



Coalition News

Quarterly Newsletter of the Minnesota Coalition for Death Education and Support
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Vol. 42 No. 2

Since 1977...Education and Support for Those Providing Care to Grieving Persons

June 2020

Mark Your Calendars

June 11-14 ◆ *Grief Support Specialist*

Certificate course, offered virtually. Sponsored by MHPNC and UW-Madison. Instructors include several renowned experts on grief and loss, including former MCDES Board member, Ted Bowman. Information <https://continuingstudies.wisc.edu/classes/grief-support-specialist-certificate-in-person-minnesota/>.

Sept 25-27 ◆ *Camp Erin*, a bereavement camp for children ages 6-17. Search for "Camp Erin 2020" at www.fairview.org.

October 2 ◆ *MCDES Virtual Fall Conference*. The speaker is Dr. Kenneth V. Hardy. See announcement to the right, and check www.mcdes.org after mid-June.

Video Interview ◆ *COVID-19 and its Ambiguous Losses: How to Cope with the Stress and Anxiety*, with "ambiguous loss" expert Dr. Pauline Boss. Dr. Boss, professor emeritus from the U of MN Department of Family Social Science, talks about how her groundbreaking research on ambiguous loss can be applied to the current COVID-19 pandemic to help us cope with stress and anxiety. Available at <https://www.youtube.com/watch?v=QQRBfJ0arM&feature=youtu.be>.

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MCDES Virtual Fall Conference

October 2, 2020

Untangling Intangible Loss in the Treatment of Traumatic Grief

Speaker: Kenneth V. Hardy, PhD



Kenneth V. Hardy, PhD

Dear MCDES Members and Friends,

The world has been forever changed by the COVID-19 pandemic. Organizations everywhere have been confronted with the need to be nimble and evolve, or be left behind—and of course MCDES is no exception. For the first time in over 40 year of service, our organization will be making a necessary change in the way we deliver premium educational content and support to our conference attendees.

We are thrilled to announce our Fall 2020 virtual conference featuring Dr. Kenneth V. Hardy, Professor, Psychotherapist and Director of the Eikenberg Institute for Relationships. Please mark your calendar for October 2nd. We anticipate that many more details will be released in the weeks ahead via email and our website.

In the meantime, we are proud to share this historic issue, full of encouragement, up-to-date information, and support for our members and friends. Enjoy it and be well!

In appreciation,

The MCDES Board of Directors

More information will be available at www.mcdes.org by mid-June.

From The Editor: On Grieving Alone

Where you used to be, there is a hole in the world, which I constantly find myself walking around in the daytime, and falling in at night. I miss you like hell.

– Edna St. Vincent Millay



Sharon Dardis

I pray that this “historic” issue of *Coalition News* finds you and your loved ones healthy and safe. In the face of this pandemic, I have been overwhelmed with the positive response to our requests for submissions. All the writers, many of whom are bravely working the “front lines,” have been most generous. THANK YOU!

It is MCDES’ hope that you will find some comfort, some respite, and many helpful insights here, remembering that indeed, we are “all in this together.” We each have our own pandemic stories, which will be told and retold for years to come; stories of loss, of survival, of grief, and resilience.

The story I want to share involves the newly bereaved; those who sit alone in quiet isolation, and who present for us yet another dilemma; how to serve grievers in this frightening new world of complicated loss.

It is ironic that the newly bereaved person in my life is an old hospice

friend and bereavement mentor. Sonia was my teacher and boss during my earliest days of hospice nursing. As the Bereavement Coordinator for Hospice of the Red River Valley, she taught me lessons not only about supporting bereaved families, but also about gratitude, friendship, laughter, service, and love.

Married for 56 years, she and husband, Pat, played major roles in their community and were charismatic role models for many. Together, they raised a wonderful family. As Sonia says, “We were blessed in many ways.” They were also, individually, and as a couple, a blessing to those around them.

As the family patriarch, Pat was passionate about all things; his family, his faith, his community. He stood out in a crowd, tall and fit, with a broad Irish-smile, and an impressive head of white hair. Pat had a servant’s heart, and as the youngest of ten children, was a lover of talking and of life. At 84, he was the proud grandfather of eight grandkids. He and Sonia were basically a well-oiled and very-practiced loving machine!

Although his unexpected death on March 6, 2020 was not COVID-19 related, it came swiftly and dangerously close to the harsh restrictions we are now facing. Pat’s family were all with him when he died. Sonia’s gratitude is palpable, even during her grieving. “We were with him. We sat with him; we never left his bedside. We told stories, we laughed, we cried. He knew we were

there.” Pat’s funeral, held just three days before large gatherings of any kind became forbidden, was a celebration of his life, complete with family, friends, tearful remembering and yes, even hugs. Sonia reflects gratefully now on all of this, but sadly, she is grieving in total isolation.

Knowing Sonia not only as an old friend, but also as someone who served as a professional counselor and confidant for hundreds of bereaved, I find this especially troubling. She is isolated in her own grief, going directly from the funeral to complete shutdown. In our conversations, she expresses gratitude that she is healthy. She recognizes she is one of many who grieve during this strange time, but sadly, she is completely alone. Hugs, lunch or coffee dates, family, friend, and spiritual supportive visits are nearly impossible. We talk on the phone. I mail cards and letters, a tea bag, a clipping, a photo. There seems so little one can do.

With Sonia’s permission, I share some of her musings during this time, thoughts about “grieving and COVID,” in hopes that her words might help remind us to continue to find ways to “reach out to the hurting, no matter the world’s situation.” She continues, (two months into her mourning,) “The world stopped with Pat’s death...the reason to get up and moving is gone; joy has left and a cloud of sadness hovers over me. But I am blessed

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MCDES is a nonprofit 501(c)3 volunteer organization whose purpose is to promote and provide education, opportunities for networking and support to individuals and groups involved with the care of persons confronting death and their families and friends, and those who are bereaved, regardless of the cause of death.

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From the Vice-Chair

by Florence Wright, MCDES Vice-Chair

Dear readers,

Where to begin? Perhaps I will begin with the truth. The truth is that there are no words that can address the grief and uncertainty we are all feeling right now. Millions of Americans have lost jobs, too many have lost family members and friends, and we all have felt a loss of normalcy and life as we knew it. The world has changed and will never be the same. COVID-19 is not only a medical crisis, it has also encompassed our social and psychological lives. As professionals, our daily work is focused on issues surrounding grief, death, dying, and bereavement and we know the importance of validating and understanding loss, but this feels different. How do we continue to help others with their needs when we are experiencing the same emotional challenges ourselves?

Initially, I felt that my losses weren't worthy of grief. Sure, I have been impacted by COVID-19 just like everyone else—I've been stuck at home, trying to parent without my usual sources of childcare support. I've experienced dramatic changes to my professional role and my expectations of how I would be practicing during the crisis have not come to fruition. I am missing baseball. I miss my family and my friends! I would really love to take a break from reality and go to Target without donning PPE. My family vacation was cancelled. My sister's wedding was postponed. The future seems so much more uncertain.

Yes, these are losses. But, are they really valid? Especially in light of the devastation others have faced? Devastation that I witness first-hand each day in my work. I haven't lost my income

or suffered unthinkable illness...yet. No one I know personally has died...yet. I kept telling myself I should be feeling lucky and relieved, and not so moody and up and down. I kept reminding myself of the privilege I hold and that my problems, in the grand scheme of things, are minuscule. As I was talking myself out of grief, I started to wonder why, despite my cognitive reframing, I felt so awful emotionally.

A few days ago, I spoke with one of my long-time mentors (the timing couldn't have been better) and she bestowed upon me some words of wisdom. "Florence," she said, "you know your reluctance to see your losses (of expectations, of role, of normalcy) as legitimate is an occupational hazard in your field, don't you?" Then it hit me. I had disenfranchised my own grief! *Insert ah-ha moment, picks jaw up off the floor* and then I thought, "How was it possible to be so blindsided?" For as long as I have been working, I have been educating patients and families about grief—declaring with confidence that grief applies to losses far beyond death, and that each loss is relative to the individual. As David Kessler said, "The worst grief you carry is your own." To think that this wisdom doesn't apply to me couldn't be more ludicrous. After my realization and a little related humility, I decided to give myself permission to practice what I preach—to allow myself to feel emotions fully, process them, and move forward, all the while reminding myself that all losses are valid, important, and are deserving of grief.

As you work through your own grief, dear readers, please know that millions of others are doing the same. Your sadness is real. There's no right or wrong way to feel right now. All of the losses you are experiencing, no matter

how they are perceived, are worthy and deserving of the same compassion and non-judgmentalism

that you share with the people you serve each day. I consider the MCDES community to be the foremost experts when it comes to grief, and as such, I'm sure you know this already. Nevertheless, I hope this serves as a reminder that some of the dynamics of grief disenfranchisement are internal—and we are all worthy of our own grief.



Florence Wright

A Blessing for First Responders & Healthcare Professionals During the COVID-19 Pandemic of 2020

By Russell Myers, DMin, BCC

Adapted by Edward Holland, MDiv, BCC (ret)

Yours is a sacred task.

May you find meaning and purpose in the work you are called to do.

May you arrive at your work with resolve and courage, and when your workday ends, may you find satisfaction and rest.

May your co-workers see in you a wise and compassionate spirit.

May your work be infused with passion, and may you not fear your own vulnerability.

May you be a gift of life and love to those you serve and to the world.



From the Front Lines

By Kristen Wessel-Genzlinger

The nurse at the bedside gently holds the patient's hand and silences the monitor alarm as the care team removes her breathing tube. I stand just outside the ICU room watching her cardiac activity on the monitor steadily slow into a silent flat line. Surrounded by medical staff instead of the family, it is the nurse who stays with the woman and prays for her safe passage.

At the same time, in a long-term care facility in Kansas, my mother, the Director of Nursing, holds the hand of an 85-year-old woman as together they watch the resident's husband's funeral online. It is day 46 of lockdown at her facility, and in this moment of crippling loss, the grieving wife finds herself nearly alone. This is the face of death and dying in healthcare facilities all over the world since the arrival of COVID-19. Healthcare workers are being asked to represent family at the bedside of dying patients so that nobody dies alone. They make every effort to comfort those losing their battle; to offer a peaceful and loving environment in the most vulnerable of moments. While the care and compassion nurses exhibit remains consistent, the landscape has changed dramatically.

When I became a nurse in 2007, a global pandemic was not something I expected would become part of my nursing story. 2020, The International Year of the Nurse, celebrated on the 200th Anniversary of Florence Nightingale's birth, has started out like no other year in my lifetime. Since the emergence of COVID-19 in my community, and across the world, life

has morphed into something I couldn't fathom. This experience has brought me extremely low lows but also the highest of highs, nearly simultaneously.

I have been a hospital bedside nurse for 13 years. I work in the hospital float pool and am also a part-time Nursing Supervisor. March 14th was the day I realized this was different than any medical crisis I'd ever encountered. I had brunch that day with nursing friends. We discussed our thoughts over COVID-19 and what we might expect. The absence of salt and pepper shakers and other commonly shared table items was a clear indication something was changing, but it was still unclear. There was so much we didn't yet know. I remained calm and reasonable as my hospital implemented screening stations to monitor hospital visitors and protect patients and healthcare workers from the spread of the virus. Little did we know, the virus would be banging on our doors a few days later. In fact, the very next day, I would care for our hospital's first confirmed COVID-19 patient. An 86-year-old woman would later discharge home to her loving family, all of whom were also sick with the virus. Nonetheless, she was going home and would likely be just fine.

Fast forward to April. We have been caring for COVID patients for weeks, and are effectively managing the volume, while learning new information about the virus on a daily basis. We are concerned about our PPE supply and the week-long turnaround of test results. When will we see relief?

The morning of April 2nd, I receive a message from friend, who just dropped her healthy 40-year-old husband at the ER of my hospital. The helplessness she is experiencing is all consuming. He's obviously sick, but



Kristen Wessel-Genzlinger

just how sick will become devastatingly obvious in less than 12 hours.

The next morning, I awake for my shift and receive a message from my friend informing me that overnight, her husband was emergently intubated. I was floored! How could this be happening to someone so young, so healthy, so strong? I perhaps had not given this virus the full respect that it deserved but my eyes were wide open now. Jason was the first "young person" I had seen first-hand fall victim to COVID-19.

The next 3 weeks, Jason's wife, Michelle would standby at home without the ability to visit her husband, see his face or hear his voice. I offered to hold the phone up to his ear so she could speak to him but the cadence of the ventilator was more than she could bear. She clung to hope, praying every day for good news from her once or twice daily updates from hospital staff. While the daily updates continued, the progress did not. Four days later, the choice was made to transfer Jason to another facility to receive extracorporeal membrane oxygenation (ECMO),

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or heart/ lung bypass. The day Jason transferred, intubated, was the day the bridge that I represented, between my friend and her husband, collapsed. No longer could I speak with his ICU nurses and doctors, or stand at his bedside playing messages from his loved ones as I had done the night before. I couldn't fill his room with family photos. I could no longer offer him reassurances while he was "sleeping," that his family was safe at home waiting patiently for his return. I also couldn't ease my friend's mind by assuring her that the reason she hadn't yet received an update wasn't because something was wrong. I felt a crippling sadness when Jason left. I wasn't confident he would survive. He was so very sick and there was so much that we didn't know about treatment. It was difficult to keep the faith, but I knew he was strong and had an army of support. If anyone was going to beat the odds, it was going to be him.

The days that followed were some of my most difficult. I found myself visiting the hospital chapel regularly, searching for comfort. My immense sadness was one shared with so many who are isolated and experiencing loss, heartbreak, and grief alone. At home, even my loving husband couldn't seem to stop my tears, though he tried. I was emotionally crushed. In the current healthcare setting, its difficult to find time during busy shifts to process emotions or grieve the loss of a patient. Instead, emotions are suppressed in order to survive the events of the day. At shift's end, sometimes 13-14 hours after it began, we find ourselves alone in our cars. Sometimes we just sit and cry. We cry until the tears won't come anymore and then we drive home to our loved ones, fearing what we might

bring home, whether the virus or the burden of the mental aftermath. Healthcare providers are trained to manage intense medical crises, but not necessarily the challenges that come after, including moral injury suffered as a result of the isolation our critically ill patients experience. We often don't take time to consider the risks we ourselves are experiencing. We took an oath, and we continue doing what needs to be done, even if it means risking our own health and safety.

Jason was intubated for 14 days, 9 of those being on ECMO, before he was successfully weaned from both and reunited with his family via FaceTime! After suffering a 25-pound weight loss and severe muscle atrophy, he remained hospitalized a few more days to regain strength and the ability to walk independently. On April 21st, 19 days after his wife watched him walk into the emergency room alone, he was coming home. His story is a happy one; the highest of highs! (https://m.facebook.com/story.php?story_fbid=10163608142550691&id=835345690?sfnsn=mo&d=n&vh=e)

In pre-pandemic healthcare, we perhaps took for granted the true value of family presence. Not only does it lighten the workload for caregivers, but it also provides valuable insights which can shape the plan of care. The strict visitor policies put in place due to COVID-19 have created an environment where caregivers are left to serve as the only link between family and patient. Serving as the sole connection can be emotionally exhausting, particularly when asked to make the dreaded phone call to inform family that their loved one will likely not survive.

The denial of many requests to visit dying family members has become an ethical and healthcare dilemma. The

fear of dying alone is nearly universal and something we are working very hard to prevent in the setting of COVID-19, but it grows more challenging as cases increase. The effort to preserve PPE is an additional factor making visitor exceptions difficult. We have shifted from supporting the families of the critically ill, to serving as their stand-in at the time when death is imminent. No matter how busy we are, what we say and do matters. We continue to sit with our patients and hold their hands, in hopes they will find comfort in the loving link we represent.

We are experiencing collective grief during this pandemic. The world has changed and the way we experience life and relationships has also. There is sadness in the cancellation of events like graduations, weddings and other celebrations. Additionally, we experience sadness from the inability to grieve at a "proper funeral," or share a loving embrace with those who are hurting. There is nothing that can replace human touch. We grieve the loss of smiles, tucked safely behind the masks we wear as a collective commitment to each other's safety. This is the hardest work I have ever done, but it is my call to service and I am honored to answer it. In the "2020 Year of the Nurse" and every year after, we nurses will continue to show up because, in the words of George Eliot "What do we live for if not to make life less difficult for each other?"

Editor's Note: Kristen Wessel-Genzlinger is an RN and nursing supervisor at Skyridge Medical Center in Lone Tree Colorado. She is a graduate of the University of Kansas (BA Biology,) Neosho County Community College (ADN,) and the University of Colorado, (BSN.) Newly married in September 2019, Kristen and husband, Owen, live in Lakewood, CO.

Glued to the Screen: One Clinician's Fast Ride Up the Telehealth Learning Curve

by Christine Lewis

Telehealth was never something I aspired to do. If my clients and I are not in the same space, I reasoned, how can I see if they are tense or relaxed? How can I grab a book or handout off my shelf and send it home with them? How can the hundreds of Sandtray figures I've gathered, or Dr. Janice Nadeau's Family Mobile visual aid, be accessed and used? How can clinically adequate care be given after learning the importance of non-verbal communication?

By odd chance last winter, someone at a clinical meeting shared information about [doxy.me](#), a free and protected telehealth platform. While it seemed too easy to be true, I created a provider account to make life simpler for a client living 90 miles away. Other than that, I had no intention to use it more widely.

Suddenly in the third week of March 2020, life changed with stunning speed and all the usual therapy venues were shuttered by this wicked pandemic. Providers of psychotherapy, bereavement care, and physical, mental and chemical health treatment scrambled onto available telehealth ("telemedicine," "telepsychiatry") platforms as the healthcare landscape changed overnight, possibly forever.

During that week in March, I spent every available hour hunting for guidance about which services are "billable" and how rigidly they are defined. I took two online classes from Medicare. As revised and relaxed rules were flying out of insurance websites, there were several "...And then I dreamed..." moments: Patients can

now receive care audio-visually in their homes! Clinicians can provide those services from our homes! Even Skype and FaceTime are acceptable! And these services will be reimbursed at the same rates as if the care was provided in person in our offices!

Then, after several worried weeks of waiting as we all encountered daily failures of the "visual" requirement, the Truly Impossible suddenly was approved: providing care by audio-only ("telephonic") has been blessed as acceptable, on par with being on camera! Words cannot express my relief on behalf of people who don't have Internet, a screen device, the mental energy needed to sign in, or perhaps even a home. That recognition may not last beyond this COVID-19 crisis, but that is a fight for another day. For now, there is fair access.

Next came the coding chaos, which is not over. Medicare wants codes opposite to what Medical Assistance wants. Commercial insurers must be called with coding questions. The phrase "crazy-making" is apt. This is a time when having a knowledgeable billing service can make or break you. (Mine is a saint.)

Useful Information/Resources

For most providers, the pandemic forced us to jump into the deep end without swimming lessons. Several excellent resources can help us tread water. To find a lot of useful information, try these sites:

- Dr. Wendy Rosenthal's generous and helpful video, *COVID-19: Best Practices in Grief and Bereavement Tele-therapy*,

which was emailed to all MCDES members on April 15th, www.adec.org/page/ADECconvo2.

- www.personcenteredtech.com.
- www.DocumentationWizard.com, then click "shop" and scroll down to the first online training, titled: Documenting Tele-mental Health Training. Well worth the \$17.00 for the packed 45 minute webinar and outline.
- www.apaservices.org/practice/business/technology/tech-column/telehealth-solutions (includes a helpful review of some platforms)
- www.apaservices.org/practice/clinic (scroll down through the page)

Beyond the technical guidance available now, I've developed, from new experience, what I call "the Five Cautions of Telehealth:"

- **Permission**—Make one's best effort to get signed or at least verbal Informed Consent; there are Permission Forms out there we can use, such as from NASW. (see DocumentationWizard.com)
- **Professionalism**—Observe the same rules for myself and my practice as I do in my office, in appearance, environment, and behaviors.
- **Promptness**—It's easy to forget I must be at my desk and signed in on time, just like at my office, and must be mindful of the online "waiting room" or who is waiting for my phone call.
- **Perceptiveness**—With much less physical data available to me, telehealth requires greater attention and sensitivity to what my client is communicating.

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- **Protection**—Especially during this pandemic crisis, combined with our availability “anywhere,” we providers must protect ourselves too. It’s necessary to expand one’s “office hours” sometimes, but how can we help anyone if we are exhausted?

Advantages/Limitations

The advantages of telehealth at this time are obvious. Clients’ needs are met faster, without interruption in care. No transportation is needed. An unexpected plus has been appointments being kept almost 100% of the time. It is equitable, and above all else, it is SAFE.

To be honest, the list of limitations is quite long, though SAFETY makes them tolerable. There is a significant learning curve on both sides. Connectivity issues are common. Written questionnaires and signatures are hard to obtain. There are privacy concerns. Personal spaces are visible. Clinician oversight is nonexistent; we must intentionally seek peer consultation in less convenient ways. We need to realize that the ambient stress can make us less careful, even less caring, so self-monitoring is crucial. There can (and will) be dishonest reporting and billing, which I fear will put new limits on all of us. Interestingly, ALL of my clinician colleagues are describing unexpected FATIGUE as they practice in telehealth mode; I suspect it’s caused by what I call “laser focus” that is required to do it well.

With technical aspects, Murphy’s Law prevails: anything that can go wrong, will. One of my clients gets shut down every 18 minutes without fail or reason. A fun adventure is when a client can hear but not see me, while

on my end I can see but not hear them! The tried-and-true method of both of us signing out and back in usually gets rid of the gremlins. Power failures, as it turns out, are not unusual. Fortunately, we can both grab our phones and resume our session, “audio only,” and that’s okay!

There have been plenty of humorous moments. Cats are attracted to telehealth like magnets. A few clients have eaten during sessions, as if they are watching TV. (No beers yet.) One time a whole curtain and rod fell down right behind me during an onscreen session and my client never noticed; I took it as a sign she really needed to vent.

Client Thoughts

Several clients graciously agreed to offer their thoughts on this topic:

- **Woman, age 65:** “I like it because we can still see each other and I can get the help I need, even though we’re not together. It’s very convenient.”
- **Man, age 34:** “Using telehealth has been convenient and there is added benefit of being able to decide where I am most comfortable while we meet. Comfort level for me is the most important aspect when speaking about mental health issues, and I feel telehealth can be an aid. It was still good to meet in person for our first session and having the option to go into the office will be nice.”
- **Woman, age 84:** “Works out well and I am grateful. The # 1 choice would be to meet in person but I really look forward to our telephone talks. It is keeping me going during this pandemic.” (Note: this client has not left her home since March 1st.)
- **Woman, age 75:** “My son prefers the face to face with his counselor, but telemedicine works well for them and me, since I don’t have to drive him and wait and then drive him home.”
- **Man, age 64:** “Not quite the same as in-person but a lot better than a phone call.”
- **Woman, age 60:** “My computer is older and where I live is packed with Internet traffic and so Internet would not work for me. I am far too overwhelmed to try to figure telehealth out. I don’t have cable. But thank heavens I do have the phone.”
- **Man, age 58:** “My experience with telehealth is that it is best for medication management and advice with your established healthcare provider. It is wholly inappropriate for new or unusual health concerns.”
- **Woman, age 53:** “Being able to use a phone line when having technical difficulties to connect with a therapist feels like a lifeline, especially if I am out in nature away from people, which is the best.”
- **Woman, age 78:** “I don’t think I would have tried virtual appointments before they became necessary due to COVID-19. I was skeptical before our first appointment and was surprised that it seemed almost like an in-person meeting. I’m not sure, however, if our appointments would be as effective if I hadn’t already established a trusting relationship. Only time will tell, but I anticipate that I will prefer to return to office meetings when that becomes a safe option.”
- **Woman, age 60:** “I was reluctant to use telehealth because I am very self-conscious and I worried it would be awkward. My therapist encouraged me to try it for a few minutes and if I didn’t like it I could stop and call and we could talk by phone. It was very easy to get onto it after some minor

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adjustments and we began to talk. After a few minutes I found I was completely fine with it. Since being isolated is part of the times right now, it is a great substitute for me. I like being able to see my therapist while we visit, and find it very reassuring.”

Fellow MCDES Board member, grief therapist Eunie Alsaker, said: “Grief is typically lonely work, and the need for online therapy can heighten that reality. At the same time, everyone I see is so grateful that this connection is still available.”

Personally, telehealth has reminded me of joint replacement surgery. Before starting this new device-powered process, the anxiety was palpable. At first it felt painful, confusing, unbalanced, awkward. (I miss my office, the safe space I have tried to create for clients! I miss the peace, the flow of the work we do together!) But now, after mindfully adjusting and moving forward, one can see that connecting safely and conveniently is a true gift.

As I often write haiku to mark memorable times, I offer here my Spring 2020 Telehealth Haiku:

*cyberspace connects
my eyes and ears with your pain
hoping for healing*

Editor's Note: Christine Lewis is a MCDES Board member, Clinical Nurse Specialist, Fellow in Thanatology, loss and trauma specialist. She can be reached at chrislewis@losstruma.com.

*Gratitude is the antidote
to fear.*

~ Robin Sharma

Mother Loss: She Climbs Mountains

By Christine Friberg

My mom died shortly before midnight on April 14, 1990, in the quiet of her hospital room with her parents by her side. My grandpa called our house to share the news with me, my two older brothers, and my dad, interrupting our Saturday night viewing of *Turner & Hooch*. I don’t recall the drive to the hospital, but I do remember the walk through the revolving doors, the concerned look on the security guard’s face as I sobbed uncontrollably, and my dad briefly explaining to him that my mom had just died. When we arrived at the door of her room, my grandparents greeted us and we each were given the opportunity to sit with my mom and say goodbye. When I look back now at my 15-year-old self, I do not know how I entered that room alone, but I am so grateful that I did. I was not scared as I imagine I should have been; instead I felt deep sadness and longing for the person I called my best friend. And, as I held her lifeless hand in the dim light, all of the tubing and machines now removed, I also felt a deep sense of peace and gratitude. My heart was heavy and unburdened all at once.

This moment is precious to me, not only because it was the last time I was physically with my mom, and not because it embodied both the weight and release of loss and grief that I have come to understand, but it was one of the only times in the early years after my mom died that I felt I was given true permission to openly grieve her death. Very soon after she died, it became clear in my family that we would not openly express our feelings about our loss and grief. And, as a 15-year-old who was already worried about fitting in, I certainly didn’t want to focus on being ‘the girl whose mom died,’ so I seldom discussed my mom’s death with my peers. I came to know a loneliness that I accepted as a permanent part of who I was as a human being in this world.

As time passed, I became more and more curious about finding connection with other motherless daughters. After discovering the book *Motherless Daughters* by Hope Edelman when I was 19-years-old, I experienced validation and understanding through reading other women’s stories of early mother loss. In my early 20s, before the Internet was the giant it is now, I searched for in-person meet-ups, but lacked the courage to attend when I realized that the women who were organizing the gatherings were much older than me. An entire decade passed before I met another motherless daughter, who was mostly on the periphery of my life. Once when I attempted to talk with her about mothering children without a mother, she was extremely closed off and cut our conversation short. The loneliness I knew was still ever-present.

Then in January 2014, after a series of meaningful events, I created and began facilitating *Motherless Mothers Workshops* and hosting monthly gatherings for motherless mothers through a local yoga studio. For the first time since my mom died, I connected with women who had experienced mother loss. I very quickly learned that sharing our stories and being in relationship with others who truly understand this loss provided an opportunity to heal in a way that I never knew was possible.

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I learned that the loneliness I had been feeling was felt by most, if not all, of my motherless sisters, and through validating each other, our feelings of loneliness were lessened. Furthermore, grief had become an experience that I regarded as lifelong, but having never known another grieving daughter previously, I was finally affirmed in this belief and a bit of my burden was lifted.

As the community grew and it became apparent that an important need was being met, I was moved to launch *She Climbs Mountains* in March of 2017 as a way to formalize offerings for women and also with the goal of creating a similar community for girls. Within six months of launching *She Climbs Mountains*, a Board of Directors was formed with a phenomenal group of women who were in support of expanding our reach to girls. We determined that we would offer a mentor program that would match adult motherless daughters with girls, as well as social gatherings that would encourage girls to connect with one another in a safe and supportive environment. We decided that meeting with *Big Brothers Big Sisters Twin Cities* would be a great next step in order to develop a mentor program, and at our first discovery meeting it was proposed that we partner with them for this aspect of our programming. We now offer a mentor program in partnership with an expert organization that has specialized in mentorship for 100 years and has solid proof of the positive impact of mentor-mentee relationships. We have also begun offering social gatherings for girls with the goal of creating a healing sisterhood just as we have for adult women. Our desire is that women and girls can grieve openly, share their stories, nurture themselves and each other, and examine the loss of their mothers, all while seeking joy and gratitude.

This organization becoming a reality is a dream come true. To offer space—physically, emotionally, and spiritually—for motherless daughters to be with others who truly ‘get it’ is an honor and a responsibility that I hold with great care and love. As our community continues to grow, I am witness to blossoming relationships and personal growth. I often think back to when I was a young girl and felt so very alone and isolated. I wasn’t able to connect with another motherless daughter in a meaningful way until 24 years after my mom’s death. *She Climbs Mountains* and *Girls Rise Up* has not only changed my life, but is changing the lives of women and girls, and shifting the way we live and move with our loss and grief. In turn, this important work cultivates a collective healing that touches the lives of all who are connected with our programming and mission. I still picture the girl I was 30 years ago when I walked into the hospital room and spent those last irreplaceable minutes with my mom, and I acknowledge her abiding presence within me, my heart open and full of gratitude.

Editor's Note: Christine Friberg is the Founder and President of *She Climbs Mountains*, a non-profit organization based in the Twin Cities, that serves adult women and girls ages 8-18 (*Girls Rise Up*) who have experienced mother loss through death at any age. You can learn more about their mission and programming at www.sheclimbsmountains.org.



Christine Friberg

Sundries

TED Talk, “Benefits of Making Death Talkable” with Heather Servaty-Seib

Heather Servaty-Seib is a thanatologist and a psychologist who is passionate about breaking down the taboos associated with talking about death. Rather than trying to control or eliminate our death anxiety, she argues that when we can face our anxiety and own it and use it—we will more highly value our own lives and the lives of others. Dr. Heather L. Servaty-Seib is a licensed psychologist and professor of counseling psychology at Purdue University. She is a past president of the Association for Death Education and Counseling (ADEC), received the ADEC 2013 Death Educator of Year Award, and is on the editorial boards of four loss-related journals. Her TED talk is at https://www.youtube.com/watch?v=T_pfV5SyRN4.

COVID-19 Support Services

- Jewish Family Service of St. Paul: <https://jfssp.org/services/covid-19-support-services>
- How Should Christian Leaders Respond to a Pandemic? <https://faithandleadership.com/nathan-kirkpatrick-how-think-about-whats-next-when-future-unclear>
- Pathways: <https://pathwaysminneapolis.org/>
- MNHPC COVID-19 resources are at <https://www.mnhpc.org/>

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Everyday Losses

By Eunie Alsaker

Teletherapy is not my favorite thing. Yet everyone I have connected with seems so grateful, and, after two or three meetings, it is starting to feel a little closer to “normal.” I work with college students, and I see two major themes. Each person talks about loss: the loss of their graduation ceremony, summer internships, in-person classes, physical time with friends, the independence they had at school that they may have lost living back at home, financial stability after job loss, and anything they previously thought of as normal. They also speak of resilience. Without exception, these young adults are finding ways to balance their individual loss with a broader perspective of the scope and consequences of COVID-19.

I recently participated in an Association for Death Education and Counseling webinar, *Grieving the Loss of Living Our Lives*, by Dr. Darcy Harris from King’s College in London, Ontario. Harris, an expert in non-death losses, provides a helpful framework for viewing this historical time as well as practical suggestions for use with clients. Both have guided my work through the pandemic.

She begins by reminding us of our assumptive world which offers predictability to our daily lives. We get up and go to work in the morning. Our children are schooled away from home. When we go to the grocery store, the shelves are full. A sneeze is a sign of spring allergies. I regularly see my family or friends. The experts are ready to cover us in an emergency. I know my role, and I know what my day-in and day-out life looks like. There is no

reason to assume this will shift dramatically.

Yet here we are in this state of disequilibrium. Life no longer matches our assumptions, and this leads to feelings of vulnerability. Who is safe? Who is immune from huge changes? Harris’ framework describes our response to challenging times in terms of three systems—threat, drive, and soothing. With the pandemic, we can no longer assume normalcy around the very central areas of our lives—health, finances, safety, and relationships. And thus, the central nervous system of most people is activated to some extent right now. Threat feels real when we are flooded with images and news reports, when there is no specific end-date in sight, when everyone is at risk and the danger is not only in some far-off place, when we are cut off from our typical support and distractions, and when we are powerless over the situation. It is a recipe for anxiety.

Under these circumstances, Harris explains, our drive system compels us to take action. We go into survival mode and try to calm those fears and fill those gaps in our lives. We turn to our support system, yet we can’t be with them in person. We try to “stock-up,” yet grocery shelves are empty. We rely on our jobs for financial stability, yet we have been furloughed. The dark side of times of threat, tribalism, may even kick in as people focus on survival. We try to exert control and protect ourselves.

The balance to these two systems is the soothing system. This is where we can rest and feel safe and comforted. Here we access our values and connect with others. This is where resilience grows and how we are able to take a step back and tap into the larger picture. And this is where we focus our

work with our clients. We help them consider what this looks like for them. Harris has many concrete suggestions.

Separate what we can control from what we can’t. Laser in on the controllables. I can limit my media intake. I can follow the state guidelines. I can talk to my mom every day. I can choose gratitude.

Do some type of body work each day. Identify where anxiety is felt and find ways to calm your central nervous system. Breath practice and muscle relaxation is key. We need to find a way to get a message to our brain that we are safe at this moment. This could be through meditation, prayer, yoga, or simple breath work. It can be through the soothing touch of pets. We release anxious energy through exercise, yard work, and a full belly laugh.

Explore creative outlets. Can I paint or draw? Take a photo on each daily walk? Create a new recipe from what’s in my pantry? Sing and dance?

Choose words carefully. Am I socially isolated or physically isolated? Am I sentenced to home or staying home for the safety of those I love?

Notice what hasn’t changed. Loss points to what we’ve lost, what we still have, and what we hope for. What do I still have? And are there any positive outcomes that I hope for?

Focus on what resilience looks like. What are my strengths and how am I using them? How have I moved through difficult times in the past? How do I hold my grief now? What might a practice of gratitude look like during the pandemic?

Seek balance. Acknowledge the losses. Mourn them. Speak of them. And engage in problem solving. How do I move through this in an effective and

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meaningful way? (The dual process of loss is a helpful model for this.)

Finally, practice compassionate self-care. What does being kind to myself look like? How can I be patient with my lack of motivation? How can I remember that I simply won't be as productive as usual? How does giving myself some grace shift the quality of my day?

May we all find ways to foster self-compassion and soothing practices for ourselves and our clients as we move through this uncharted territory. May you all be well.

Reference

Harris, D. L. (2020, April 21). Grieving the Loss of Living our Lives [Live webinar]. Association of Death Education and Counseling.

New Executive Director of MNHPC

Jessica Hausauer, PhD, has been named as the new Executive Director of MNHPC. Jess has been an active member of the MNHPC staff since July of 2016. Her many accomplishments included a project to create an on-line curriculum to provide education for home and community-based service providers on hospice, palliative care, POLST, advance care planning, and Veteran's benefits. In 2018, she was appointed to the State Palliative Care Council and was elected chair by her peers. She received her PhD in Sociology from Syracuse University. Click [here](#) for a message from Jessica.

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because of two things: (1) I was raised an only child with two working parents. I am again becoming accustomed to spending time alone, and (2) I have a wonderful network of support from my children and friends. Every day I receive phone calls, emails, texts, or cards. These factors are moving me along in this current crisis."

Typical of Sonia, who was reportedly caught tucking her favorite grief and loss books into her own families' suitcases, muses, "I appreciate people reaching out to me now...but I wonder...is this happening because they just have more time on their hands, or because the virus is making people assess how fragile life is and what is important, or is it because of the relationship Pat and I had with them...?" (I suggest it is all of the above.) She concludes, "I also wonder when my cloud of sadness will break open, even a little bit, so I can see hope and light. I am like today's world...looking to make sense of what happened, ready to resume life and invest myself in whatever God has planned."

Sonia reinforces what she calls "the obvious," having friends with whom she has worked who "know the grief process," reach out to her, as well as other widows (she "hates that title!") and especially the expressions of "love and compassion from her nursing school friends." She echoes the words from a recent article about cloistered

nuns who are used to living in isolation. "There's still love and presence, even at a distance!" This from my glass-half-full-friend, who reminds me with every closing, to "hug that man of yours and be grateful for every day you have with loved ones."

Like my friend, as we emerge from this pandemic, our futures may be different than what we hoped for or envisioned. We are all experiencing losses of some sort. We all grieve differently, and yet, even in our solitude, we are not alone. We find new ways to reach out and perhaps, like Sonia, we will eventually "find our clouds breaking into bit of sunlight and we will be grateful."

MCDES is still here for you and ever grateful to be part of Minnesota's death, dying, and bereavement community. I hope you will find the time to read every word of this important issue and that you continue to benefit from what our membership brings; networking, education and support.

Thanks to my friend for bravely sharing her thoughts regarding isolated grief and gratitude, and thanks to all the contributors of this historic June edition. Please continue the good work you do for so many. In Sonia's words, "Enjoy every day and one another; stay healthy and safe." We will gather and hug and laugh again, but for now, (in the words of poet Edna St. Vincent Millay,) "I miss you like hell!"

We are all time travelers journeying together into the future. But let us work together to make that future a place we want to visit. Be brave, be determined, overcome the odds. It can be done.

~ Stephen Hawking



Not Knowing is Most Intimate

by Patricia Brenneman



Jizo asked Hogen, "Where are you going, senior monk?"

Hogen said, "I am on pilgrimage, following the wind."

Jizo said, "What are you on pilgrimage for?"

Hogen said, "I don't know."

Jizo said, "Not knowing is most intimate."

Hogen suddenly attained great enlightenment.

~Book of Serenity, Case 20

Not knowing is most intimate.

I knew nothing when this all began.

I know nothing now.

Bark, grainy and contoured, fallen from one of my beloved trees, called to come home with me. It was just beyond the beginning of all this, when things were beginning to slip and slide, when we had no idea how much would change. In a dream, this piece of bark would be given to me as a gift from the circle of Norway spruce elders who preside over the park next to the cemetery, the trees I call Las Tias, the aunties. In a dream, as I pick it up and turn it over and over and over in the palm of my hand, it would pulsate with goddess presence, it would become some powerful earthy figure for whom I yearn, in hopes that she may bring some wisdom to all of this. Yet it may well be that she knows nothing. I too know nothing. It's not a dream.

This not knowing is most intimate. This wandering and not being able to see what's ahead is indeed most intimate. I don't know where I'm going; I almost forget where I've been; where I am is groundless. If this were a dream I'd be very frightened. Indeed, I am frightened. I cannot see beyond this: a sip of tea, the lighting of a candle, the

repeated and shocking bursting open of my heart at any moment of the day, accompanied by such immediacy of hot tears, deep grief, great love. Where am I? Where are we? I don't know.



My corona figure—a creation from the gift of the spruce elders, a companion for the journey—stands in all of her not knowing on a pile of bones, bones I gathered over time from beneath the trees in the cemetery, from those small nooks of safe refuge for unseen creatures who hunker down

to consume their prey in the dark, leaving behind this scant yet precious evidence of lives lost. The bones too came home with me, before the bark, awaiting her arrival. Smooth, white, naked reminders of mortality, signs of predators lurking in the dark. Predators who are merely being themselves, doing what they do, hungry and seeking nourishment in this great grand never-ending cycle of life into death, death into life. They are impartial participants in this infinite web, unattached to our bliss and our suffering.



A bird, a tiny white-breasted nut-hatch seeking its own food in the bark of the tree, showed up in the cemetery before this all began—innocent, knowing nothing. Back then, when I knew nothing. Little bird: suspended, pendent, upended. What does she hold onto when the world is upside down, when the rules of gravity are called into question? It's an impossible task, this urge to cling while upended. Is letting go, is falling, most intimate? "Look at the birds," says Li-Young Lee, "Even flying/is born/out of nothing."

This life, so tenuous, so contingent. So intimate. I know nothing.

Editor's Note: Patricia Brenneman offers spiritual guidance in the Jungian tradition, specializing in grief and loss. She currently teaches in the Wisdom Way's Transforming Soul and Society program. Her website is www.patriciaspiritualdirection.com.

Pushing the Envelope of Grief and Bereavement Care

By Ted Bowman

“Detour ahead” could be a valuable alert to grief and bereavement practitioners. No matter how experienced, confident, or ready one is, an account of grief can radically detour from familiar variations. All of a sudden, you hear or read a griever’s story that is so outside your prior practice of care, you question what to say or how to respond. Even if you allow that one person’s experience of loss is one person’s experience, the narrative pushes your comfort level. Previously competent, you become a novice once again.

As a counterpoint, some practitioners use what I call the Columbo method of grief care. Columbo was a television detective who by appearance (always wore a wrinkled raincoat) and actions seemed naïve and bumbling. In spite of his idiosyncrasies, he, as happens on television, always solved the case. The Columbo method of grief care is to act naïve but not be naïve.

Whichever of these paradigms comes close to describing you, here are two accounts of grieving that pushed my envelope of care. Consider how you would provide care.

Max Porter’s account of grief following the sudden death of his wife and mother of their two sons is called, *Grief is the Thing With Feathers* (2015 in the UK, 2016 in the US by Graywolf Press). His story begins four or five days after she died, his sons in bed, he, waiting for shock to give way, projects that one of the results of her being gone would be that he would permanently become the organizer ...the architect of routines for small children with no Mum.

An impressive awareness that child bereavement after a parent’s death is related to the stability of the surviving parent. And then the doorbell rings. And a man-sized crow enters his house announcing that I won’t leave until you don’t need me anymore.

What follows is a book of grief like no other I have read. The crow’s presence; the crow’s interactions with the boys and with father; and pages that are at times explicit and at others mysterious / mythical expressions of loss and grief challenge the reader. You may suggest, Ted, consider metaphors; consider visitations (many experience sounds, smells, the voice, and signs of the deceased); consider hallucinatory moments; consider ruminations that verge on mental illness or complicated bereavement; consider...the list could go on. I did, I do consider each and more. And I also consider that this strange volume may be normal grieving. My task is to meet the griever where he or she may be first, before dismissing or

too quickly questioning their grieving experiences.

Porter creates his own stages of grief as a sort of mockery of the universality of stage models: insanity, pretentiousness, denial, indulgence, and nonsense...in no particular order. The author seems to be asserting that new and different languages of crisis deserve pursuing. His account is cluttered; so is grieving. His account is laden with suffering and abundant humor; so is grieving. His account includes extraordinary, irrational experiences; so is grieving. And for the time the crow is with them, grieving is everything; compartmentalizing, moving on, and getting over it is nowhere to be found.

There will be times, if you dare to read this book, that you will want to throw it away or send it to me postage due. Or you will vow never to ask me to speak to your class or groups. Maybe, just maybe, you will smile and say thanks for this recommendation.

A related account comes from poet Denise Riley. She experienced the sudden death of her son of an undiagnosed heart condition. In her essay *Time Lived Without Its Flow*, Riley got my attention from the get-go. I’ll not be writing about death, but an altered condition of life. I immediately nodded; her comment sounded like many I have heard in my work related to shattered dreams...which often alters lives. But, Riley steadily and caringly pushed my envelope of bereavement care. Her experiences of loss are about a state that is not rare, but rather is lived daily for many. Few have written about it as she does. She has lived a life of suddenly



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Remember We Are All In This together

by Thomas A Hubler

Editor's Note: Tom Hubler began his family business consulting practice in 1980. As a professional addressing family-owned businesses, he integrates the notion of spirit into his work. He has served as a professional in residence, as well as an adjunct instructor at St. Thomas University, St. Paul, MN. He has been widely quoted in publications such as the *New York Times*, *Wall Street Journal* and *Corporate Weekly*, and has been a multiple-times guest on *NBC Weekend Today* as well as MPR radio. Tom shares below a sampling of mini-articles he is writing "to stimulate moments of reflection" during our current crisis. He can be reached at tomh@thehublergroup.com and www.hublerfamily-business.com.

How Can I Support You?

With all of the uncertainties and confusion of Covid-19 virus, we are all clamoring, in one way or another, to get back to "normal" and create certainty in our lives. The pundits, politicians, and physicians are all offering advice on what to do. They say: "social distance, wash your hands, stay at home and stay safe." The people on the front lines, in all aspects of our culture, are giving courageously and generously to perform daily miracles to save our lives, and many times at the risk of their own.

While it's normal to think narrowly about our own lives, we are all being called to make a generous and courageous contribution to the "common good." What the pundits and others fail to mention is that our salvation and redemption is a function of our connection to others. The energy for this contribution comes out of the gratitude we have for the blessings we have for "weathering past storms." In one way or another, we've all experienced tragedies in our lives and it's been the resources of our families, our communities, and our friends that have enabled us to survive.

Essentially our survival has always come from "getting out of ourselves" and helping other people, and so it is with the Covid-19 pandemic. In order to survive this pandemic, we must all

connect with our higher values, our altruistic intentions, and our faith in a "higher power." We must reach out to those around us to bring hope and an understanding that we are all in this together. It will be "love of your neighbor" connecting with your communities, connecting with your families, and generously donating your "personal gifts" to your world that will allow you to survive. The questions you must ask to others are: How can I be helpful to you? How can I support you in this time of trial? We are all in this together.

Promoting Kindness and Generosity

I was watching "60 Minutes" last night and I was overwhelmed by the sorrow, grief, and stress of the health-care workers in New York and by the many families who lost loved ones to the COVID-19 virus. In addition, I was talking to one of my friends who runs a mission in Guatemala and he says that things are even more dire there.

While it's not possible for me to go to New York or Guatemala, I can promote kindness and generosity in my sphere of influence here in the Twin Cities with family, friends, and colleagues, and so can you.

A source of inspiration for me is Amit Sood, the founder of the Stress Reduction and Resiliency program at the Mayo Clinic. He has a formula for

managing stress that can be helpful to all of us. His program centers around the promotion of Joyful Attention and Kind Attention.

With Joyful Attention you start the day before you get out of bed with the expression of love and gratitude for the special people in your life. Kind Attention is doing your best to connect, either directly or indirectly with the first 10 to 15 people you meet. It could be as simple as a warm greeting or connecting with positive eye contact with someone you meet on the street.

Sood then proposes you live your life through the lenses of compassion, acceptance, acknowledging a Higher Power, forgiveness, and gratitude. Compassion is acknowledging the suffering of another. Acceptance is acknowledging that I'm not in control. Acknowledging a Higher Power is the realization that there is a Spirit greater than ourselves. Forgiveness is the ability to forgive someone who hurt you and create a new beginning in your relationship. Lastly, gratitude is recognizing our blessings in how we live our lives and serve others.

Remember the questions of service you are encouraged to ask. How can I be helpful to you? How can I support you in this time of trial?

Remember we are all in this together.

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Maintaining a State of Resilience

I'm not sure about you, but I'm emotionally raw when it comes to dealing with the impact of the COVID-19 virus. Each evening when I watch the evening news, I see first responders and family members who are suffering from losses of one kind or another involving loved ones. At the same time, there are these wonderful stories of courageous people who are continuing to do their jobs on a daily basis without protective gear, like the bus driver who risks his health to continue to drive the bus to take people to the hospital. There was one particular story that really touched me. A hospital employee who was caring for patients had contracted the virus and was now at the point of having to be ventilated. The hospital employee who was attend-

ing to him said to him before he was about to insert the ventilator: "I love you, Ray" and Ray responded: "I love you, too." I was really taken with this exchange, but the emotional swings are for me what is so heart-wrenching.

The sequence goes from endurance to resilience in just the flash of a second. As a result, the question for all of us becomes, how can I maintain a state of resilience in this chaotic and loss-filled environment?

A few weeks ago, I participated in a seminar on resilience where the facilitator suggested that in order to identify what we are grateful for, we must understand what we are fearful of. The idea is that gratitude is what creates resilience. The activity was to identify your fears and then reverse them by converting them into gratitude. Here's a partial list of my own to give you the idea:

1. I am going to run out of money and lose everything.

Converted: I am blessed and grateful for adequate financial resources.

2. I'll die before I complete my legacy.

Converted: I am blessed with colleagues who will assist me in completing my legacy

3. My grandchildren will catch the virus and die.

Converted: I am blessed and grateful for healthy grandchildren who are sheltering in place.

I think you get the idea. So as this pandemic continues, may you be able to convert all of your fears into gratitude and blessings so that you will continue to be able to ask: How can I be helpful to you? How can I be there for you in this time of trial?

Remember we are all in this together.

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arrested time, an acute sensation of being cut off from any temporal flow after the death of a child. Her words say it best:

You share in the death of your child, in that you approach it so closely that you sense that a part of you, too, has died at that instant. At the same time, you feel the spirit of the child has leaped into you. So, you are both partly dead and yet more alive. You are cut down, and yet you burn with life.

Apparently almost half a year has gone by since J disappeared, and it could be five minutes or half a century. I don't know which...Knowing and also not knowing that he's dead. Or I "know" it, but privately I can't feel it to be so.

After attending a grief group for bereaved parents, Riley writes of the desire of many to try to live on. She reports their wishes that their child is now safe, to which she declares:

I can't allow myself this comforting prospect, as I won't abandon my surviving children. Any more than I'll abandon the dead one. I never abandoned him in his life, and I've no intention of starting now, "just because he's dead.

And then this poignant reminder to all grief and bereavement practitioners:

To tell someone with a dead child, "You should move on," is doubly thoughtless, because there is no medium left through which to move anywhere...If there is ever to be any movement again, that movement will not be "on." It will be "with." With the carried-again child...Your old stance

has changed by the shattering of the underlying intuition of moving in time. He is not dead to me.

A reviewer of Riley's account of the first two to three years after her son's death, wrote: "This book is without a scrap of sentimentality but provokes a deep emotional response: not from poignancy but in awe at the precision with which Riley records her grief."

These two books are different than typical memoirs of bereavement. Each draws the reader into their immediate experiences and thoughts. Each shines a light on aspects of grieving that, while exceptional, provide insights useful for bereavement care generally. When I am stretched out of my comfortable conceptions of bereavement care, I become a better carer.

From the Board: On Maintaining Positive Health During COVID-19

By MCDES Board Members

With this pandemic comes much uncertainty and fear. Our usual ways of connecting to one another are no longer accessible. Isolation has created loss and stress for everyone. We asked MCDES board members if and how they are finding meaningful ways to sustain their spirits and nurture their souls. We hope their answers here might help motivate, inspire and comfort you. Be well.

From Eunie Alsaker

I have been getting outside, preferably in the woods, each day. The adage, “It is solved by walking,” hits home for me. When I pay attention to my body, I can tell when I need to move. Walking releases my physical anxiety and often leads to a shift in perspective. Being in the woods calms my mind and reminds me of what hasn’t changed. I feel the solid earth. I touch a tree. I spot a deer or woodpecker. Yesterday I saw that barred owl I’ve been listening to at night. For a while, I can pause and reset, before I return to the tasks of the day.

Note: Eunie also referenced two poems, “The Peace of Wild Things” by Wendell Berry, and “Playing With Three Strings” by Rabbi Harold M Schulweis.

From Tim Thorpe

- Early a.m. weekend walks around the city lakes with my wife.
- Maintaining everyday morning workouts—keep me sane.
- Once a week online game time with my wife and kids.
- Deepak Chopra’s daily meditations.

From Diane Bauer

- Daily walks along the trails of Woodbury with my partner/spouse Mary.
- Having moments, hours or days when I focus more on the needs of others than myself.
- Keeping my bird feeder filled and listening to the sounds of their sweet calls in the morning.
- Watching for the unexpected—like the bald eagle sitting in a backyard tree the other day.
- Finding something to laugh about everyday!

From Florence Wright

My son, who is nearly one-year-old, is growing and changing at the speed of light; watching his development unfold has been an amazing distraction. He is, to a large degree oblivious to the change in our world and is blissfully unaware that we are in the midst of a global pandemic. He is the epitome of mindful and is always finding joy—shaking a rattle, playing peek-a-boo, pushing a small cart from one end of the room to the other, clapping. He has served as a wonderful teacher to live in the moment and enjoy the simple pleasures in life.

From Kay Johnson

- Turning to things I have always found enjoyment and comfort in: being at home, bubble baths, time with family (phone/FaceTime now), walks around the lakes, watching the Hallmark channel and calls with friends.
- Continuing to live a life of gratitude and appreciate the small things that make a big difference. I’m glad I stopped dyeing my hair over a year ago. Finding humor is also key.

From Peter Thoreen

- I take at least three walks a day with my dog, spouse and a neighborhood friend—the conversation is spirited!
- I play two person parcheesi with my spouse pretty much everyday and my winning percentage is 38%—keeps me humble!
- I call at least two friends or relatives per day to stay connected—nice to not be pressed for time!
- I am responsible for meal preparation every other day—a skill that needed development after years of neglect and too many great restaurants available!

From Jan Bergman

- Listening to the frogs singing in the swamp near my house.
- Taking early morning walks with my spouse and dog, near said swamp.
- Watching birds at the feeders.
- Enjoying the daffodil patch which managed to survive in the garden, despite a significant covering of snow mid-bloom.
- Texting with neighbors to stay connected.
- Getting excited by the greening of the grass, and the trees.
- Planting a tree in the yard, and starting seeds for an herb garden.
- Hunting and gathering for groceries (mask on, social distance in place) and FINALLY finding toilet paper.
- Baking, which I otherwise seldom do.
- Learning to sew and making face masks.
- Connecting with family and friends online for board games, conversations, and good humor.

Positive Health continued on page 16

Positive Health continued from page 17

- Buying carryout food to support local restaurants, and supporting other small businesses as able.
- Reconnecting by telephone with old friends from long ago.
- Reading/watching just enough news to stay informed (I hope) without feeling overwhelmed by it.
- Feeling really grateful that I live in Minnesota.

From Chris Lewis

- Laughing out loud at George Carlin on YouTube.
- Listening to (or singing) Prince songs while baking vegan goodies to share with neighbors.
- Watching brave perennial plants determined to find the light again.
- Letting myself talk about the crush I've had on U of MN epidemiologist Dr Michael Osterholm, ever since he tried to swim the English Channel years ago.
- Remembering what it feels like to swim, anywhere.

(And now the serious ones):

- Using long hours of work to focus on others, and distract me from worrying about my daughter in NYC.
- Feeling grateful that my three dogs need walks, and my cat needs cuddling.
- Believing that if my parents made it through extreme difficulties, I can too.

From Sharon Dardis

I am enjoying sunny spring days, bike rides and long walks. I read, write, watch movies and documentaries. I am eating too much popcorn! I am single handedly keeping the USPS afloat, sending lots of cards, letters and packages. I organize photographs

and scrapbooks and dabble in crafts: felting, knitting, mask-making, and calligraphy. I've dug out my dusty ukulele and guitar. I cleaned a few closets. I am cooking and baking more than I ever have. I am gaining new recipes, expertise, and a little extra weight!

We try to laugh every day. We are staying connected with family and friends via Facebook, email, texting and phone calls. We miss seeing our grandkids. We learned how to Zoom! I am sleeping longer and having vivid (pandemic?) dreams. In this 50th year of our marriage, we are grateful for health, enough to eat, and a roof over our heads. We are trying to "pay it forward," doing what we can while remaining isolated. This also nourishes and sustains me.

From Kelli Kinney

I spend a lot of time outside, go on at least one walk a day, and play with my puppy!

From Allison Chant

I've been getting outside for a walk or bike ride most days, having dinner with my family each night (normally a rarity during baseball season) and enjoying watching things get greener outside.

From Ed Holland

We're doing OK. Fewer outings but more dog walks. More Zooming. Too much CNN, MSNBC and Netflix. Lots of reading. Quite a few daily naps. More "take out" as a way to support our local private restaurants. Webinars. Mask making. DIY haircuts. Did I mention more naps? Grateful for relatively good health, a comfortable home, financial stability, and the support of friends and family. Sobered and humbled by the knowledge that we, most of our friends and many of

our family members are in the high risk cohort for the virus and its complications. Stunned and angered by those who believe that this is all a hoax, a deep state "plandemic." May you and those you love stay safe and be well.

And from Verla

I enjoy early mornings in the garden, listening to the birds, and other creatures talking, while I dig in the dirt. It is a therapeutic, meditative time of day.

Sundries continued from page 9

Children Also Grieve

Linda Goldman has a Fellow in Thanatology: Death, Dying, and Bereavement (FT) with an MS degree in counseling and Master's Equivalency in early childhood education. From her website, she says, "During this challenging time of the Coronavirus pandemic, I am reaching out to you to share my children's book, *Children Also Grieve*, as a free downloadable resource.

I have attained full copyright and have created a link to download the book and memory book free of charge on my website under *Children Also Grieve*. Please feel comfortable to share the following link with friends and colleagues working with children and families that are experiencing grief and loss issues, www.childrensgrief.net/books. Scroll down to the free link."

Congratulations

2020

Graduates!



Minnesota Coalition for
Death Education and Support
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Minneapolis, MN 55405
763-391-3051

Coalition News

June 2020

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*MCDES membership does
not imply certification or
accreditation of its members.*

Grief Resources

Jewish Grief Education/Support Group:
www.jfcsmpls.org
Pathways—A Healing Center: www.pathwaysminneapolis.org
The Grief Project: www.griefproject.org
North Metro Grief Support Coalition:
763-413-2985.
Allina Support Groups:
www.allinahealth.org. Search for “grief support.”
Capitol City Grief Coalition: Contact
coordinator Lois Knutson, 651-227-4430.
Downtown Coalition for Grief Support:
www.mplsgriefsupport.com.
MN Network of Hospice & Palliative Care:
<https://www.mnhpc.org/grief-support>.
Children’s Grief Connection:
www.childrensgriefconnection.com.
Compassionate Friends:
<https://www.compassionatefriends.org/>.
Hastings Area Grief Coalition: <https://account.allinahealth.org/events/59327>.

Weathering Life’s Losses—Adult Support Group, and Kids in Grief Support Group. Thurs., Stillwater, 651-430-4586.

West Suburban Coalition:
www.westsuburbangriefmn.org.

Youth Grief Services, Fairview:
www.fairview.org/youthgrief.

The Young Widowed Support Group:
mcraem@parknicollet.com.

Center for Grief, Loss & Transition:
<http://griefloss.org> or 651-641-0177.

South Mpls Coalition for Grief Support:
www.trustinc.org/programs/grief-support

Bloomington-Richfield Grief Coalition:
www.brgrriefcoalition.com.

Prince of Peace Grief Support, Burnsville:
<https://popmn.org/mission/support-groups>

Edina Coalition for Grief Support:
www.edinagriefsupport.org.

Grief Support-Essentia Health-St. Mary’s Medical Center (Duluth):
www.Essentiahealth.org/griefsupportduluth

Crisis Text Line: Text “MN” to 741741.

National Suicide Prevention Lifeline: Call 1-800-273-TALK (8255).