to follow in the footsteps of our mentors.

Our second, but larger, change is our new alliance with the National Students of AMF Support Network. You might have seen [an article featuring the founders and board members of this organization](#) in the April 2013 issue of *The Forum*. This incredible group is the only national organization to support college students grieving the illness or death of a loved one. Partnering with them is a perfect fit for us! As a result, the National Students of AMF and ADEC were able to bring AMF Chapter Development Director (ADEC member Kiri Thompson) and three student AMF Chapter Leaders (Shirin Eshraghi, Alex Low and Meghan Kubrick) to the ADEC 2013 conference in Hollywood, California. Meghan and Alex each wrote of

their experiences at the conference. Meghan expressed, "It was liberating to be in an environment in which talking about death and dying was not inhibited—it was encouraged. I will never forget that death ends a life, not a relationship." Alex shared, "I definitely underestimated what the week had in store, and I went away with new friendships and new perspectives on death and bereavement. Death doesn't discriminate." For more of their observations, read "*Lessons from ADEC*" at <http://www.studentsofamf.org/>.

Clearly these students benefited from attending the ADEC conference, so we will continue this important partnership into the future. In doing so, we are able to support Students of AMF representatives joining us at the ADEC Annual Conference and strengthen the connection of the ADEC SIC to peers in other thanatology organizations and ADEC as a whole.

Please watch for future articles to see what else the ADEC SIC has in store as we move into 2014.

About the Author

Elizabeth Collison, MS, is chair of the ADEC Student Initiative Committee and a doctoral student in clinical psychology with a concentration in behavioral medicine at Virginia Commonwealth University. Her research interests include the intersection of religion/spirituality with bereaved emerging adults as well as exploring different modalities of expressive writing as treatment interventions for grief. She is clinically interested in behavioral health concerns, including grief. She also serves as a volunteer for Comfort Zone Camp in the Richmond, VA area. Email: collisonea@vcu.edu.

Obituary—Robert Kastenbaum

By Kenneth Doka, PhD

Dr. Robert “Bob” Jay Kastenbaum, 80, died July 24, 2013 at his home in Tempe, Arizona following a lengthy illness. Dr. Kastenbaum was a Professor Emeritus in the Department of Communications at Arizona State University. He was a pioneer in both the study of aging and dying and an early supporter and keynote speaker for ADEC. He wrote and published two of the first textbooks on the subject, *The Psychology of Death* (1972) and *Death, Society and Human Experience* (1977). He also established the first university-based educational and research center on death and dying (Wayne State University, 1966).

Dr. Kastenbaum founded and served as first editor for the earliest surviving journal in the field—*Omega: Journal of Death and Dying*, as well as one of the first journals in gerontology—the *International Journal of Aging and Human Development*. His other published works include *The Final Passage Through Life and Death* (2004) and scores of journal articles.

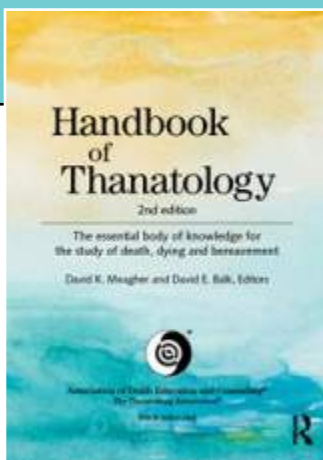
Colleagues who knew him (affectionately as “Bob”) appreciated his warmth, wit, availability and incredible creativity. Many

leading scholars in the field viewed him as a mentor. *Omega: Journal of Death and Dying* is preparing a special *Festschrift* in Dr. Kastenbaum’s honor and memory. In addition to his pioneering work in aging and dying, Bob composed plays and operettas such as *Tell Me About Tigers*, produced by Theatre Prospero in Montreal in 2000, and several opera librettos, including *Dorian*, based on *The Picture of Dorian Gray* (1995, Hofstra University), *Closing Time* (1999, Pima Community College, Tucson) and *American Gothic* (Arizona State University, 2005). Since his retirement, he penned several plays on historical subjects such as John Smith and the discovery of America, the Utopia of Saint Thomas More, and an exploration of Walt Whitman’s experiences during the Civil War. Bob is survived by his wife, Beatrice; his son, David; daughter-in-law, Kristi; and stepson, David Schaberg.



Dr. Robert “Bob” Jay Kastenbaum

The *Handbook of Thanatology* has a new edition in 2013, and now so does the related **Self Study Course**.



Review chapters in the 2nd edition of the handbook written by leading experts in thanatology, then take online quizzes in six sections that mirror the printed handbook.

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What's New From ADEC Members



By The Rev. Paul A. Metzler, DMin

DeFord, Brad and Richard B. Gilbert, editors. *Living, Loving and Loss. The Interplay of Intimacy, Sexuality and Grief*. Amityville, NY: Baywood Publishing, 2013. ISBN: 978-0-89503-653-7.

DeFord and Gilbert have provided an excellent resource on what is probably one of the most neglected, if not actively avoided, topics in the grief and loss literature. Focused on how human intimacy and sexual needs are challenged by experiences of loss, this book offers 11 chapters authored by 13 contributors in addition to the editors. Organized in 4 sections (1: *Death, Grief, and Differences of Sexual Orientation*; 2: *Loss of Relationship and the Restoration of Intimacy in Families*; 3: *Adjusting to Life's Losses by Aging or Illness or Infirmary*; 4: *Religious Bases for Understanding Intimacy, Sexuality, and Healing After Loss*) this book provides important information and insightful nuances about both the distinctness and the interplay of fundamental desires for intimacy and sexual expression. It will help clinicians hear and explore otherwise hidden concerns of those facing serious illness, death and bereavement.

Doka, Kenneth J. and Amy S. Tucci, editors. *Living With Grief: Improving Care for Veterans Facing Illness and Death*. Washington, D.C.: Hospice Foundation of America, 2013. ISBN: 978-1-893349-16-2. Softcover, 255 pages.

Doka, a co-editor and 14 additional contributors have provided a key resource for clinicians and medical professionals focused on supporting our nation's service men and women facing serious illness, grief or end of life. The book offers 20 chapters in 3 sections (I: *The Military Experience*; II: *Special Issues in Treating Veterans at the End of Life*; III: *Grief and Loss*) including many chapters by Veteran Administration professionals with special access and understanding of military culture(s). The veteran population in the United States is over 22 million and due particularly to the aging of the WW II cohort accounted for 28% of all deaths in 2011. Those high numbers alone make this book relevant reading for nearly every caregiver. Published as a companion book for the Hospice Foundation of America's (HFA) Living with Grief Conference. It is admirable that the HFA program celebrated its 20th anniversary in 2013.

Adelman, Anne J. and **Kerry J. Malawista**. *The Therapist in Mourning. From the Faraway Nearby*. New York, NY: Columbia University Press, 2013. ISBN:978-0-231-15699-8. Softcover, 308 pages.

Malawista and her co-editor have written or edited 15 chapters (there are 14 additional authors) that address the critically important topic of the grieving therapist. Whether bereaved by the unexpected death of a patient, a direct personal loss or the impact of public events of loss and trauma, counselors have unique constraints in the manner they are able to experience and express loss. The 4 sections (I: *The Therapist's Experience of Loss*; II: *When a Patient Dies*; III: *At the Crossroads of the Therapist's Personal and Professional Worlds*; IV: *When Disaster Strikes a Community*) cover important dimensions of this often hidden reality. This book is very welcome as it fills an otherwise fairly empty space in the therapeutic treatment literature currently on the shelves of professional counselors and psychotherapists.

McCaffree, Ruthann Reim. *Suddenly Single. A Guide for Rediscovering Life After Tragic Loss*. Minneapolis, MN: Langdon Street Press, 2011. ISBN: 978-1-936183-66-1. Softcover, 78 pages.

McCaffree has transformed her personal journey through the sudden, accidental death of her husband of nearly 40 years into a helpful guide for others trying to reorder their lives following a traumatic loss. Her "Ten Survival Steps" form the core of the book and provide wise direction for shocked griever who will find the book's brevity and encouraging tone a source of solace and hope. The book is also available in eBook and MP3 formats as well as a CD version read by the author for those who prefer reading auditorily or electronically.

Smith, Harold Ivan. *A Decembered Grief: Living With Loss While Others Are Celebrating*. Kansas City, MO: Beacon Press, 2011. ISBN: 978-0-8341-2726-5. Softcover, 143 pages.

Smith has issued a revised version of his well-regarded guide for griever who are coping with the Christmas holiday season. Addressed especially to spiritually oriented readers and drawing on Christian faith resources, this book provides compassionate understanding, insightful observations and helpful but open-ended suggestions organized around 55 aphorisms that will be familiar to many readers (e.g., "Cry If You Want To"; "Nurture Yourself"). It continues to be a good book to give to a griever who values faith traditions as a support in bereavement.

"What's New" offers a brief review of educational materials written or produced by ADEC members. Each review is run once and is intended to showcase the contributions of our membership to the death, dying, and bereavement field.

Send a review copy (not just an announcement) of recent material (2011 to present) to:

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