

*Selected Journals*

King's College  
16th International  
Conference  
on Death and Bereavement

May 10 - 13, 1998  
London, Ontario, Canada

*Harry van Bommel*

*Editor*

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PSD Consultants  
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## Table of Contents

Eugen Bannerman .....	2
Quest for Meaning .....	2
Terror at 20,000 Feet.....	4
Bonnie L. Barry .....	5
Pat, Jim and Ralph the Dog.....	5
Sister Marilyn Carpenter, OSB.....	6
Healing through the Arts Workshop.....	6
Virginia.....	8
Don C. Combs .....	9
Mary.....	9
Gerry R. Cox.....	10
Haskell.....	10
Lynn Crowder .....	12
Green Peppers.....	12
Rev. Bruce Dickson .....	14
Remembering What You Can Do .....	14
Linda L. Diehl.....	15
Mike .....	15
Sandra Elder.....	17
A Young Girl and Simon the Poodle.....	17
George E. Franke .....	19
People Who Have Touched Me .....	19
A Psalm for N.....	21
Ruth Gallant.....	22
My Father .....	22
George B. Gilbertson .....	23
Kitty .....	23
Linda Gilpin.....	24
Mrs. C. M. .....	24

Kim Goldstein.....	25
Aubrey.....	25
Toni Griffith.....	27
When the Sky is Sky Blue Pink.....	27
Karolyn Grimes .....	28
Zuzu's Life .....	28
Greta P. Hicks.....	30
Ted=s Gift .....	30
Pamela Holland.....	32
Look What We=ve Done So Far.....	32
Jean Kell.....	34
Tom.....	34
Reverend Jennie Malewski .....	35
Daniel.....	35
Sandy McBay.....	37
Jeff and His Father.....	37
Howard McIlveen.....	38
John Lee .....	38
Mrs. Chen.....	39
Noreen Minifie.....	40
When the Sky is Sky Blue Pink.....	40
Jim Mulcahy.....	41
The Minister and the Mensch .....	41
Gerald S. Nash .....	42
My Mother=s Death.....	42
Dave Pierson.....	44
Deaths I Remember Most .....	44
Edith Pierson .....	45
Mim .....	45
Pauline Pigott.....	46

Shane=s Gift .....	46
Joanne Pryor-Carter.....	47
Thank You for Telling Me .....	47
Sharon Robinson .....	49
My First and Second Lives .....	49
Jennifer Rockburne.....	51
Her Next Mission.....	51
Susan Schilder.....	52
The Breaking of a Heart .....	52
Elaine Seeley .....	54
Aunt Dulcie .....	54
Cecelia Upton .....	56
Receiving Much More than I Strive to Give .....	56
Harry van Bommel .....	58
Let=s Go for a Walk .....	58
Ruth van den Heuvel .....	60
To Give Over Their Destiny .....	60
Chaplain Lamar Vincent.....	62
My Son .....	62
Dr. Mechtild Voss-Eiser.....	64
Orphaned Parents.....	64
Dr. Anthony Webber.....	66
John.....	66
Erica Webber .....	68
The Story of Fiona.....	68
Elizabeth White.....	70
Mother=s Day 1998 .....	70
Loretta Wilkins .....	72
I=ve told God that I am ready!.....	72
Nicholas J. Wilson.....	73

Wounded Healer .....	73
Reconciliation .....	74
Alice Zulli.....	75
Part of Me Died Too.....	75



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Dr. John D. Morgan made this project possible by inviting PSD Consultants to come to the 16<sup>th</sup> Annual Conference to produce a conference book of success stories. His vision in promoting the field of death and bereavement has encouraged many of us to go beyond our comfort zones to try new and exciting things.

Several people at King=s College have worked to bring this project to its successful conclusion:

Phyllis Fidler, a faculty secretary and in charge of hospitality for the conference encouraged people to record their stories and helped to ensure that everyone at the conference got a copy of this electronic book.

Michael Gonçaves spent the day with me in the computer lab helping conference participants to record their stories and typing in some of their stories for them.

Todd Morrison and Tom Jory, King=s College AudioVisual experts made the computer lab available and copied hundreds and hundreds computer disks so that conference participants could take this book home with them.

Special thanks to my wife, Janet Klees, for helping to conceptualize what this electronic book would look like and for helping to prepare materials to assist conference participants to record their stories.

## Introduction

First an apology. This electronic book was produced in one day at the King's College 16th International Conference on Death and Bereavement. Because of the short time-frame there will be errors that were not caught in the editing and proofreading process. I apologize to the writers of this book for any unintentional errors. Please send me any corrections for a >revised edition= which I can make available to people through e-mail or on my web page.

The format of the book has been purposely kept very simple for easy conversion to whatever word-processing package people may use to read the book. The stories are alphabetical, by author's name.

The book could just as easily be divided by subject headings. The stories in this book look at spiritual aspects of care; views by professionals about their work; personal stories by spouses, parents, children and siblings; the importance of animals in people's lives; philosophical musings and so much more.

You are encouraged to read the stories and use them in your work. For example, you might use some of the stories in your newsletters, publications, teachings, or to help colleagues or clients understand a specific point about grief.

You are further encouraged to keep on writing your stories and sharing them with others. Through stories we come alive in our work and in our own grief. Using the Internet and other means, we can share our stories with colleagues, quickly all over the world.

Leo Tolstoy wrote that every time we write we should leave a bit of our blood in the ink pot. The stories in this book do exactly that. The stories are thoughtful, personal and a great testament to the importance of human relationships in all their many forms. I am grateful to have this collection of stories.

## Quest for Meaning

8 May, 1998, Eugen Bannerman Eugen Bannerman, Ph.D.

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My life has been a perpetual quest for meaning. Three philosophical projects guided my intellectual and academic studies.

First what is the meaning of human life and mine in particular?

Second is there are God, and if so, how may I experience his presence?

Third, what is death -- a door or a wall? My quest took me through psychology, sociology, and finally thanatology. Here is part of my story.

Twenty years ago, in 1978, I designed a course at all Ryerson Polytechnic University to explore the third question: understanding of death and dying. After teaching it for two years, I turned it over to my colleagues. I'd made no emotional progress in understanding the last human event but I had become conversant about the theories and applications of the range of thanatological subjects. In a sense, it was like looking at the sun without proper care of the eyes.

This year I taught the course again to a group of nursing students. What a difference in my own emotional and cognitive comprehension of death, dying, and bereavement, including my own death someday in the future.

Issues fell into place, ideas coalesced, and a natural perspective of death finally emerged. Death, like birth, are unique, rare moments witnessed by a few. If birth is a miracle, so is death -- the first and final moments of life of a unique individual -- the alpha and omega of existence. And I could fit my own life into its parameters.

I finally found the perspective of death as a wall to provide as much comfort, as the view of death as a door -- a transition to another, altered states of consciousness. Both require the same acts of faith in a life's meaning.

## Terror at 20,000 Feet

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I was on my way to a holiday in Acapulco. As the Mexican aircraft took off from Pearson International Airport in Toronto, I began to look forward to another week in the glorious Mexican sun. Suddenly the alarm in the airplane went off -- right above our heads. Stewards and stewardesses quickly scurried to find the problem.

The captain emerged from the cockpit, and went straight to the emergency door. Air was escaping, triggering the alarm. I was in the front row, watching the anxious proceedings. The stewardess turned to a passenger and asked her if she had some gum. Gum? Chewing gum to hold a door in place?

No, no one had gum. What about a pillow? Yes. There were small pillows in the overhead compartment. Quickly, they stuffed pillows into the cracks and filled the air space. But the alarm did not go off. It stayed on, warning us of danger.

Meanwhile, the plane kept climbing 10,000 feet, 5,000 feet. The captain went back into the cockpit, and I braced myself for eternity. Facing the malfunctioning door, I secured my seat belt, and prepared myself for the inevitable explosion of the door into space, sucking all of us passengers with it.

My wife was incredulous. Why isn't the pilot returning to Toronto? And what was I doing facing the door? My reason slowly returned. I knew enough about flying, having flown small aircraft myself, that if the captain didn't think it was serious enough to return immediately, that I might as well trust his judgement. I was sure he did not want to die, and would not put any of us in jeopardy.

If I was going to die, I wanted to remain conscious as long as I could, and so, prepared myself for the 20,000 foot drop from the sky.

The alarm stayed on for the full five-hour flight to Acapulco. The man in the seat beside me drank a full bottle of vodka. Just as we began to land at the Acapulco airport, the alarm stopped. The captain was right. We were never in danger. And I have a story to relate.

## Pat, Jim and Ralph the Dog

8 May, 1998, Bonnie L. BarryBonnie L. Barry

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Pat and Jim had been married for 30 years with two grown children living away from home. They owned their own home and Jim had just retired. This was to be their time but cancer came a knocking. Jim was diagnosed with lung cancer. Pat was still working part-time and to keep Jim company they bought a dog -- a golden retriever, ARalph@ (a year-old, rescued from the Humane Society).

Ralph and Jim were inseparable. He even started going to the clinic visits.

Jim died at home surrounded by his family. His dog, Ralph, even went to the funeral.

Pat and Ralph now live together and mourn and grieve together. Pat says that Ralph gives her a reason to get up in the morning. She sleeps in one of Jim=s t-shirts and Ralph sleeps with one of Jim=s slippers.

Pat sought out support counselling and for a couple of sessions even Ralph was part

of the process. Pat and Ralph now volunteer to visit the elderly in a nearby nursing home. They both miss Jim. They are coping together. They have recently adopted a cat called AJimmy. @

## Healing through the Arts Workshop

8 May, 1998, Sister Marilyn Carpenter, OSB Sister Marilyn Carpenter, OSB

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On a cool Colorado October day, parents whose babies had died, some of their family members and their other children gathered with many of their caregivers for a day of listening, creating, ritualizing and story telling about each of their particular death/resurrection events of a miscarriage, ectopic pregnancy, stillbirth or newborn death. The parents knew the leaders through their SHARE: Infant Death Support Groups. They trusted me enough to try different approaches to healing. They took some risks as we took risks as caregivers C we all benefitted.

The day began with a panel of persons experienced in music, art & crafts,

dreamwork, dance and literature-mostly children=s. The entire morning was spent interacting with each and all of the panel members. We sang, we danced, we felt all of the emotions brought forth by these excellent panelists who themselves had had similar losses. What a cathartic morning! During lunch time each parent and sibling was invited to create an ornament to be taken home with them.

During the afternoon, small groups formed, each led by one of the panelists, for a time of story telling about their particular loss. A memorial service ended the day-- using prayer, music, dance, proclaiming each baby=s name while lighting a candle and placing the ornament on the table of worship.

Although this experience occurred a few years ago and I have had many others since that time, this particular experience of shared grieving and healing between parents and health care providers touched me as much as any and I felt wonderfully blessed that I, a chaplain, brought about this day of healing for the eighty people who chose to attend.

## Virginia

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Virginia was an employee of the hospital where I was chaplain. She had lived with a form of cancer for about five years, and in the past few months had frequently been in the hospital for treatment. At this time it was accepted by her that death was probably coming soon. Virginia had three beautiful young adult daughters who were most attentive to her and to her needs. Her husband was an alcoholic, had been abusive-at least emotionally- to Virginia for a number of years and the girls wanted nothing to do with him, nor did they want him anywhere near their mother.

Our relationship had become quite intimate over the past several months so that we could speak easily about fun things and about serious issues. As Virginia and I talked about her life, her death, and important issues of meaning for her in this final journey, I asked: AVirginia, is there anything I can help you with today?@ Pausing a bit, she looked at me and said, AI need to forgive me husband.@ A knot tightened in my stomach as I recalled all of my training in healing prayer ministry, asked the nurse not to disturb us for a time and we began. She told the story, I cried and prayed silently as she shared the love, the hurt, the pain of abandonment. I anointed her for healing and blessed her courage. Then we began specific prayer that her husband would feel released of his burden as the energy of this prayer of forgiveness reached him. And with that, I kid you not, at that very moment the door opened and in walked Ralph, her husband, who fell to his knees beside her bed, laid his head on her lap and began to sob. (I had started to leave, but she grabbed my hand and said, APlease don=t leave me.@) Finally, Ralph was able to speak and he begged her forgiveness. He said how sorry he was for all those years that they had missed, etc.

All the while, I am praying silently that these two people will continue to experience the love and the peace of this time of reconciliation for them and for their relationship.

After a while I squeezed her hand and left the room. I remained outside for some time to make certain no one disturbed them...all the time praying continued love and peace for them.

Virginia died three days later. Her three daughters were with her. Ralph was not there. The girls would not accept his being there. I never saw Ralph again. I know that Virginia died savoring this graced event.

## Mary

8 May, 1998, Don C. CombsDon C. Combs

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My work with Mary approximately 15 years ago was one of the most frustrating yet rewarding experiences of my professional counseling career. Mary came to me for counseling as a result of the suicide of her 15 year old son. Mary was the one who found his body hanging from the clothes rod in his closet with a belt around his neck. I spent every Saturday morning for 1 2 years in an intensive counseling relationship with Mary. She never seemed to get better. She told her story over and over and over without ever seeming capable of moving beyond it.. Her grief never abated. Twice she attempted suicide, but I did not know this until 2 years after the termination of our professional relationship. No interventions I attempted ever seemed to be very effective. Medication did not help. Her deep, deep grief and sadness defined her and began to define me as well. I searched and searched for Aher@ answer, Aher@ cure, Aher@ healing. It was never there. In essence, I just Aheld her hand@, often literally. At termination, I believed I had been totally ineffective and wished I had referred Mary to someone more competent, more experienced. Possibly, I should have. All I

can say, in retrospect, is that Mary went on to become a successful teacher and wrote me a beautiful letter telling me I had helped her regain her sanity and perspective on life. This was quite a surprise for me!!

In conclusion, all I can say is that this experience, in and of itself, defined the process of counseling for me. I realized that the counselor does relatively little, in all honesty. God, not the counselor, is responsible for any healing that occurs.

## Haskell

8 May, 1998, Gerry R. CoxGerry R. Cox

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In the nearly thirty years that I have been involved in the study of dying and death, many stories and many people have been a major part of my experience. Most of my learning has come from other people. Each bereavement group that I facilitated helped me with the grief that I was experiencing at the time and for others from my

past. My teachers included Earl Grollman, Robert Fulton, Elizabeth Kubler-Ross, Jack Morgan, Whitney Gordon, Robert Stevenson, and many, many others. From them, I built my academic base for my own study.

From other teachers, I learned different lessons. My teachers have also included many dying and bereaved people who have touched me. From my cousin Haskell, I learned humor in the face of death. In visiting him with the intention of cheering him as he was dying, he was able to cheer me up. I learned that it was okay to laugh in the face of death. That it was okay to forgive the physician who made a mistake in the diagnosis. Haskell knew that the physician did not do this on purpose. He also took the time to teach my children to fish as he was dying. He knew that even though he was dying that he had gifts that he could still give to the living. He also taught me that one could choose live or be a dying person. He was dying, but he was a living rather than a dying person. He also taught me to live every day fully. Even if we are dying, we are not yet dead. Our life must be a balance. We must do what we are meant to do. I must have a quest to find my place in life. If I complete that quest and my purpose for being, I will die. While I miss Haskell, I know that he lived his life and changed my life and that of those whom he touched. I learned that it is true that the good die young. Haskell could have lived to be 150 years old and that would have still been too soon. It is hard not to smile when I think of him. He lived life with joy and grace. My grief for him is also joy. I can laugh and cry. It is okay to live until I, too, die.

## Green Peppers

8 May, 1998, Lynn CrowderLynn Crowder

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I was fourteen when my mother died suddenly from a heart attack. I was devastated. She had been the matriarch of my family. Shortly after she died, a man whose children I baby sat, told me that one day this loss would make sense to me. I was outraged to think that this could possibly make sense.

Through the years that followed my mother=s death I harbored the notion that I was some how marked - >less than= other people. I knew secretly that it was because I was mother-less.

Time passed. I went to school, I married, and had children of my own. My mother=s younger sister, died and her daughter was about to be married. My mother=s older sister and her daughter, the bride-to-be and I met for lunch to help

celebrate the coming wedding.

We ordered after we made small talk. As our food arrived I sat dumbfounded as I watched my adult cousin complain to her mother that her chicken salad sandwich had green peppers in it. A grown woman pouting about her sandwich. My jaw dropped to the table as I watched my aunt pick the green peppers out of that sandwich. I felt as if a light suddenly illuminated some of the dark recesses of my mind as the thought dawned That could have been me@...@That could have been me@. My mother wrote the handbook on control... she made this aunt look like an amateur. I knew as surely as I knew my own name that I was who I was because my mother died. I knew that I understood aspects of life, had reached an independence and maturity I never would have known if my mother had lived. It made sense!

At the same time that it made sense I knew that this was also true.... a part of me would have given it all away just to have been able to have my mother pick the green peppers out of my sandwich.

## Remembering What You Can Do

8 May, 1998 Rev. Bruce Dickson Rev. Bruce Dickson

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So often when grief comes, we become trapped in the feelings of helpless and feel overwhelmed because we are not able to do what we normally do/ Everything seems like climbing the CN Tower one stair at a time. Wee struggle by doing less, yet Alice showed me less can still be meaningful.

I met Alice as she was facing her own death with cancer. Alice had every right to be miserable. She was bedridden with a tube down her nose and living with pain. She could never return to her beloved garden or cook another meal for her family. Yet when I visited with Alice, she chose to focus on what she could offer. She would laugh with you. Tell you a family tale. Tease her children. Included you in her family banter. Even when her illness worsened, she still would offer a smile, squeeze your hand and thank you for coming to see her. Alice was dying, yet she found a way to keep on living.

There are times when grief comes to us, and we feel trapped in the helplessness of the moment. Alice showed a young clergyman that living can be with us even in

small things, no matter if death is calling. The secret is remembering what we can do, and then doing what we can. Less can still lead to life.

## Mike

8 May, 1998 Linda L. Diehl Linda L. Diehl

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As part of the Karmanos Cancer Institute Hospice, bereavement services are offered to all of the families and friends of our patients. One component of the Bereavement Program is a children=s bereavement support group called AKidspeak@. In one of the Kidspeak sessions there were about six children participating. All of the children had experienced the death of a significant member of their family.

Mike, eight years old at the time, had his mother die of cancer one month prior to the beginning of the AKidspeak@ session. Mike=s parents had divorced several years earlier under less than amicable terms. Although Mike had contact with his father he was living with his mother. When his mother died Mike was moved immediately to live with his father and a stepmother.

When Mike=s father had called to arrange for him to attend the children=s bereavement group he said he did not need bereavement help for himself because he really wasn=t upset by the death of his former wife. He did feel strongly that his son needed support to be able to discuss the death.

On the first night of the group each child was given the opportunity to explain who the person was who died and how they died. When it was Mike's turn to talk he choose the provided option to pass. As the other children spoke about their losses and their pain, Mike began to cry and it was a real deep cry. Mike remained quiet during the remainder of the session.

As the professional staff gathered after the session to discuss the session, we all had questions about how we had or had not effectively touched Mike. The next morning Mike's father called to tell me enthusiastically how great the session had been for Mike. I was amazed. Apparently, Mike had left the session and entered his father's car yelling a resounding AYES@ with his fist raised in the air like a football player who has just successfully scored the winning touchdown. He said to his dad, AI did it! I finally cried!!!!@

## A Young Girl and Simon the Poodle

8 May, 1998, Sandra Elder Sandra Elder, Ph.D.

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I believe that Awe are students and teachers to each other.@ The stories that children have shared with me have taught me about how grieving children think, feel and react to the losses in their lives.

Several years ago, I met a young girl who was fighting for her life. She had a brain tumour which was inoperable. Some of her treatments were very scary for her so she asked me to bring my standard poodle dog Simon to the hospital when she was having a difficult treatment/procedure. Simon was her friend. He give her the kind of support that no one else could.

One day I had to visit another child in the hospital so I left Simon with her. During the procedure the doctor used a very large needle that caused her to scream out loud. Simon was so concerned about her that he opened his mouth to bite the doctor=s

rear end. The nurses assisting the doctor grabbed Simon's leash to stop him from biting the doctor. My young friend/client (age 11 years) saw what Simon did and laughed so hard that she was no longer scared about the large needle and the procedure.

Before she died (age 12) a peaceful death a few months later she said her last goodbye to Simon and me. At her funeral she asked her family to play a song for us. The song was *Don't Worry, Be Happy*.

She was a wise old soul in a young body who taught me about dying and living. She told me and others that since love is forever, death is not scary. I will always remember my young friend and what she taught me.

## People Who Have Touched Me

8 May, 1998, George E. FrankeGeorge E. Franke

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### Nancy

Nancy, a nurse in her mid-30's, was diagnosed with an inoperable brain tumor. In my pastoral visits with her she indicated that she needed to talk more about her father, now deceased, who had abused her in her teens. I made an appointment with her and when the time arrived, I asked the staff to see that we were not disturbed for any reason. There was an empty chair at the end of her bed. I asked Nancy to talk to the chair and say whatever she needed to say to her father. She began quietly, but very soon she was shouting and swearing at him. Then she started throwing the objects which had been on the over-bed table - magazine, a box of chocolates - a half-full water pitcher. When she finally finished, she was sobbing and exhausted. Later in the day the nurses reported that she seemed more peaceful. Nancy died two days later.

A.

A. was a student in the first Clinical Pastoral Education unit I supervised. She was a second career person studying for ministry. She had given up her painting when she started her studies and began her internship in a church. She explained the abandonment of her artwork as not having enough time. In the process of the CPE program she worked on her compulsiveness and workaholism which originated in her family of origin. I encouraged her to do some things for self-care and to begin painting again. At the end of the unit she presented me with the first painting she had done in ten years - an abstract work showing the figure of a woman emerging from an oval shape half in darkness on the lower left of the picture. The woman is reaching toward a beam of light streaming from the top left of the picture.

### **Confession**

A man in his mid-50's was dying of cancer but was clearly not at ease. He was taking longer to die than expected and was restless. He was transferred to a nursing home to die. In discussions with me, one of his daughters hinted that the man had been sexually abusive with both of his daughters. I called the man's pastor and suggested that it would be important to visit the man with the intention of hearing his confession. The pastor did so and within one day of his confession, the man died at peace.

## A Psalm for N.

Franke, George E. (May 1998). AA Psalm for N. A Psalm for N. @ in *Selected Journals from King's College 16th International Conference on Death and Bereavement, May 10 - 13, 1998 in London, Ontario, Canada*. Scarborough, Ontario: PSD Consultants.

[A psalm is a free-form poem in praise of God.]

N. was my secretary. She had transferred from another department to the Pastoral Care Dept. six months before she was diagnosed with pancreatic cancer. This psalm was written after a visit to her home two months before she died.

Weak and thin and frail, she looked as if the bed was swallowing her.  
 She greeted me and took my hand. The warmth of her hands accentuated the coldness of mine.  
 She dozed. The morphine was having its merciful way.  
 I spoke. She tried to respond, but her words stopped mid-sentence and didn't start again.  
 Her daughter talked, trying to make some sense of it all.  
 In the quiet I saw the starkness of thinning hair, darkened scabs, and whitening skin.

I held her hand and prayed - prayed for release, for peace, for her going home with parents who long ago preceded her on this journey, but who had come to her of late. When I left, I said A Goodbye, @ thinking it would be the last, but she took my cold hand in her warm hands and said AI=ll be seeing you. @ I suppose she will, but from a much different vantage point.

Do we cling to life or does life cling to us?

I praise God that we are made with stuff that fights for life, that there is within us a force which wants to see another day, take another breath, greet another friend, take another step.

I praise God for the drugs and the love and the touch which counteracts the pain.

I thank God for this friend, with whom I worked, whose warmth was more than just in her hands, who fought back each time she got knocked down, even when the biggest disappointments came from the objects of her greatest loyalty.

At her core she seemed to always hope that things would work out.

I praise God for that hope and for the promise that in one world or another, things

work out.

I'll be seeing you, my friend.

## My Father

8 May, 1998, Ruth GallantRuth Gallant

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My father died in the spring -- a beautiful, hopeful time of year. This was befitting a man who enjoyed the great outdoors. During his life he spent many hours walking, hiking or skiing through various parks and conservation areas. He loved trees and birds and nature.

As he lay dying in a hospital bed, too weak to get up, he couldn't see out the window. I had just come in for a visit when he asked me if the buds were out on the trees yet.

My father just shook his head when I said, AI don't know@ and I actually had to get up and look out the window at the trees to see if there were buds. I hadn't taken the time to notice when I was outside.

Now there will never be a spring go by that I won't notice the astounding beauty of the buds as they bloom turning the world a glorious green.

When I am out walking or driving, I notice the wind blowing, the leaves in the trees moving, and I feel my father=s spirit close to me.

## Kitty

8 May, 1998, George B. GilbertsonGeorge B. Gilbertson

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Kitty was full of life. Her sparkling eyes, warm smile and humorous stories were her trademarks. As a hospice patient, dying of lung cancer, she remained upbeat and positive. Coming to terms with the reality of leaving behind dear friends and family was so very painful. She loved life. She loved people. It was all a very precious gift to her, given up reluctantly.

However, as a >woman of deep faith=, Kitty died as she lived, as positively as she could. Her final conversations and contacts with family and friends were warm and significant, in spite of her increasing discomfort.

I will long remember one of the final experiences she shared. Her much loved granddaughter arrived very late one night from out of town. She was so excited to tell Grandma that she was engaged. She wanted her to be one of the first to know. She

brought her fiance, roses and a bottle of champagne to celebrate with Grandma. She knew that her Aspontaneous, fun-loving@ Grandma wouldn=t mind being awaken. So she woke Grandma Kitty out of a deep sleep and together they partied. They laughed. They cried. They wallowed in the joyous uniqueness of the moment!

I=m sure that night was etched in the memory of Kitty=s granddaughter and finance forever. Oh, how much was shared that night about Ahow to live@ and Ahow to die!@

## Mrs. C. M.

8 May, 1998, Linda GilpinLinda Gilpin

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When I first met Mrs. C. M., she was a 53-year old, married woman recently diagnosed with a brain tumour. She was no stranger to cancer as this was her third primary cancer. Although she had good support from family and friends, she was having great difficulty adapting to her situation, to the extent that she would telephone her local distress centre to find a listening ear.

When one of the nurses suggested she talk to me, her response was that I could not help her because I was for people who were dying and she was not going to die. When someone is initially more challenging to connect with, this often results in a more memorable nurse/patient relationship.

Over a period of several months, by caring, being available and listening to her talk about the many losses this illness brought, she was able to progress from insisting he would not die to expressing that although she did not want to die, she had come to terms with dying as well as anyone can, and was O.K. with it. I have particular

empathy for people with brain tumours after having the privilege of working with this special woman.

## Aubrey

8 May, 1998, Kim GoldsteinKim Goldstein

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Aubrey's partner died of AIDS in May 1995. Soon after the death, Aubrey came to me for counselling. Aubrey had lived in New York during the 80s and was a playwright. He had already lost many of his friends to AIDS. He moved back to North Carolina to get away from all the loss. He had only been back for a few months when he met the love of his life. They were best friends, lovers and soul mates.

His partner was diagnosed with AIDS and they fought it very aggressively. Aubrey took excellent care of his partner and he felt his love and care should have been enough to keep his partner alive. They didn't discuss death and dying very much so when his partner died it was a surprise for Aubrey.

During the time he was grieving he read many universal spiritual books. He was very courageous in facing his grief. He was a free-lance writer so was not locked into a 9-5 job. At times he would just stay in bed for days at a time. He always made his counselling appointments, however. He was also always able to meet his writing deadlines.

During his journey, at the beginning, he always asked me "What is the message?" My inside answer was "Screw the message, where is your anger." This showed me that I had something to work on myself, which I did.

I always had faith that Aubrey would process through his grief but his friends did not. Of course, they got tired of hearing about his grief and loss. I encouraged him to stand his ground and to be in touch with his pain.

During this time, Aubrey did a lot of public speaking at AIDS-oriented memorial services and functions. He got to tell his stories many times outside of his counselling appointments.

It is nearly the third anniversary of his partner's death. Aubrey now has a 9-5 writing job for the last year and a half. He still has grief reactions coming up to the anniversary but he is doing that reinvesting in the world without his partner.

Above all else, he has taught me about courage. He is always willing to confront the dark, the hard feelings. He almost lost the home that he and his partner shared for legal reasons. He had to deal with some rejection from friends who wanted him to "heal" faster since he was a leading figure in his circle of friends -- if Aubrey was okay then everyone else would be okay.

He always knew that he was different from the other people in his small community growing up. He has worked through that beautifully. This has been a life-long process but he is comfortable with who he is.

He has taught me to have faith in the grief process and that if clients work with the pain they will come out on the other side.

I work in a hospice and do a lot of educational work on grief and bereavement. I also do counselling with people from the community. I always knew that I would be friends with Aubrey after our professional relationship ended about one-and-a-half years after he first came to me. He is a dear friend. I wanted to tell this story because I want to honor him and his journey and all the folks who deal with AIDS.

## When the Sky is Sky Blue Pink

8 May, 1998, Toni GriffithToni Griffith

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While a social worker with a large hospice in Southern New Jersey, I met a youngC 32 year old--mother of two sons, age six and eight. She was dying of breast cancer and she told her sons---@When the sky is sky blue pink that is me coming to be with you for a little while. Look for me when the sky is sky blue pink.@ I never forgot her words to her sons, and the hope and the connection they gave.

A few years later as I began my work as grief counselor, I wrote a puppet presentation for elementary school students, AGOOD GRIEF, IT=S SKY BLUE PINK!@ I give the show along with an interactive workshop to students in grades one through five. With help from a grant from SOROS I have been able to work with some 5000 students, parents, and school personnel process their loss and enable each other to grieve---in a classroom setting.

As the puppet character AHorse@ tells the other characters, AWolf@ and AChicken@,

AI was scared when my Mom was dying---who would take care of me? But Mom said, when the sky is sky blue pink that is me coming to be with you.@ I think of my

patient, her words and her spirit and know that she is still with us giving us a message of connection and hope.

## Zuzu's Life

8 May, 1998, Karolyn Grimes Karolyn Grimes

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ADaddy, teacher says every time a bell rings, an angel gets his wings. This is one of the most famous Christmas sentences in movie history and was said by my character, Zuzu, the youngest daughter of George Bailey in *It's a wonderful life*. I was six years old when I made this film, my fifth.

The power of this film continues to touch me in my everyday life. I was on an airplane going from Boston to Kansas City with a stop over in Detroit. A young man in this 30s got on the plane to do some cleaning. He looked at me and said, "You're Zuzu aren't you?"

It is wonderful to be recognized for this film's message and this man felt compelled to tell me how the movie had changed his life. He had been unemployed, disabled and despondent. He saw the film on television and said, "It turned my life around. I had hope." His job would not be our first choice for a career but he thrived in being useful, needed and part of a fascinating group of passengers and staff.

My life has been affected very personally by the film as well. I was 10 years when my mother had the early onset of Alzheimer=s. She died at home four years later. My father died a year later in a car accident. I was fifteen years old living in Hollywood. The court decided I would go to live with my uncle in a small town in Missouri where I was cut off from my life in Hollywood. I started a completely new life as if I had never lived in California.

I became a medical technologist and married a man who died three years later in a deer hunting accident. We had been divorced at the time with two daughters but I was not allowed to grieve since we were divorced. We had both remarried but were friends. His death was very difficult to grieve without the support of others.

The man I married had three children plus my two. We had two children together so we had seven children together. Our 18-year old son committed suicide and it devastated our family. It was only three years later, after 25 years of marriage that my husband died of cancer. I had taken care of him for a year at home.

From all of those experiences with death, sudden accidental death, death by suicide and death after illnesses, I have a wealth of information about survival. These are some of my thoughts:

People have to go through the steps of grief to survive it. They have to feel the pain. There are no shortcuts. They have to experience the pain in order to heal.

The main secret I have learned for myself is that I have to give of myself to others to help them and to heal for myself. To give of myself gives me power to go on. Whether it is through volunteer work, talks with friends, or through my professional work, I listen to others and let them benefit from an empathic listener. I answer many letters either because people know about my experiences or through my movie work.

## Ted=s Gift

8 May, 1998, Greta P. HicksGreta P. Hicks

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The last year of my son=s living with AIDs was filled with his acting out, his frustration, his anger, rage, hostility and resentment. I, his mother, was the focus of most of this acting out.

After periods of illness and stability, one Saturday afternoon, his temperature went up and blood pressure down. Carlos, his caretaker/roommate, rushed him to the hospital. I arrived Sunday about noon and he said, AI think this is the one that is going to get me.@ I wanted to be in denial.

From Sunday noon until Monday noon he remained in intensive care with me, Carlos and his sister, Tina, visiting when we allowed. Late Monday, after sleeping all afternoon, he awoke and said, AI told you not to revive me....You were suppose to let me go....I was in a place with lots of nice, friendly people and where there is so much

love....Why did you revive me?@

We tried to assure him that he had been asleep and awake but he felt as if he had transcended to the next world and we called him back. He was upset for being back in the Earth world.

It wasn't long after that that his blood oxygen began to decrease and the doctors wanted, and did put him on a breathing machine. After discussions with the doctor, Carlos and I insisted that the breathing machine be removed. You see, Ted and Carlos had had two years to discuss and plan for this time and we knew what decisions he wanted us to make.

During the period between 6:00 p.m and 10:00 p.m., while in a semi-conscious state, he whispered or mouthed the words AThank you@ over and over until he lost consciousness and died about 3:00 a.m. on Tuesday morning.

What he gave us during those last brief days was a sense of peace and completion. In his life he strove to prepare us for his leaving. He provided us in advance the decisions he wanted us to make regarding his last hours. During those last three days he paved the way for us to say good bye. With the repetitive Athank yous@, I felt he was not only thanking us for our caretaking but also >someone= for the reception he knew he was going to receive in the next world.

The actions of his last days provides me with a memory of the love he felt, the preparedness he felt, and the peace he was feeling. All this made the memory of his transition much more pleasant for me.

## Look What We've Done So Far

8 May, 1998, Pamela Holland Pamela Holland

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This is a story about potential success C the Alight at the end of the tunnel,@ as one young mother and widow saw it. The family came for support for siblings four and six years of age, the youngest, at age two, was too young for our program. They came after the children=s father had murdered and then completed suicide. He had stopped by their house between the deeds to say goodbye to the children, though he hadn=t explicitly told them.

The oldest child began as a gentle participant but quickly erupted into an explosive and disruptive group member who often had to be given individual attention outside of the group in order to maintain group safety. The younger child began silently and also demonstrated a gentle nature. He smiled a bit more than his brother, but he did not speak much.

In the months which followed, the family was engaged in various support

endeavors C the mother had a therapist, who prescribed the addition of a family therapist to help teach parenting skills and promote consistency within the home setting. The children had a therapist who eventually recommended that they be counseled separately. Then there was the group support of our program. The family was being well-therapized! The mother reported that she had little time left for the baby once everyone=s therapies were attended.

Despite everyone=s good efforts, the problems seemed overwhelming and new ones were presented. The children confided that the father had sexually abused them, the youngest child began to show signs of despondency and had to be placed in foster care, and the oldest child was referred for testing and diagnosed with ADHD and heavily medicated.

One particular evening when the family arrived for support group, I explained that the oldest child would be worked with individually rather than risk further disruption of the safety of his small group. I asked him during our time together, Ahow are you?@ He explained quickly, between flights off the table to the large foam pillows below, that he was Ahyper.@ I could see that his body seemed practically to vibrate and his eyes constantly darted about frantically. I put my hand over his heart and asked to feel what he meant by hyper. In the weeks that followed, I established the practice of putting my hand gently and calmly over his heart and asking him how he was feeling.

The family environment continued to be challenged. Soon the older child was sent for further evaluation and placed in a psychiatric hospital too far away for visits more than once a week. The mother and younger sibling continued to come for support. The younger child had now suffered the compounded loss of two siblings from the home, but he had begun to talk about it in group.

Recently, the older child returned to program after several weeks and we spent the session together. When he arrived he came promptly and smiling, said to me, Afeel my heart; it=s more calm now.@ The younger sibling had continued to work and better yet to announce when he didn=t want to work. That evening, their mother shared that the youngest child had been returned from the foster home and that finally, though she knew the road ahead would be long, it had been a long two years. She said, AI know we have a lot of work ahead, but look what we=ve done so far.@

## Tom

8 May, 1998, Jean KellJean Kell

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Kell, Jean. (May 1998). ATomTom@ in *Selected Journals from King's College 16th International Conference on Death and Bereavement, May 10 - 13, 1998 in London, Ontario, Canada.* Scarborough, Ontario: PSD Consultants.

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This a true story about a man who died and became an inspiration for several of his fellow cancer-sufferers.

Tom, we will call him, was in the last-stages of bone cancer and as a desperate last attempt went with his wife to a clinic to try an alternative therapy. This is where he met other fellow sufferers. They shared many spiritual insights and vowed they would meet on the Aother side=.

Tom died in due time with his wife at his side. Months later, Tom=s wife had a call from one of his fellow cancer-sufferers to say that her husband had died but as he was dying he had smiled and said Tom was waiting at the gate will outstretched hands to welcome him and said Aall is well@.

This was such a beautiful experience for the young wife to witness as she watched her husband slip away peacefully. And it gave great comfort to Tom=s wife to know her husband was in the right place and his life continued on a different plane. A few months later one of his other fellow sufferers died and much the same story

was told by his wife. She also shared this story with Tom=s wife and again love and comfort was shared.

## Daniel

8 May, 1998, Reverend Jennie Malewski Reverend Jennie Malewski

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The first time I met Daniel, he was flat on his back on a gurney going into his Pediatric ICU room in a Kansas City critical-care hospital. This handsome, strapping six foot, six inch young lad of 16 was scared and wanted his Dad with him. I had his Dad paged overhead to come to Daniel=s room and be with him to calm him and reassure him. I continued on making my rounds as hospital chaplain.

In the next 7 weeks I and the Pediatric ICU staff would come to know Daniel and his Mom and Dad intimately. We would see Daniel coded 7 times -- each time his cardiomyopathic heart becoming weaker and each causing us to ask why Daniel.

Many of us on staff were so profoundly effected by Daniel=s genuine goodness, honesty and deep faith in the face of his critical illness. Some of us would awake at

night at home thinking of Daniel, praying for him, seeing his frightened face, wishing this ordeal was over.

I still remember talking with one of our young pediatric nurses, who cared for Daniel often, about how his condition was impacting us and causing us to think of him when we might awake at night. I related to her that I had finally been able to sleep through the night this past week. When she asked me what had changed, I told her that one night when awakened around 2:00 a.m. I had a sudden realization. It was as though God had turned on a light inside me and brought me to the truth of the situation. None of us had control over when Daniel would die. Only God and Daniel would work his death out between them. After I gave up the idea that any of us could control whether Daniel lived or died, I was able to sleep through the night.

During that week, Daniel was coded for the fourth time. As I had done after each previous code, I went to Daniel's bedside and had prayer with him. It was this time that he told me Jesus had come to him and told him he was going to be okay, no matter what. This was Daniel's way, his wording for letting me know he was finally at peace with the idea of dying.

However, Daniel's parents were not resolved to his death yet. Our staff would agonizingly go through three more codes with Daniel and see the frightened face of his again and again. Upon the occasion of the seventh code, Daniel did not come back. He indeed died and went to be with Jesus.

His parents went home heartbroken over the death of their youngest child and only son. They remembered him with a beautifully adorned tombstone decorated with many of Daniel's favorite things -- a John Deere tractor symbolizing his collection, a motorcycle similar to the one he rode, a cottonwood tree of western Kansas like the ones he missed so sorely while in the Kansas City hospital so far from home. His older sister, the following year, named her firstborn daughter Daniella after her beloved deceased brother. I would hear from Daniel's folks every Christmas for years afterwards and was honored to have photos of them and Daniel and his tombstone to keep.

## Jeff and His Father

8 May, 1998, Sandy McBay Sandy McBay

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I work in palliative care and coordinate Bereavement Support programs for our local funeral homes. This story I offer from one of my friends who participated in a recent group with his wife.

Jeff=s father died May 5, 1997 at the age of 54; far too young in the eyes of this young father of three, his wife Julie and his mother Sylvia.

Easter weekend 1998, Jeff and his young family returned home to Grandma=s. Having been raised with a strong faith background, this celebration of resurrection from death is important for Jeff. It has, and continues to bring meaning to life and its bigger picture.

Pre-dawn Easter morning, Jeff visited his father=s grave. With his camera, he captured several snapshots of the Easter sun rising over his Dad=s gravestone. Each photo revealed a bit more of the epitaph engraved, culminating in a full reflection of the sun >cameoed= on the top right corner of the stone and shining on his father=s

name.

Prayer, tears, scripture, song and conversation at his father's grave facilitated some welcome healing for this young man. He came away with a renewed meaning for his life as a son, father and husband and continues to heal.

## John Lee

8 May, 1998, Howard McIlveenHoward McIlveen

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John Lee was a Korean-Canadian businessman. His wife was a medical doctor. She was a devout Christian. He was an argumentative, scientifically oriented unbeliever. He was also someone with a serious lung condition. In the Fall of 1994, he collapsed and was brought to the Richmond hospital, ICU in a state of unconsciousness but also very restless. When he awoke he discovered that he was in restraints and concluded that he had been kidnapped.

This man who didn't believe began to pray. Although he pulled on the restraints, nothing happened. So he said, AGod, why don't you help me?@ He heard an audible voice that said, AI do.@

At that point he pulled on the restraints and they snapped. Moments later a doctor came into his cubicle and he recognized that he was, in fact, in a hospital. He continued as a patient for a number of weeks. The latter part of his hospitalization was, again, spent in the ICU. His lungs continued to deteriorate and having agreed with his family that he should be taken off the respirator, he died two hours later.

He continued to pray during his last weeks of life. His wife was thrilled that finally, at the end of his life, he joined her in her faith.

He had a very strong desire that this story be told to others so that they could benefit from his experience.

## Mrs. Chen

McIlveen, Howard. (May 1998). AMrs. ChenMrs. Chen@ in *Selected Journals from King's College 16th International Conference on Death and Bereavement, May 10 - 13, 1998 in London, Ontario, Canada*. Scarborough, Ontario: PSD Consultants.

Mrs. Chen was a 60-year old Shanghai-born woman who came into the Richmond Hospital three years ago with terminal cancer. She was unilingual and so was I -- just different languages. The dietician working on the palliative ward was Chinese and introduced me to Mrs. Chen and her two daughters. Sometime later this same dietician told me that Mrs. Chen wanted me to pray with her. Mrs. Chen had become a Christian after moving to Canada. With the dietician=s interpreting help, we all prayed together.

That same day, Mrs. Chen slipped into a coma and emerged about 10 hours later with the question to her daughters, AAm I dead or am I alive?@ She began to describe the experience she had had during her coma. She had been in the most beautiful place. There were people there from every country in the world and they were all dressed in white. There was gold all around. There was a sense of great peace. She said, AGod wanted me to be there.@ She told her daughters that she wanted to be there too. She died a few days later as her daughters, family friends and I were at her bedside.

As I stood by the bedside with her older daughter, she said to me, AWhen we came into the hospital, I did not believe in God. I do now. I know my mother -- she was an uneducated woman. She could not have made up the story that she had told us.@ The daughter also explained that her mother=s getting involved in the church upon immigrating to Canada was the best thing that ever happened to her.

## When the Sky is Sky Blue Pink

8 May, 1998, Noreen MinifieNoreen Minifie

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My father and mother died within thirteen weeks of each other. My mother died of cancer. My father died, suddenly, thirteen weeks later of a sudden massive heart attack. We had three years to prepare for my mother=s death. We had no time to prepare for my father=s death. It surprised me that the intensity of my grief after my mother=s death was the same as after my father=s death. I had expected that being able to prepare for death (anticipatory grief) would, somehow, diminish the intensity of my grief. It did not. An invaluable lesson to learn and to pass along to others.

## The Minister and the Mensch

8 May, 1998, Jim Mulcahy Jim Mulcahy

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It was, on the surface, a mismatch: a 50 year old Christian minister and a 93 year old Jewish hospice patient. The common thread was love of story-telling. My patient had a treasure trove of life stories. We traded tale for tale. These were our gifts to each other. It was also my patient's way of reviewing his life through the eyes of another. He taught me about being a Mensch and all that entailed. As he told me, he measured himself in the telling and passed muster, realizing that he was indeed a real Mensch. The telling over, the stories passed to me for safe-keeping. One morning I was called to his bedside as his death approached. Gently shaking his shoulder, I said: "Bob, it's Jim." He smiled a smile that, to this day warms my heart. I asked: "Do you have a story for me today?" He said: "Today, I have a beautiful one." And then he closed his eyes, lips still smiling, and died.

## My Mother=s Death

8 May, 1998, Gerald S. NashGerald S. Nash

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At a very exciting and transitional time in my life, my mother died. I was 27 years old at the time, and my mother had traveled by train to the Northwest from Texas to attend my wedding.

She arrived two days before the event, was with us for about three hours, suffered a massive heart attack and died. The next day and half are still a blur for me. We went ahead with the wedding. Everyone had urged us to. My family in Texas said: AAfter all, that=s what Mom traveled out there for@.

Following the wedding, instead of honeymooning in Banff, we flew south for the memorial service and burial. I was kind of numb through it all. I have no recollection of shedding any tears. My wife said that I did at first, but I am not aware of it. I went through the motions. I took my cues from the milieu, which seemed to indicate that after a week or so of visiting and rituals it was Aback to business as usual@. This was the middle 60's, and there wasn=t much awareness of a need to do Agrief work@. So I went about the business of continuing in graduate school and embarking on a new marriage. I Aburied@ my grief, but I had not buried my mother. That fact was lost on me for some years.

Nine years later --- more or less --- I was in a clinical training program. I was in the program to get additional training to help me as a professional. It was the genius of the program that the development of professional skills depended on becoming aware of and working with personal issues. I am indebted to my supervisor, a man possessed of keen insight and sensitivity, who sensed that something very deep and hurtful was troubling me. With great patience and caring, he helped me first, to become aware of the unattended to grief over the loss of my mother, and then to help me begin to uncover the layers of crust which had formed over the years. He urged me to engage the help of a therapist who then furthered the process.

This, in one sense, is probably no different from the grief of a lot of people. Lots of people lose their parents or other important people in their lives. What made this complicated for me is due to a couple of reasons. The first is that I stuffed my grief and left it unattended for such a long period of time. The second reason was that I was carrying around a great deal of anger toward my mother. This complicated my grieving, or so it seemed to me, because I couldn't grieve because of my anger. And I couldn't be angry with her because of my grief. My therapist enabled me to separate the two and to work on each of them separately. I am sure that I haven't gotten entirely over my grief; in fact, I probably never will. That started a process, however, that has enabled me to begin to heal, and it still continues.

## Deaths I Remember Most

8 May, 1998, Dave Pierson Dave Pierson

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Several dear Aunts died in their 60's when I was quite young - life for me went on. An Uncle died in his 80's - I had a young family and was busy with my work.

My mother was in her 80's when she died quietly at home. It affected me deeply, but we were still busy, busy with a growing family. When my father died in his 90's he had been in poor health with a failing memory and he was anxious to go - so it seemed a natural step.

By this time I had changed my vocation from an engineer in industry to a hands-on type. I used a boat in my work on an offshore Island and my mentor was a Maine fisherman several years my senior who I interacted with on a regular basis. When Normie developed cancer - probably from long exposure to sea and sun - and had but a few months to live it was difficult to accept. He made some repairs, which he had put off doing for years, around his island cottage and died in late winter. It seems that I felt his passing more than some of the others in my life. I guess, though blood relatives we had already moved apart and said our Agood byes@. Time has blurred

all these losses.

## Mim

8 May, 1998, Edith PiersonEdith Pierson

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Mim is so angry at God for taking her son Ricky who died of AIDS six months after being diagnosed. He had not >come out= to his parents so they had no clue that he was homosexual. She will not speak to God but only to Jesus. She cannot understand why God let this happen to her son

## Shane=s Gift

8 May, 1998, Pauline PigottPauline Pigott

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I was a weekend night nurse at a chronic care hospital for children. We had many children with severe disabilities living at this hospital. AMy baby@ however was Shane. He was a young boy, about 9 years ago with the physical appearance of a two-year old. He had limited vision and hearing. He could not talk but his smile was clear and contagious.

I worked every second weekend with a male nurse. Every time I was caring for Shane and Ian walked in and heard his voice, Shane would have a broad grin of recognize. We would banter back and forth in front of Shane and he loved our attention and our sincere love for him.

I left this hospital and approximately a year later, at 3:00 in the morning, I woke up. I had such a clear image of Shane in my mind and I said to myself, AI miss Shane.@ I remembered his smile. I remembered his facial expression. I remember >just him= as a the baby I really loved.

The following weekend, a friend of mine still working at the hospital called to tell me that Shane had died -- during the night when I woke up. I was so surprised by the

news that my immediate reaction was, "How did he know where I lived?" I knew it was a silly question but it was my first response.

From this experience, I was reinforced in my belief that the soul transcends the body. Regardless of how disfigured one may look to us, underneath there is an eternal being. This was a mystical and magical experience. A truly spiritual experience really. It also showed me that our relationship was reciprocal. As I had taken extra time to be with him, he took the time to come and say good-bye to me.

## Thank You For Telling Me

8 May, 1998, Joanne Pryor-Carter

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In my job as a hospice bereavement coordinator I counsel with children prior to the loss of our patient to assist them with anticipatory grief issues. One case recently involved three grandchildren, Mina, age 6, Desiree, age 8, and Charles, age 9, of our patient, Juanita. A couple of counseling sessions were conducted with the kids while Juanita was alive.

On a Monday morning, as I checked the board for deaths, I noticed Juanita had died earlier that morning. A call was made to her daughter, Susan to relay our regards and to confirm a previously scheduled appointment. She confirmed she would like for me to visit later that afternoon. I inquired, *Were the children home when your Mom died?*

*Oh yes, they were here.* And then she commented, *I wanted it to be a normal day for them.*

As I arrived numerous family members were present. Susan related, *We've been waiting for you. Tell the kids to come in the house, Roger. We haven't told them yet.*

Is that okay? While I silently wished the children had been able to share in the death experience earlier that morning, I understood the parents were reluctant to tell them for fear of their sadness and pain.

We sat on the floor and each person introduced himself/herself and told their relationship to the patient. Each child helped read *The Fall of Freddie the Leaf* and *Lifetimes*. Parents also read and asked the children questions about the books. After we read the books I asked, "Where do you think your Nana is?" Desiree answered, "Oh, she's at the hospital." Mina was asked and replied, "Yes, I think she's at the hospital, too." I turned to Charles and asked, "Where do you think your Nana is?" Charles just looked at me puzzled and refused to answer. Perhaps he knew the answer in his heart, but could not bring himself to say.

I replied, "No she's not at the hospital. I'm sorry to say she died this morning. All three kids looked at each other and burst into tears. Parents held and rocked them to try to comfort them. As Mina was crying in her mother's arms she looked up and said, "You're not going to die too, are you?" We reassured Mina her mom was in good health and was not going to die soon. I advised Susan a child's greatest fear when he or she experiences a death is that a parent will die also.

We next talked about funerals and described what would happen to help the kids know what to expect. After this discussion we utilized an activity of drawing a picture for their Nana to possibly put in the casket with her. Desiree drew her grandmother as an angel with wings along with an uncle who recently died. Charles drew his Nana as a ray of light shining down on him as he slept in his bed. The drawings seemed to help the kids by comforting them and provided a release for their grief feelings.

It was past time for dinner now so the kids were getting hungry. The parents promised they could go to McDonalds. As they were preparing to leave each gave me a hug. As Charles hugged me goodbye he said, "Thank you for telling me." He will never know how much those five words blessed me. What a rewarding experience!

I have been a Hospice Bereavement Coordinator for 9 years.

Currently I am the Bereavement Coordinator at American Hospice, Dallas, TX, which is a private hospice organization serving the Dallas / Ft. Worth metroplex. I

received a  
Doctorate in  
Education in  
Community  
Counseling from  
Mississippi State  
University and am  
currently pursuing  
a license as a  
Professional  
Counselor. I  
coordinate the  
Bereavement  
Program  
conducting  
individual, family,  
and group  
counseling. Pre-  
bereavement  
counseling for  
children and  
families is also  
provided.

## My First and Second Lives

8 May, 1998, Sharon Robinson Sharon Robinson

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You could probably say I'm in my second life time. I grew up on a farm in central Ontario with two brothers who were very much older than me. My mother took great pride keeping me as her little girl. Subsequently I grew up, the first part of my life, a typical woman who thought she would be someone's wife and someone's mother.

After that I met my future husband at the age of 15 and he was 16. We spent 18 and a half beautiful years together. He was also a farm boy originally and was the youngest child. He grew up to be an extremely sensitive individual who taught me a great deal about life.

We travelled a lot during our marriage and my husband was into photography and music and loved his work. My life was based on his success although he did not want it that way. He always encouraged me to achieve my own path and my own successes. That just wasn't part of my mind set at the time.

During the last three years from 1986 - 1989 my husband had a very difficult

stressor entered his life. We began a process of a three-year roller coaster ride with his clinical depression which eventually led to his suicide, December 15, 1989. I found him that night. You could say that=s where my first life ended and second one began.

I had an incredible support network of friends, co-workers and amazing brother-in-law and sister-in-law who supported me through this tremendous nightmare. I then lived with my in-laws for one year following my husband=s death where I basically grew up. My brother-in-law, my husband=s older brother by 15 years, supported me in returning to school and over the next five years I achieved two degrees and now I am doing clinical social work, specialized in palliative care and bereavement. My education helped me to identify the many factors which led to my husband=s death. His upbringing consisted of a number of disappointments and painful experiences which left their scars. Before my husband died, his career, which he loved and did well, caused him to be transferred to another location. He had to work with someone who was very threatened by his skills and his genuine sensitivity and who he was as a person. This person began abusing him, threatening him and subsequently, my husband had to quit his job. He fought his depression so hard because he wanted to live. With few supports, and a family physician who did not act upon my husband=s suicidal statements, he felt that ending his life was his only way out of that agonizing black hole@ as he called it.

Through this journey my brother-in-law taught me about the strengths that were hidden inside of me that I had no idea existed. He nurtured and supported me throughout my education as well as my own grief process. This was not an easy journey and I had to receive some therapy throughout this but the knowledge and the insights that my husband gave me concerning his illness has equipped me with skills and abilities to be able to work with clients who are suicidal. During this work I have had people trust in me to allow me to take their hand and to walk with them in that >black hole=. It is this work that I do that has given meaning to my husband=s death because while I do it I know he is with me.

In the second year of my graduate training my brother-in-law died quite suddenly of heart disease. This brought back again, the pain of my husband=s death and, naturally, a second traumatic loss for me. Rather than losing everything that I had worked for, I then furthered my own personal therapy and worked with my losses which has placed me on a higher plateau of personal development. I also went back to my own childhood to help me make sense of who I was as a child and who I became, with the help of my brother-in-law=s insights. I guess you could basically say I internalized my brother-in-law as a self-object much as a child would do with a parent. And to this day, when I am feeling negative or second guessing myself I constantly hear in my head the supportive, positive statements that my brother-in-law would have said to me if he were alive. I know this has given me tremendous

strength to carry on my life and to do the work that I so enjoy. I work a great deal with traumatized and bereaved women. The feedback I receive tells me that I am able to walk, for a while, with them in their shoes. My personal experiences have been truly the basis of the knowledge that I have and the degrees that I hold are simply the tickets that allow me to do that work. There truly is a fine line between the agony and the ecstasy, and when I graduated with my master=s degree, I had to imagine that my husband and my brother-in-law were there walking down that isle.

Spiritually, my own death is not scary because I know that the loved ones I have lost will be there on the other side waiting for me, but until then I have a great deal of work to do.

## Her Next Mission

8 May, 1998, Jennifer RockburneJennifer Rockburne

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Nearly 30 years ago, a dear aunt was diagnosed with a terminal illness. I drove 500 miles to visit her while she was home for a weekend. She was returning to hospital on the Monday. She greeted me warmly. She thanked me for coming. We caught up on news about one another, her children and others of our family members. We cooked together, ate together, reminisced, told stories, laughed into the wee hours.

She had nursed me through a three-month childhood illness, she had taught me to sew and to sauna, Finn style. She had always been busy -- she had raised four daughters, helped her husband in their business and was busy even then preparing for her next major activity.

She had put her house in order and was leaving it for the last time. Not because she was too unwell to stay at home. She was leaving because she had a new home to go to -- a new family -- a new mission. She sent me on my way at the end of the weekend. We embraced and parted smiling. She was off on her next mission -- to spend the next two months of her life; the last two months of her life -- with the other

patients in the cancer ward. She felt this was the most important work in her life and she embraced it with tremendous zeal -- to visit, talk, *listen* to the woes of her fellow patients as they dealt with their grief of their impending deaths. She died happy that she had used the opportunity presented to her to the best advantage, not being caught up in "her story; her tragedy," but being an inspiration to her new family as she always had been, and continues to be, to her original family.

## The Breaking of a Heart

8 May, 1998, Susan SchilderSusan Schilder

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When my husband called to tell me that my mother had died, a primal scream arose from my chest, and out, to echo in the empty house. It was the sound of the breaking of my heart.

I screamed AMommy@ over and over without making the decision to do so, or asking myself if this is what I wanted to do.

I threw clothes into the back of my car and started the 200 mile trip to my parent=s home. On the way, I used the car phone to call my dad, my two sons, my employer, my husband, and my dad again. Through the tears I managed to arrange the next few hours of my life, though I knew that my life had changed and nothing seemed very certain.

I had asked my dad not to release the body until I arrived. It was a hot day,

the funeral home was not happy. I didn't much care about their happiness, I'm afraid.

Upon my arrival at their home, I said my final goodbye to my mother's physical presence. I decided to take her spirit with me, or at least the part that was connected to me.

My Dad described my mother's final moments: He had heard her wake up and went in to check on her. Mom's breathing had changed, and he sensed that death was near. As he held her hand, he sang her two favorite hymns, *What a Friend We Have In Jesus*, and *Abide With Me*, in the deep second base voice that she loved. She squeezed his hand, as speech was no longer possible. She closed her eyes in what seemed like pain and he asked if she wanted a pain pill. It took him less than thirty seconds to fill a glass with water in the next room. When he returned, his sweetheart had died, with a smile and her face turned up to heaven.

The funeral was beautiful, with the red and pink roses and white stargazer lilies that my mother loved. My brother read the tribute that I had written, but could not read aloud. I had prayed that there would be enough people so my dad would feel supported. God's answer was that He could do better than that. The room overflowed with people who also loved my mother, including a friend who had driven the 200 miles to be with me.

The minister had flown back from vacation in the Ozarks to commend my mother's spirit to God and to help us begin healing.

At the cemetery, I handed out the roses to my mother's sisters and others who were there. I kept the stargazer lilies.

My dad, my husband, my brothers and my two sons were all there to hold me and comfort me and me them. We have a strong and loving family, and my mother was the heart.

As I left the grave site, I was amazed at how peaceful I felt, and yes, joyful. My mother was with God. She had lived a good life, and was a wonderful woman and friend and teacher and mother. Her work was done, her illness was over, and she was at peace.

And - very importantly, she had given me everything I needed to live without her presence. My mother and dad had taken me to church as a child, and lived what they believed. My mother taught me how to be a woman, a wife and a mother and to give love unconditionally. She had also given me the wings to be independent and to live without her presence.

All of these things and things of which I am not even aware that have come to me through my mother have helped me to go on, to cry when I feel like it, to laugh, to remember.

My heart had to break so the healing could begin.

## Aunt Dulcie

8 May, 1998, Elaine SeeleyElaine Seeley

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People described Aunt Dulcie (Dylis in her Welsh heritage) as Aan angel on earth,@ a Asaint@ or living up to the meaning of her name which is Asure, certain, genuine@ and she did it with love and humor.

When she died at nearly 93, the ritual of her funeral was one of laughter and tears but truly a joyous celebration of life -- her life.

Aunt Dulcie worked as church visitation secretary until she was 90 years old. She still lived by herself and drove her own car until a stroke sidelined her for the last years of her life. Aunt Dulcie knew and treated the entire congregation as family, as she did with the people in her neighborhood, her friends and their friends. She made people feel special.

Her 24-year-old great-nephew, Craig, who was more like a grandson to her, wrote

and spoke a eulogy at her funeral. He related that Aunt Dulcie was without hesitation, the most selfless and giving person I have ever known....She never preached her morals, but taught them quietly through unwavering example. She always had a ready smile. Her generosity towards other people was only surpassed by her capacity to love them. Aunt Dulcie was a wonderful woman with an unparalleled capacity for love, a role model for living, a great inspiration in my life, and I will miss her greatly. Humanity has lost one of its greatest. @

Craig had driven six hours to spend some of her last few hours with her. It was the first time he had had a chance to say good-bye to a loved one before they actually died. Aunt Dulcie had stopped eating and drinking and was in a coma. Craig took down the side of her bed, sat with her for hours, holding her hand and telling her how she had influenced his life, how much she was loved, that part of her would always live in him and assuring her that if this was her time to leave that she left with our blessings and love.

Then Craig learned that his brother was also making the six-hour drive and he apologized to Aunt Dulcie and asked her if she could hold on until Brian arrived. Then Craig began his sorrowful journey back home. His brother arrived hours later at midnight. He went in to talk with Aunt Dulcie who was still in a coma. He talked with her, letting her know he was there and loved her. Within minutes, her breathing became shallow and she died 20 minutes after his arrival. Aunt Dulcie had again thought of others and held on until her loved one could come and say his good-bye. Even near death, her love of others surpassed her thought of self. As Craig had eulogized, her unparalleled capacity for love @ had proven her humble greatest.

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Sharing the story of a deceased loved one's death is always met with trepidation, fear, resistance and tears during our support grief groups. Sometimes, participants are absent on that night, or they >pass=; but usually through tears, participants recount the painful moments of how their loved one died.

Recently, a group member stated that she had contemplated remaining at home but she had forced herself to attend and through moments of silence, then slowly crying during her story, she arduously recalled how her loved one had died.

After the session, during check-out, this member who had been nearly unable to function since the death, spoke with a smile on her face and pride in her voice as she said, AI feel tall!@

## Receiving Much More than I Strive to Give

8 May, 1998, Cecelia UptonCecelia Upton

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On that particular morning, I was sitting at my desk feeling a little depressed because of the number of deaths I had recently had to deal with on my caseload. I work with people who are terminally ill and also with people whose spouses have died in accidents while at work. Dying and bereavement are part and parcel of my life. Most of the time, 98% or so, I love my job.

From time to time, especially when deaths occur in clusters, I am affected. This was one of those times. I felt like I had not had, and did not have, the time to do what I needed to do to reconcile myself to the multiple losses. I sat at my desk facing a

mountain of paperwork (the disliked percentage of my job!)

The phone rang. Edith was calling to say that Isaac had again been admitted to the Intensive Care Unit of the hospital. She feared that he would die this time. I must explain that Isaac's being alive for the past year, at least, had, in my opinion, everything to do with the bond of love between the couple and Edith's determined care. Isaac's medical history was most formidable.

I decided that the paperwork could wait. Too tired to drive, I hailed a taxi and took off for the hospital.

Edith met me at the elevators. She took me to Isaac who was well connected to the hospital's gadgetry in the Intensive Care Unit. Isaac pulled his oxygen mask aside and said, "Cecelia, give me some of your strength." Leaning over, I rested my forehead against his and held his face between my hands and I responded with, "Take as much as you like."

We had just come out of the season of Lent. I tend to follow the Liturgical seasons closely. Hence, I was acutely aware of the privilege of being allowed to see our suffering Christ in the sick and the dying. Isaac is a warm, loving and as good a man as I imagine Christ to have been as he walked our earth; so it was easy for me to identify one with the other.

Straightening up, I thought that I observed less pain in Isaac's eyes. His warmth and love were apparent in his expression of gratitude for the simple gesture of reassurance.

That night, I received what I considered so very much more strength from Isaac than the little that I had hoped to impart to him. I had a most wonderful dream. I dreamt that the Risen Christ had rested his forehead against mine, held my face in his hands and I was infused with energy.

The next morning I awoke thoroughly refreshed and the misery that I had been experiencing because of the cluster of recent deaths had disappeared. I was recharged.

I know that I receive much more than I can give.

## Let's Go for a Walk

8 May, 1998, Harry van BommelHarry van Bommel

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"Let's go for a walk" has started many of my conversations with family members and friends who want to talk about their feelings of grief. I have found that a walk is one of the safest ways to talk about some of our most difficult feelings.

It is safe because we can talk without looking directly at each other. It is safe because we can walk for minutes without having to say a word. It is safe because when we want to cry, we can put our arm around each other's shoulders, stop and hug if we like, or just keep walking -- whichever is most supportive of each other.

I remember walking with a friend whose father had died. We were in a park with a riding stable at one end of the park. Walking toward the stable, some kilometres away, we talked about some general feelings, thoughts and observations on the weather, the park, etc. She talked about how much she missed her father and his last days in the intensive care unit of the university hospital. She is a nurse and had

a lot to say about his care and what should have been better. There was some bitterness along with her sadness that he died.

When we got to the stable, she began talking about how her father used to take her riding on the family farm and helped her learn to become confident on a horse. She started to talk about her father's life, his accomplishments, his love for his family, his participation in the Olympics decades before, and some wonderful memories of their lives together as father-daughter and friend to friend.

When we walked back to our cars, we walked a lot in silence. She had said most of what she needed to say. We enjoyed each other's quiet company along the beautiful pathway through the park. At the parking lot, we hugged, cried a bit at the sadness of her loss and smiled at the loving memories she had shared with me. Both of us left smiling, feeling like we had spent a very special two hours together.

## To Give Over Their Destiny

8 May, 1998, Ruth van den HeuvelRuth van den Heuvel

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I have a story from the early days of my work as a hospice care volunteer for Hospice King. It is about a gentleman whom I was to visit in the hospital. I went down at the designated hour. The nurse went into the patient=s room and introduced me. He then said he did NOT want any visits from anyone, especially a woman, and especially a woman with a Dutch accent! So...I went and sat down on the chair just by the door. He didn=t say anything; I didn=t say anything.

After a while he barked Aas long as you=re here anyway, why don=t you come closer so I can see you.@ Then he began asking questions -- where I came from, what my husband did. He started telling me about his life and his worries. He poured out his troubles for close to four hours. He poured out his troubles; I was there for hours, just sitting and listening. That=s what he needed -- he just hoped I=d be a man, preferably a lawyer!

A few days later I went to visit him again. I had arranged for him to have a lawyer visit him. When I saw him again, he kept repeating AOh, God.@ He took his lame

hand and placed it on my hand. He kept saying, AOh, God.@ Surprised by his repeated use of the word >God=, I asked him if he wanted me to pray with him. By habit, I said the >Our Father= in Spanish. I caught myself and began again in English. He recognized it and tried to pray along with me. After the prayer we did some other prayers. He was in a lot of pain, thrashing around with sweat pouring out of him, but he still tried to follow my words. A nurse came in to help his symptoms and went to ask for more medication from the physician. When she came back, she said that AYou have done what we couldn=t do,@ because he was now much more calm, mumbling words and attentive to my voice. I used to be a nursery school teacher, and so I began to tell stories that he tried to follow.

I had been told before my visit not to bring up religion or religious topics at all.

When I left, he was dosing off and calm. I saw him again a few days later. I had been scheduled to see someone else but I visited him as well. I was half-way into the room, he looked at me and said AThanks@. He died a few days later.

I have seen that it is hard for people >to give over= their destiny to something intangible. It is almost like going to swim and not wanting to float. When the time comes, it is easier than they think and they are grateful for someone to share those moments with.

I could go on and on, telling stories of sadness, of laughter, of listening, of telling, of sharing. I find Hospice such an intimated experience. I=ve been a volunteer for 15 years and I=m definitely a richer person for the experience. It has deepened my understanding of life.

## My Son

8 May, 1998, Chaplain Lamar VincentChaplain Lamar Vincent

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As a caregiver I became the one to receive care for myself. My 21 year old son was dying from

Hogkins. My wife and I had take leave from our job responsibilities to care for him in our home.

His bed was in the living room. A portable mattress on the floor became our place of rest. We turned him every two hours to alleviate bed sores that might add to his already incredible open wounds from the lymph nodes that had burst through his skin. Such was our plight.

During this ordeal, many people came. Friends of our son. Friends and loved ones. Both our parents came and stayed with us. Our hospice nurse seemed like an angel to us in adjustments to medications to make him and us more comfortable. One who came was my immediate supervisor, Fred, a fellow chaplain. After being there awhile, he asked if I would like to take a walk.

We lived on the edge of a small man-made lake that had a trail around it. We

walked together. He asked brief questions but nothing too probing. We mostly walked and I shared how and what I was doing in the process. I remember little of the conversation. I do remember the relief and sense of tremendous care that came from this simple but so dramatically helpful gesture and show of compassion and concern. The load was lighter when I returned. I felt loved and helped.

## Quotes from My Son

The day that our son was diagnosed with Hogkins at age 16, his first words to his Mom and me were, AMom and Dad, don=t worry about me. I know where I am going.@

Later, he said, ADon=t worry, I win either way. I win if the Lord heals me and win if he takes me home--only that=s a 110% better.@

AYou know I get to get out of here, and you guys are stuck with Bill Clinton.@

As a motor cycle, sport bike enthusiast he said, AAfter I am gone and you look up in the sky and see a vapor trail, that will be me on my heavenly super bike.@

On one occasion, my wife was dressing my son=s wounds. He reached to touch her face and said, AThank you, Mom.@

## Orphaned Parents

8 May, 1998, Dr. Mechtild Voss-Eiser

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I began to start this program in the early 80s. In 1984 we had a central information centre for bereaved parents and grieving siblings. In the 1970s I had been very active in hospice care with bereavement support. There was a lot of prevention and intervention services but not >postvention= for bereaved services after a death. This was especially demanded after the tragic and highly traumatic death of a child. There was not even an appropriate word in the German language for the aftermath experiences of bereaved families.

In the mid-1980s we extended our services to support of siblings who had experienced the death of a brother or sister. We worked with children from 5 to mid 30s.

By the 1990s, the movement has expanded substantially. I did a four-month research project in the Canada and the US looking at Compassionate Friends branches (40 different branches) and institutes and bereavement centers to learn more about how we could enhance our programs in Germany.

I attended conferences and brought back a lot of information to Germany.

There are now 300 chapters in Germany. These groups are interdenominational. We expanded dramatically after re-unification with Eastern Germany where people were dealing with tremendous feelings of loss.

In 1997, nearly all of these 300 groups joined together to found a national organizations for bereaved parents and siblings, *Verwaiste Eltern*. (Orphaned Parents). It is based on the Compassionate Friends model begun in 1969 in England. Our name came from a translation of an American book, Harriet Schiff=*The Bereaved Parent* which appeared in 1978 as *Verwaiste Eltern*. The German title of this book became the name Aorphaned parents@ of our organization.

At present I continue my 27-year career work at the Evangelische Akademie in Hamburg where I teach programs in bereavement for parents, siblings as well as training programs for grief counsellors. We have also started at special institute for >grief work=. It has become a centre for research in death and bereavement and also in children and death in general. We work with many professionals (e.g. police, clergy, ambulance attendants, fire fighters, physicians, chaplains, midwives, funeral directors) who are the first to respond to a death.

The more support groups that began the more need for education and professional seminars to help caregivers and counsellors learn the knowledge and skills to provide exceptional care. So with a number of colleagues we have developed a two-year certificate program for grief counsellors with highly qualified, multi disciplinary team of international teachers.

In 1991 we started a national bereavement journal (250-300 pages),.: *Leben mit dem Tod eines Kindes* (Orphaned parents: Living with the death of a child). Each year we have a specific theme (e.g. suicide of a child, sibling bereavement, from help to self-help, disability and bereavement, the loss of the only child and multiple losses). This journal has collected hundreds of stories of mothers, fathers and children dealing with death and bereavement.

## John

8 May, 1998, Dr. Anthony WebberDr. Anthony Webber

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Webber, Anthony. (May 1998). AJohnJohn@ in *Selected Journals from King's College 16th International Conference on Death and Bereavement, May 10 - 13, 1998 in London, Ontario, Canada*. Scarborough, Ontario: PSD Consultants.

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Death is a much undervalued method of learning about life. I have worked in private practice as a family physician for the last 20 years. Previously, I had worked in a large teaching hospital where, death was very common, and very impersonal. During my hospital experience relatives and friends were seen as those people in the room, surplus to requirements, who were in the way when a patient needed to be examined. They were also the people who filled me with dread when it was delegated to me to inform them of the death of their loved one.

Moving to country family practice I carried all this baggage with me.

I met John W after only a few months in my new practice. He had been diagnosed as having developed secondary cancer from a malignant melanoma. Initially I saw him sporadically for repeat scripts, blood tests results and the like. During this time I began to develop my relationship with him. We began to talk about his family and his work in addition to his current symptoms. At this time he was still working,

however that changed over the next few months, his pain from spinal cancer inhibiting his mobility significantly.

This marked a change in our relationship. I was now doing regular home visits, and as his condition worsened these visits become more regular. As I got to know his family, I gained a fuller understanding of what this terrible disease was doing to John. I was also over-coming my own fears being the only professional person responsible for John=s care. In those days there were no palliative care teams etc. John=s kids were initially very confused and also angry watching the slow decline in their father=s capacity. However as we talked through what was happening and what would happen, the kids, and John=s wife felt as though they had been given permission to become closer as a family. The family used me as a resource through this process. I was, however slow to realize that John and his family were teaching me as much about life and death as I was helping them. My visits became longer as I relaxed into my role. Although I could not change, the outcome for John, I now knew I could positively affect the process. John became weaker and would lapse into a semi-delirium some of the time. Instead of using this as an excuse to leave I was now able to be peaceful sitting by the bedside waiting for him to drift back to consciousness.

When John died I felt I had lost a friend. I chided myself at the time for reacting in an unprofessional way. It was only with the passage of time that I realized what a debt I owe to John and his family. He taught me that death is a part of life, and dying a process. That process can be cold, frightening and overwhelming for the patient and also the family and friends. He taught me that once I had overcome my own fear I could become an effective source of practical help and succor to my patients. I am very grateful for having had the privilege to be part of John=s life and death very earlier in my family practice career as the lessons learned have helped in indefinable ways in caring for the many dying patients who have come after John over the last 20 years. I have learnt something from them all.

## The Story of Fiona

8 May, 1998, Erica Webber Erica Webber

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During this conference focused on complicated grief, we have been given an opportunity to share a story, so I have chosen the story of a woman who has been a client during this past year--her story not only reflects aspects of complicated grief, but some complexities and mysteries we encounter in the field of bereavement.

Fiona was referred to me for bereavement counseling in April 1997. A 42-year old woman in a small rural community in Australia, Fiona was returning home from a nearby regional rehabilitation center. The social worker caring for her was concerned for her emotional well being since Fiona's mother had died suddenly the previous November and Fiona had suffered a moderately severe >stroke= in the December.

As I saw Fiona, she was able to share her sorrow over the death of her mother. She acutely missed the *Acare@* of her mother at this vulnerable time in her own life

when she was so unwell. Her mother had always looked after her and she shared many poignant recollections, particularly from childhood.

Fiona's grief, which was openly expressed and flowed from the loss of a loving and supportive relationship, was not well understood by her husband Paul. Paul was struggling with enormous repercussions of Fiona's stroke upon their relationship. You see, Paul had experienced ill health throughout his life due to kidney disease, and although he had undergone successful transplant surgery years before, it became clear that during their relationship of twenty years, that they had become accustomed to Paul being >sick= and Fiona being the capable, supportive, emotionally stronger one.

Understanding the huge adjustments being required in their relationship, I worked with them as a couple for several months.

Fiona made slow recovery from her stroke and attended a stroke support group at the local hospital. She also used bereavement counseling well, to explore and grieve for the wholeness of her mother, and to be supported with her ongoing struggle to be understood and cared for within her marriage relationship.

Around the time of the anniversary of her mother's death in November, Fiona cancelled her appointment because Paul had become unwell and was due to be admitted to a city teaching hospital for tests.

In January, I heard of Paul's death from the occupational therapist who cared for the stroke group.

Fiona returned to our community the week following Paul's funeral which had taken place in the city two hours away, where Paul had been in hospital and where Fiona's family lived.

I visited with her at home a day or two after her return and she shared with me the details of Paul's hospitalization and death. It seems she was able to say and do the things she needed to in the process of saying goodbye to Paul and I was touched by her strength, and the simplicity of her own promise and conviction to be with him again soon.

Fiona died at home, the day after I saw her. Unfortunately I didn't hear till several days after her funeral which had been arranged by her father and sisters in the city. I wrote to her father, sharing with him how touched I had been by Fiona's life over the last year, and spoke with him when he telephoned in response to my letter. (It amazed me the connection between us, he knowing me through Fiona, I having known him through Fiona.)

In the time I knew her, Fiona, a gentle and loving woman, grieved meaningfully for her mother. She acknowledged other griefs: the lack of children, the hurts of mother / child relationships, the shortfalls of her own marriage, and her current physical limitations. She not only used counselling in a productive way, but also was able to share with her husband in ways that were beautiful to her, when she came to understand that he was dying.

I am glad to have this opportunity to acknowledge her and her story. It provides for me a sense of completion to my involvement in her life over the last year.

## Mother=s Day 1998

8 May, 1998, Elizabeth WhiteElizabeth White

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It was five years ago now, December 17 it was. The test results were in. David was dying of cancer, which filled up his lungs and sent its spur to his spine. A week later this 6 foot 3 eldest son of 37 came down like a giant white pine, and never walked again. Eight weeks later he died, propped up, his son=s head on his chest, the family quietly there B like a Delacroix painting that hangs clearly in my grateful heart.

Soon, I bought a bolt of shot silk B blue for the lake and sky, green for the white pine B to be his banner. That summer we grieved on our island, his ashes in a pine box on the silk on the edge of the stone mantel. We buried him on a cold Thanksgiving Sunday in the lengthening shadows of late afternoon.

And then the embroidery began. The first year the two pine trees on the left, David and his son, 10 years old then. Some time later I added the barge, with David and his two brothers sitting in Muskoka chairs, fishing. The next year I added the corner of the cottage kitchen with its flower box filled with colour, and David=s feet

sticking out from under the cottage, where he always turned off the water in October. I found perfect buttons for him and each of his nieces and nephews, and silk ribbon to join them to him -BDavid the uncle. The right hand upper corner.

But what of the middle? Silence. The banner lived under the bed. A year passed. Two. I read about grief and felt different from the Astages@, alien and reduced by Athe tasks@. Our grief felt more like the ongoing weaving of a wise old weaver B seamless, rich veins of joy and pain, informing my life and my work as a therapist. Defencelessness. Openness. Beloved..

And then, last month the center of the banner was gently there. It would not be about David. It would be about death wrenching him from my belly. It would be red. I chose wool for a sweater for my grandchild, and then reached for skein after skein of red B crimson, ruby, blood red B wonderful, powerful pulsing colours. I knitted and waited. I finished the sweater yesterday. Today, cleaning under the bed, his father handed me the embroidery hoop B a hoop as big as a belly B big enough to know and to contain and to celebrate a mother=s anguish and joy.

## AI=ve told God that I am ready!@

8 May, 1998, Loretta WilkinsLoretta Wilkins, RN

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She was a woman in her early 60's clinging to life and the world to the very last hour of her living. In the quietness of the night we would have wonderful talks about her life and we would share stories as only two women can. Often though the same questions would be asked - AHow long?@; AWill it be today?@; AI=ve told God that I am ready!@. I would put some of her favourite hymns on for her to listen to and with hugs and reassurance she would drift off to sleep. How grateful I was for those nights that I was blessed with the time I needed to comfort her. At the moment of her death the most profound look of peace appeared on her face and I envied her a little as she started this most miraculous journey. To know that I shared in preparing her for this was very humbling.

## Wounded Healer

8 May, 1998, Nicholas J. Wilson

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ATo those who receive abundance of grace.....@ (St. Paul)

In the three short years since graduating in Divinity, I have survived and thrived in C.P.E. to become a Specialist, and chaplain of a Women=s hospital.

I am fifty; I am male; I am a Awounded healer@.

At age 21 I fell head-over-heels in love. A late starter? Yet nothing came of it. Nothing? For 25 years I buried myself in business, church work and denial. At age 42, chronically sick, I sold out and emigrated, commencing graduate studies as a >mature= student. My inner torment began to express itself - I wept at night and it showed by day. A kindly professor listened and encouraged me to name and mourn a stack of losses, and celebrate a few profits. I began to unfreeze emotionally and actually allowed a few female students to hug me. I was playing serious catch-up: catch-up mourning, catch-up teens, twenties and thirties. I mourned a lost relationship and some unhealthy ones, and had a ball learning how to build friendships. I also learned that God is relational and felt welcomed in a new way. When I went to the movies, I laughed and cried, and when Shadowlands came along I could identify with the gradual thawing of a British Male.

Now I work with weeping people. Women whose longed for babies miscarried. Would-be fathers whose hopes and dreams are dashed. Sad little siblings saying, A Good-bye.@ I aim to be a catalyst in the creative process of expressing deeper grief than I have known and mourning losses that I have never experienced. As I work , my prayer for my clients is that they too will receive abundance of grace, only sooner in life than it came to me.

## Reconciliation

Wilson, Nicholas. (May 1998). AReconciliationReconciliation@ in *Selected Journals from King's College 16th International Conference on Death and Bereavement, May 10 - 13, 1998 in London, Ontario, Canada*. Scarborough, Ontario: PSD Consultants.

Dr. Alan Wolfelt encourages us to think in terms of reconciliation with, rather than resolution of, grief. I was part of an interdisciplinary team in a large hospital where this was illustrated at personal, professional and institutional levels.

I was called in the early hours to attend a family whose child was dying because of a medical mishap. They were angry. How could this happen? How could they trust be so betrayed? In the event, I was to have nearly two weeks to explore these and other questions and to be a companion to them in grief. They were people of Christian faith, authentic about their emotions, open to prayer by me and by their own Minister.

Each day I visited the family, the car was at a different place on the roller coaster. Staff and patients got involved and were stretched between triumph and disaster. I was the goffer -- visiting family and staff, attending critical stress-debriefing sessions and offering prayer with the medical person who faced a career in ruins.

Little by little reconciliation happened. The family requested an interview with, and embraced, the medic whose mistake eventually killed their child. The CEO of the hospital held a press conference and made a clean breast of the affair.

When I was called to offer a final prayer with the bereaved family, I became profoundly aware of the spirit of forgiveness and reconciliation surfacing above the plethora of emotions present. To my knowledge, no law suit has been filed and the family's request for privacy has been largely respected. My own personal reconciliation continues, but had a distinct boost when I visited the grave in an ancient, rural graveyard.

Was there resolution of grief? Hardly -- we on the team still talk about it. The family still live it. The institution continues to live it down. Yet reconciliation is still

happening because relationships to the tragedy and all the people involved continues to shape and touch us all.

## Part of Me Died Too

8 May, 1998, Alice ZulliAlice Zulli

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As a child, I was nurtured with bunnies, chicks, a kitten, playmates, family picnics and frequent family gatherings. I was warm, well fed and surrounded with books and stories and security.

When I was 12, the blast of my father=s gun changed all that. One individual, act of violence (suicide) brought my life, as I knew it, to a halt. What followed were years of feeling different and missing my father. No hiking, no baseball games, no popcorn and wrestling on TV together -- just emptiness.

My mother could not fill the void. Other relationships could not fill the void. No one told me **I** must fill the void!

Many years have passed. I=ve learned to know and love me as I believe my father would have. I have forgiven him for leaving me, for disappointing me, for causing me pain. I have a family, good and loving friends, and work I dearly love. I work with

people who are dying and bereaved. This work has shown me how to prepare a trail which others can follow if they wish. My father did not have a trail. It took me a long, long time to find my way.

The best thing about this work is sharing time with people. Because of who they've lost, they are becoming who they will be. Praise God.