

Coalition News

Quarterly Newsletter of the Minnesota Coalition for Death Education and Support
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Since 1977...Education and Support for Those Providing Care to Grieving Persons

December 2020

Mark Your Calendars

December 3 ♦ *Literature & End of Life: Poetry, Books and Patient Stories* (webinar). Info at candc.link/dec3.

December 11 ♦ Deadline for ADEC Student Paper Award submission. Info at https://www.adec.org/page/2021_Student_Awards.

February 5 - Mar 5, 2021 ♦ *End-of-Life Doula Training*. Info at https://www.thedyingyear.org/end-of-life_doula_trainings.html.

February 23 ♦ *Advance Care Planning: Respecting Choices® First Steps Facilitator Training*. Info at https://www.thedyingyear.org/advance_care_planning_facilitator_training.html.

April 6-10 ♦ *ADEC 2021 Annual Conference*. Info at https://www.adec.org/page/2021_Conference.

April 30, 2021 ♦ MCDES Spring Conference (Webinar): *Meaning-Centered Grief Therapy (MCGT)*. The speaker is Dr. Wendy Lichtenthal. More information is at www.mcdes.org, and on page 5.

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MCDES Fall Conference Review

Untangling Intangible Loss: A Student's Perspective

Reviewed by Brenda Handel-Johnson

I am a second-year student at Luther Seminary in St. Paul, Minnesota working toward a degree in Christian Ministry with the intent to eventually serve as a caregiver in hospice care and/or chaplaincy. I attended the *Untangling Intangible Loss* conference on October 2nd via Zoom through a scholarship program offered by MCDES. My professor, Dr. Beverly Wallace suggested I attend this conference because she knew of my interest and desire to work in this field of care. I came away from the day, with Dr. Kenneth Hardy, with pages of notes, thoughts, and ideas, which I have shared with other classmates and classes during the past few weeks and that I continue to ponder.

The conference started with a litany, "In the rising of the sun and blowing of the wind we will remember them." It was a beautiful way to begin. This conference touched on death and loss and how we deal with it as a society in the U.S. Dr. Hardy reminded us that we live in perpetual proximity to loss, yet, there is a complex struggle between the most predictable elements of our lives (like death) and our lack of proficiency. The cluster of emotions that accompanies death can be complicated and debilitating and often includes shame. He shared personal experiences with death from his own life which reminded me that allowing limited self-disclosure and being vulnerable within appropriate boundaries can invite vulnerability and a deeper sense of humanity into a caring conversation.

Dr. Hardy outlined pandemic-related losses we should be paying attention to:

- Inundation of 'tele' everything,
- Loss of normalcy, but acting as if everything is normal,
- Loss of predictability - everything seems speculative,
- Loss of closure/ritual,
- Loss of community,
- Loss of mobility,
- Loss of respite,
- Loss of or assault on the ability to reflect, and
- Loss of freedom, innocence and hope.

As someone just entering the pastoral field, I am especially drawn to Dr. Hardy's idea of developing a "third ear." This is the ability to listen into a story with a sense of openness and curiosity and notice particularly what is not being said. He told us that the "third ear" is always open—like a 24-hour restaurant or a wide-

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From The Editor: On Loss and Commemoration

“Nan knew, full well, that life was a series of bereavements and each stole from her one load-bearing beam, one bone....but this was not a wound; it was an amputation.”

~ Cara Wall; *The Dearly Beloved*, a novel

Surprisingly, given my age, there are still some risks I'm willing to take. I had not been to church since last March, but agreed to help on November 1st, at an All Saints Day service, reading and meditating over congregational prayer requests with a church staff member. Partly it was a selfish risk, because one of my best, most healthy, fun, fabulous, like-a-big-sister friends had died suddenly just two weeks earlier. I was still reeling. In truth, although I went for others, I also went for myself. I was hungry for ritual and commemoration during this time when there seems so little opportunity for that, just when we need it most.

I was impressed by the efforts of the church to follow pandemic gathering guidelines. Someone greeted me and opened the door. Touch-less. There were no paper programs. There was hand sanitizer, masks and extreme social distancing. Only 45 were allowed in a space that normally held hundreds. Pre-registration was required. Families sat huddled like intact floating islands in

a sea of sadness. My heart ached. Upon entry, we'd each been handed a plastic snack-sized bag. In it was a single-use hand wipe pad, a tiny sealed cup of grape juice and nestled neatly atop the cup, a wrapped communion wafer the size of a dime. Tangible ritual; I held it carefully. I felt very small sitting there, giving myself communion, like Alice in something that was definitely not a wonderland. I sat there before the service began, missing and thinking about the mysteries of life and death, about saints and pandemics, and especially, about old friends like Pat.

All Saints Day is a day of remembrance of those who have died. Songs are sung; candles are lit to commemorate departed souls. Slips of paper and clean pencils allowed us to write prayer requests and the names of those who had died, to leave in a basket, as we left, outside the sanctuary. “Say their names,” I thought. George Floyd came to mind. I wrote in shaky script, “My friend, Pat.” The pastor read ten names of those who had died from the congregation in the past year. He lit a single candle for each. Then other candles were lit for everyone, everywhere, who had died in the past year. The silence wrapped around us all like a comforting quilt. I suspect my mask wasn't the only one wet with tears.

Afterwards, folks slipped away as quietly as they'd come. Another woman and I stepped into an empty classroom and quietly prayed over, then divided, the several dozen slips of paper. We

read the names and requests aloud. We cried. We prayed again. She gathered the names to use for followup in the days ahead; clues the staff would use for further outreach during such troubling times. We sanitized our hands and said goodbye. It felt like this had been a risk worth taking. I walked into a bright November day, to another day of loss and longing. There have been so many deaths.

I finally made a list of the names of those we've known, loved, and lost since the beginning of the pandemic. In Stan's and my circle, I counted twelve since March. It seems small in comparison to how many have died in America from COVID. Unimaginable. Some of those we know were more distant friends and family. Others, like Pat, are people we loved dearly, whom we will mourn and miss for years to come. We will remember all of them and say their names. Many deaths were sudden, most not listed as COVID, but in my own heart, it feels like the causes of death are all related, in one way or another, to the virus.

In the past nine months, like so many, I have been witness to virtual funerals, both religious and secular. I have yearned for some that have been postponed until spring or summer. I am known, after all, as someone who loves a “good funeral.” But now, rituals and mourning have taken other forms. We are learning to reach out in new and sometimes familiar, but often, too sterile ways. Online-Meal trains are set up for the grieving. “Sign up for a day to deliver a meal. Leave it on the front step with an email to let the recipient know



Sharon Dardis

Coalition News is published quarterly by the Minnesota Coalition for Death Education and Support. Your submissions are encouraged. Editor: Sharon Dardis Layout: Verla Johansson Deadline for March newsletter: **February 1, 2021.** (covers March, April and May events). Please send your items to: Sharon Dardis 9267 Wedgewood Dr., Woodbury, MN 55125 612-940-6405 or SDardis@aol.com The Minnesota Coalition for Death Education and Support (MCDES) is a nonprofit, 501(c)3 interdisciplinary organization dedicated to providing education, networking opportunities and support to professionals and volunteers who are involved in the care of dying and grieving persons.

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From the Vice Chair

by Florence Wright, MCDES Vice Chair



Dear Readers,

What a year 2020 has been! We've seen the death of hundreds of thousands of beloved Americans as a result of a global pandemic. We've also seen Australian bushfires, the murder of George Floyd, a massive explosion in Beirut, changes to the Supreme Court (RIP RBG), wildfires in California, a heated and emotional presidential election. We've cancelled weddings, moved funerals to Zoom, weathered furloughs, isolation, and murder hornets, oh my! We've had to reimagine how we work, learn, communicate and to some degree, find joy and connection. How is it possible that so much could change in the course of 365 days? How could it be that this year has both gone by in the blink of an eye and at the same time, felt like an eternity? At times it's been hard to find gratitude. Grief has come and gone, and come again, and again, and again. As a nation we've been forced to confront racism, the need for innovation, and to re-examine our priorities.

MCDES was not spared from change in 2020. We are on the precipice of major transition within our executive board, with long-time leaders marking the end of their service. A special thank you to Ed Holland and Jan Bergman, who will be retiring, and to Kay Johnson who has served tirelessly as our organization's Chair for the last two years. 2020 also marked the year of our first-ever virtual conference with Dr. Kenneth Hardy, proving that you can indeed teach a 43-year-old organization new tricks!

What has remained steadfast throughout 2020 is you, dear readers. As I prepare for another year of serving as one of the leaders within the MCDES organization, I cannot help but reflect on my appreciation for our members and friends. My gratitude extends far beyond the trust you have bestowed upon us in looking to MCDES for education, professional development, and networking, and moreover relates to the work that you are dedicated to doing each day. One of the gifts of 2020 has been the cultural acknowledgement of how "essential" psychologists, nurses, social workers, therapists, first responders, doctors, volunteers, and spiritual care providers really are. I cannot recall an occasion during my lifetime when there has been so much change, loss, and transition, and such urgency for the crucial expertise that you provide to those facing death, dying, grief, and/or bereavement. This is the work that countless others turn away from, and is the work that is needed now more than ever. I hope that the year ahead brings positive change, healing, and growth for us all. Please know that I am committed to leading MCDES in a manner that prioritizes what matters to you: inclusion, creative thinking and problem-solving, humility, and most of all, gratitude.

Editor's Note: Florence will begin her term as MCDES' Chair on January 1, 2021.

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it's been delivered." There are phone calls. Cards and letters. Texts and emails. It feels cold; no hugs, no hand-holding, no sitting with the bereaved. And yet, in the face of such fearfulness and uncertainty, there is still outreach, still listening, still stories. In our wounded-ness, I also find more openness. There seems a desperate honesty to say what's in our hearts. Here are a few of the latest sacred stories I've been privileged to receive. May all these stories, and those who share them, be a blessing.

Carl and Barb had been married for over sixty years. He is a character; spry and witty, engaging and playful. Sweet Barbara suffered with dementia the last few years of her life. Carl was devoted to her, caring for her at home, and doing a good job. Word came that Barbara died this week. Carl left me a voice mail; "Call me Sharon. I need to talk. I have stories." So I called him. We had an easy conversation, one that flowed with memories of fun times we'd shared with them over the years, and yes, Carl's stories needed to be heard.

He shared that their local hospice had been a huge help. Late one night, trying to get Barbara up, she slipped out of his arms and slid to the floor. He called hospice for a "non-emergency lift." Because they live in a small town where everyone knows everyone, two young firemen showed up. Carl said, "I tell ya, they looked like kids. And well, they just picked Barb up like it was nothing and sat her down in her chair. Then they looked at me and asked if I there was anything else I needed. I told them, 'I need a hug!' Well, that young fireman, I tell you, he just spun around and gave me the biggest hug. I could feel all his equipment poking me here and there,

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Unpacking Racialized Trauma

by Ronalld Bell, DMin

When did you know you were the race you are? I can remember the exact day that both of my sons discovered they were “black.” My oldest is nine-years-old now. When he was in first grade, he came home extremely agitated one afternoon. After an uncomfortable encounter with a classmate, he wanted to know why his skin was so different than his classmate’s. I took him outside to sit on the porch where he explained that his classmate had called him “black,” but, as he boldly and accurately pointed out, he was not black, his skin was brown. He could not understand why he was being labeled “black” when his skin was brown and why his skin was so different in color than the classmate making the indictment against him. My son and I sat for some time on that porch. I reminded him of his grandfather, told him stories of his great-grandfather and great-great-grandfather. I showed him pictures of our family. I showed him my hand. I explained to him “Son, we share the same skin. It is your mother’s skin, your grandfather’s, your great-great-grandfather’s, it is your cousins and aunts and uncles’ skin. This is our family skin. It connects us. It marks us. We wear this skin with pride.”

I watched his saddened confused countenance begin to shift and contort. He sat up straight and smiled as he started naming his cousins and making the connection between their skin and his. I watched my son discover that day that he was “black.” His journey to blackness was in stark contrast to my younger son’s.

My youngest son was five when he discovered he was black. George Floyd

had been murdered by Minneapolis police the day before his discovery. We were living in Saint Paul at that time. I was pastoring a church in the area and preparing to distribute food for those in need who had been affected by the previous night’s riots. The energy in the atmosphere was tense. People were in pain; our hearts were broken for how we had been treated. The news was flooded with images of protest and riots, replays of the murder of Floyd and commentary on injustice for African Americans. That day we had coordinated with the Pan Hellenic council and Black Greek fraternities and sororities in the area to pull off the food giveaway. We expected to feed upwards of 500 to 1000 people. There would be hundreds of people coming to drop off food, and hundreds of other people coming to receive food.

“You cannot empathize with something or someone you do not recognize as equal in value to yourself.”

I knew I could not shelter my five-year-old from the reality he was about to be bombarded with. My wife and I sat him and his brother down that morning and had “the talk.” We told them about George Floyd. We explained to him what the police officer did and why it was wrong. We tried as best we could to pivot the discussion to our response as community members, in serving and supporting each other. Instead my five-year-old son kept asking over and over again, “What did Floyd do?” I could tell his brain was trying to make sense of what



Ronald Bell, DMin

had happened. He was slowly mentally deconstructing all of those societal constructs he had come to believe in; namely, “Police are good and here to help you,” and “Bad guys are bad and the police are there to stop them.” None of those constructs made sense to him anymore. I watched his face contort and change as he realized that

the only crime George Floyd committed was looking like us, sharing that same skin that we have. That skin, like his father and mother, that skin like his cousins and aunts and uncles, grandparents and great-grandparents...that skin like his. I watched my son discover that day that he was “black.” His journey had begun.

Each of us is well-acquainted with loss. I do not simply mean the loss of loved ones, though that grief captures each of us. Instead, I am talking about the loss of humanization. What makes us human is our capacity to live in connection with one another. That capacity is constantly being strained and altered, given new historical content, self-awareness, and revelations. We are in a perpetual process of remaking and

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redefining our humanness in relation to other humans. I watched my two sons struggle with this concept as they discovered their “blackness.” However, in fairness, it is a struggle that we all wrestle with, mainly because everyone we encounter is involved in their own process of redefining and remaking, also in relation to us. As a result of this parallel work, each of us carry trauma. A trauma that is both interrelated and individual. A racialized trauma. Racial trauma is not exclusive to African Americans. In fact, it is sewn into the fabric of this nation. It is a part of our history as a nation, our present and if we do nothing more, it will be a part of our future.

Resmaa Menakem, in his groundbreaking work *My Grandmothers Hands* wrote, “Unhealed trauma acts like a rock thrown into a pond; it causes ripples that move outward, affecting many other bodies over time.” Overtime, that unhealed trauma presents as culture, it becomes baked into the fabric of our relations with each other; black and white. Overtime that unhealed racialized trauma creates invisible social borders that effectively reinforce the mythologies that this trauma promulgated. It should be clear that when unhealed trauma metastasizes as culture and gets passed down through generations, it becomes increasingly impossible to empathize for a group or individual existing outside of one’s racialized traumatic frame. You cannot empathize with something or someone you do not recognize as equal in value to yourself. The more we subconsciously reinforce the mythologies of this trauma, the more we further isolate and distance ourselves from each other, until we become unrecognizable as human to each other. This is the ultimate danger of racialized trauma, and

its ability to distort and dehumanize. Therefore, each of us must embrace our own racialized trauma and begin to do the work of healing.

I want my sons to grow up in a world where they are seen as human, equal and valued. I want them to see the color of their skin as nothing more than a connection to their lineage and not a potential death sentence. I want all our children to remake of this world a place of wholeness and peace, one no longer codependent on the mythologies of racialized trauma for sustainability. In order for that work to happen, each us must be bold enough to finally begin to do the work of unpacking, and facing the trauma we are carrying.

Editor’s Note: Rev. Ronald Bell, Jr. is the Lead Pastor of Twin Cities, MN Camphor Memorial United Methodist Church. A saxophone and guitar player, Ron often weaves his love of jazz and reggae into his worship and preaching. He has a BS in Philosophy from Morgan State University, a Master’s in Theology from Regent University School of Divinity, and a Doctorate in Ministry from Lancaster Theological Seminary.

As a writer, pastor, musician, speaker and consultant, Rev. Ron Bell’s passion is “helping people work through emotions to put words to their grief and loss.” His special focus is working with communities of color and millennials. He also sees his role as “helping lead tough conversations around race and trauma. I am passionate about ‘repairing the breach’ by helping each of us grasp the role that racialized trauma has played in our lives.”

Rev. Bell has authored and co-authored several books and journal articles and also released an album, “The Unplugged Project.” Much of his work this past year has centered around Minneapolis/St. Paul and the death of George Floyd, spending time “connecting community members with therapy, counseling, and healing circles. Rev. Bell can be reached at www.drrobell.com.

MCDES Spring Conference (Webinar)

April 30, 2021

Meaning-Centered Grief Therapy (MCGT)

Speaker: Wendy Lichtenthal, PhD

The loss of a loved one commonly challenges a griever’s sense of purpose, meaning, and identity as well as adaptive meaning-making processes. These challenges sometimes contribute to and are even indicative of prolonged grief reactions. Grief experts have therefore long-argued the value of focusing on “meaning” in therapeutic pursuits. This conference (webinar) will provide an overview of a manualized therapeutic approach, *Meaning-Centered Grief Therapy (MCGT)*, and its core principles. Drawing on research of MCGT with bereaved parents, examples of exercises that may facilitate meaning-making processes and may enhance a sense of meaning will be described, with opportunities for experiential exercises and discussion of applications of MCGT.

Wendy G. Lichtenthal, PhD, FT is Director of the Bereavement Clinic and Associate Attending Psychologist in the Department of Psychiatry and Behavioral Sciences at Memorial Sloan Kettering Cancer Center (MSK) and Assistant Professor of Psychology in the Department of Psychiatry at Weill Cornell Medicine. Dr. Lichtenthal’s research has focused on grief and bereavement, meaning-making, intervention development, and cancer survivorship.

Conference brochures and online registration (www.mcdes.org) will be available by March 1, 2021. CEU’s will be available for professionals in Psychology, Marriage and Family Therapy, Social Work, Behavior Health and Therapy, and MN Nurses.

Self-Care For The Long Winter Ahead

by Merilynne Rush

Editor's Note: Merilynne Rush is an end-of-life doula trainer, home funeral and green burial educator, and Respecting Choices® First Steps Advance Care Planning Facilitator trainer through The Dying Year Consulting. She co-founded and was first President of the National End-of-life Doula Alliance, is on the NHPCO End-of-life Doula Advisory Council, and served on the boards of the National Home Funeral Alliance and the Green Burial Council. Merilynne started her professional career as a home birth midwife in 1980, worked as a hospice nurse, and served as a volunteer nurse in Nicaragua and India. She earned her MS in Hospice and Palliative Studies in 2018 at the age of 59. To learn more about Merilynne and *The Dying Year*, and to participate in weekly EOL doula discussions, visit <https://www.thedyingyear.org>.



Merilynne Rush

Looking ahead at the winter to come, I am concerned about self-care. Under normal circumstances it is difficult for me to remember to take time to care for myself—I'm so busy taking care of other people! But these are not normal circumstances, so I am putting plans in place now to be more disciplined about it. That means making lists, planning schedules, getting help, setting the timer, and trying to be very mindful. It is simply not going to work to neglect this very important aspect of my life.

So, here's my list. I hope you find something new and helpful in it. If you can buddy up with someone to check in with periodically about how you are doing with self-care, all the better.

1. Practice self-compassion. My favorite resource for going deep with this is Kristin Neff, PhD, and her many resources about mindfulness and self-compassion found on her website, www.self-compassion.org. From books and articles, to videos, workshops and trainings, she offers the best research and practical guidelines about why we might not be so good at this, and how we can improve, as a basis for everything else we do. Learning to stop and breathe in self-compassion has changed my life.

2. Grace and forgiveness. See self-compassion. When we can be kind to ourselves, we can more easily be kind and forgiving to others. Especial-

ly important in our world and in our work.

3. Meditation—Nidra Yoga is my favorite right now. It helps me feel into my body, not just be in my head—something I find so helpful while spending a lot of time sitting at the computer. It is not just relaxing, but actually rejuvenating and healing, and it improves my physical health. It is also involves the spiritual practice of stating intentions.

4. MBSR (Mindfulness-Based Stress Reduction) is my second favorite form of meditation. Learn all about it and take a free, self-guided class at <https://palousemindfulness.com>. By the way, all the healthy people I know do some form of regular meditation/prayer. And even mainstream medicine is now fully on board with MBSR and recommending (prescribing) it for a range of conditions and ailments. It's always best to take an intro class in person if you can (even if it's online in person).

5. Anything that produces the hormone oxytocin. I first learned about oxytocin when studying to become a birth midwife. It is the love hormone. Not only is it released during sex, it helps get labor going and helps nursing moms sit still. You'll recognize these additional ways to release oxytocin and feel good:

- a. Petting the dog.
- b. Music—listening, singing, dancing.

- c. Warm conversation with friends.
- d. Getting outside, taking walks.
- e. Cooking a nice meal.
- f. Meditation.
- g. Yoga.
- h. Hugging (wrap your arms around yourself, hum, sway).
- i. EFT Tapping or Havening—so easy, so effective, so nurturing. It's all about neuroplasticity and mind-body connection. We can change old habits and patterns.
- j. Of course, everything elsewhere on this list can also help release Oxytocin.

6. Okay, here's a different angle—I must schedule time to be social. I am a very social person. It is not good for me to sit at my desk all day long, taking breaks only to go to the bathroom, eat, or get the mail. During this time of social distancing, I am not getting out in the world and seeing people regularly, and I am not teaching, learning and working in the same room with other people. The effect of this creeps up on me. I notice it when at the end of the day I am pacing my house asking, "What is wrong with me?" Or when I realize that the only outing I've had is a solitary walk to the park or grocery shopping. So, I resolve to accept any and all invitations to get together with friends, neighbors, acquaintances, and groups, whether it's online or outside. I need to talk to other people. If I don't

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schedule this, it won't happen. And then I end up being inappropriately emotional during a business meeting! At the beginning of the virus pandemic, a neighbor used the Nextdoor app to get us together each evening for a walk. We invited those who couldn't walk to come outside and wave from the porch as we passed. Great for building a sense of community (and releasing oxytocin).

7. **Exercise**—we all know we need it and you can't have a list of self-care suggestions without including it. Zumba videos, walks in all weather (with or without the fancy gear), yoga, dancing, even housecleaning. ☺ It releases oxytocin, too! The best resource for healthy and restorative movement books and videos is Katy Bowman, *Nutritious Movement*.

8. **Indulging in special visceral experiences**—castor oil compresses, hot bubble baths, fancy body butter—it's my newest favorite thing, smells good and helps with dry skin in the winter. What's your favorite? Go ahead, splurge!

9. **Finally, nurture your spiritual practice, whatever it is.** As the Dalai Lama says, "Pick a path and follow it" (or something like that). Spend time each day contemplating the big picture, something larger than yourself, and acknowledge your small part in the universe. Pray, create rituals, commune with nature, practice detachment, meditate. I do not see how we can do the work we do as caregivers and death workers without being connected to something outside of ourself or being on a path of discovery and humility. The work is too profound. For me, this is the most important aspect of self-care. It is the grand pause, the perspective, the connection, the hope, and the relief.

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angle lens to hear and see the complexity of human suffering. I also appreciated his openness and honesty in discussing caregiving from a multicultural perspective. Presently, I intern at a rural multicultural center where I am constantly reminded to check how my assumptions can get in the way of listening to clients. Though it is impossible to know all the distinctiveness of different groups, we were reminded to bring more than one lens to the work of listening. If we use only one dominant culture perspective (of which I am a member), we can disregard the complexities and the enormity of suffering.

He encouraged us all to become open to differences in response to loss and to help create space from a place of vulnerability to allow the possibility of a trust-building relationship. "What we always do is what we're comfortable doing," so for me, being quiet rather than silent and really listening, allowing people the space and knowing the subtleties of responding, will be important.

Throughout the day, Dr. Hardy paused and took questions along the way. He was willing to share stories from his practice and his own life and experiences which allowed all of us to more fully understand how to listen for unacknowledged loss and how to grasp that our own humanity is what brings us to do the work of helping others. This conference was very helpful—even to someone who is new to the field—as I have much to learn in this area. With many more pages of notes and ideas to think about, I left this conference with a sense of gratitude for the opportunity to attend. It is now November, eight months into this pandemic, and we have months to go. So many people are in need of care and deep listening—the kind of listening that can bring people to life.

Editor's Note: Brenda Handel-Johnson is a second-career seminarian hoping to work in hospice, chaplaincy and/or walk with families at end-of-life moments. Formerly a music teacher and church musician, she looks to use music to comfort and aid the dying as they transition to the next life. She lives in rural northeast South Dakota with her Funeral Director husband and their dog, Wesley.



Brenda Handel-Johnson

Newsletter Submissions Welcome

MCDES members and *Coalition News* readers are an amazing resource. We welcome your articles relating to the topic of death, dying, and grief. We are looking for stories representing all helping professions. We can assist with editing and are here if you have an idea or story you'd like to share. We are a non-profit quarterly newsletter and offer no royalties. Word limits vary; 800-1500 words is most common. The deadline for the March, 2021 issue is February 1, 2021. Contact Sharon Dardis, Editor, sdardis@aol.com. Please include brief bio, contact information and optional photograph. Thanks in advance!

Fall Conference With Dr. Hardy: Thoughts From MCDES Board Members

Ed—Unfortunately, I somehow lost the computer notes I was taking that day. However, thanks to Florence Wright, I was able to salvage one of Hardy’s “snippets” about families that I found helpful and memorable. To paraphrase: “A family is like all families, like some families and like no other family.”

Eunie—“Our collective salvation rests in humanizing others.” Of all the take-aways from the day with Kenneth Hardy, this was my number one. When we witness others being dehumanized, we are impacted. When we categorize another human being, fail to step into another’s shoes, see injustice as “out there,” are deaf to each other’s story, there is moral injury. I am not separate from the whole. There is an abundance of both collective and individual grief right now. We are called, especially those of us with privilege, to step up and listen and respond in some way. I can’t do everything, but I can do something. Dr. Hardy gave me specific ideas on how to strengthen my work as a clinician, but he also gave me a better understanding of the loss I feel during this unprecedented time in history. Because I am better able to process my own loss, I bring a more authentic self to my work. I thank him for this.

Tim—MCDES has always held personal connection & relationships high in how we practice, how we offer conferences, yet we currently live in a world of Zoom calls and with it, Zoom fatigue. I trusted the content of our great speaker, Dr. Hardy, but my fear was around the expectation that attendees—almost 200 of them—might lose focus and ‘mental traction’ during the

day. Thankfully, the result was quite the opposite; Dr Hardy brought us together as though we were sitting in his living room, with solid, educational content and timely, free-flowing questions. I’m already looking forward to the next conference. Be sure to mark your calendars for Friday, April 30, 2021, where our guest lecturer will be Wendy Lichtenthal, PhD/Psychologist from Memorial Sloan Kettering Cancer Center speaking on *Meaning-Centered Grief Therapy (MCGT)*.

Kay—Entering the day, October 2nd, of our first MCDES virtual conference came with apprehension about how a day-long Zoom experience would be received by our attendees. The given was that our conference planning committee and board had put out tremendous planning effort. We had a highly regarded speaker for this topic, in Dr. Kenneth Hardy and had an engaged IT expert. One of the insights from Dr. Hardy was that COVID has brought the loss of predictability and familiarity to us. Certainly our necessary pivot to a virtual versus in-person conference brought that loss front and center for our board. We spent time imagining how to bring about those special touches that honor the grief and loss work we do each day, and how to support our community of professionals dedicated to this effort. I was unable to imagine how the sense of community through the past in-person networking opportunities would occur virtually. I was pleasantly surprised and pleased to quickly feel that connection and community through Dr. Hardy’s presentation style. I was also pleased

to have the ability, via Zoom, to see attendees brave enough to be on video and comment, share stories or ask questions. There was so much good information and education to take in throughout the day and at times, I felt uncomfortable with my lack of knowledge, understanding, and involvement in race relations. I left the conference day reflecting on the question Ken encouraged us all to ask ourselves: “Who is it and how is it that we wish to be?” I have some work to do.

Diane—I had many takeaways from the day! Here are just three: (1) For us as providers, we must identify and have a relationship with our places of suffering. (2) The myth of “sameness” cross-culturally can lead to unintentional micro-aggressions. (3) One lens equals dominant culture perspective. Our context is different, our realities are different.

Jan—I learned a ton from this conference. I am very grateful for Florence Wright’s excellent notes, as I found it impossible to fully attend to Dr. Hardy while trying to write, so I stopped taking my own. My comments here draw on those notes. Dr. Hardy’s information about intangible loss was clear and very helpful. I especially appreciated what he had to say about the nature of shame (including the cycle of shame, secrecy & silence), generational shame, and finding ways to “de-shame.” He offered a clear and useful list of treatment strategies in working to “detangle” intangible loss. An important take away for me: *When you’re not white, when you’re poor, you are marginalized, you are devalued. When shame is tied to the very basis of your being, devaluation is internalized.* When white counselors are working with clients of color, it is important to

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acknowledge the “whiteness and the cross-racial dynamic,” clarifying that it is not the client’s responsibility to call it out (though allowing room for discussion if/when the client does happen to call it out).

Kelli—What a great first virtual conference! Dr. Hardy did a fantastic job sharing his wisdom and expertise. Strong participant engagement and the ability to use video for participant questions allowed for an intimate setting that made it feel as if we were all present together. It was a great day of learning together!

Sharon—These are the top ten reasons I enjoyed the MCDES virtual conference:

1. It felt I had a front row seat. Dr. Hardy was right there, in front of me!
2. There were no long lines to the ladies room or toilet paper shortage.
3. There was no commute and I didn’t get lost enroute!
4. I got a little extra sleep; no early a.m. drive in traffic.
5. I could walk around during the day; or even lay down and still listen.
6. I could weep openly. And I did.
7. The jazz music during breaks was wonderful!
8. My spouse sat in with me for the opening remarks. He was impressed.
9. My spouse brought me snacks, coffee, and water throughout the day!
10. I was relieved to discover MCDES can connect virtually. The questions, stories, and comments added to the richness of the day.

Thanks to Dr. Hardy, tech support, Tony, Verla, and all who made this happen. It was historic and proved MCDES is viable and continues, ready to serve.

Sundries

Medical Aid in Dying

Thaddeus Mason Pope, JD PhD, HEC-C, one of the speakers at the MCDES Fall, 2017 conference on “Medical Aid in Dying (MAiD),” published an article in the October 2020 issue of *Journal of Health and Sciences Law*. The abstract reads: “Medical aid in dying (MAID) is legal in eleven U.S. jurisdictions representing one-fourth of the U.S. population, but despite its legality, MAID is practically available to only a subset of qualified patients in these states. MAID’s eligibility requirements and procedural safeguards may impede a patient’s access. In response, state legislatures have begun to craft more flexible rules as they recalibrate the balance between safety and access. There is already significant variability among U.S. MAID statutes in terms of eligibility requirements, procedural conditions, and other mandates. While the Oregon Death with Dignity Act has served as the template for all subsequent MAID statutes, the states have not copied the Oregon law exactly. Furthermore, this nonconformity grows as states continue to engage in an earnest and profound debate about the practicality of MAID.” The article is at <https://www.americanhealthlaw.org/content-library/journal-health-law/article/fcec37a6-9619-4371-9c16-8320b46ab8da/Medical-Aid-in-Dying-Key-Variations-Among-U-S-Stat>. Professor Pope can be reached at www.thaddeuspoppe.com.

End-of-Life Doula Open Discussions

Upcoming discussion topics, via Zoom, are: December 2: Case Study #2; December 9: Understanding Care Settings for EOL, with Sandy Place; December 16: Cultural Humility and Listening Presence, with Silvia Austerlic. Information is at www.thedyingyear.org.

COVID-19 News and Resources

The Minnesota Network of Hospice and Palliative Care (MNHPC) provides COVID-19 resources at <https://www.mnhpc.org/covid-19>. From their website: “COVID-19, commonly referred to as Coronavirus is on everyone’s mind right now, and we at MNHPC are monitoring the evolving situation closely.”

The University of Minnesota’s Earl E. Bakken Center for Spirituality and Healing has COVID-19 resources for health professionals, business, the community and students. Visit www.csh.umn.edu.

Reducing Disparity in African American’s End-of-Life Care

A Penn State College of Medicine research team found that playing a simple conversation game (“Hello”) may encourage African Americans to make plans for their end-of-life care. The study, published in *JAMA Network Open*, found that after playing the game, 98% of participants engaged in some form of advance care planning. More about the game and study is at <https://news.psu.edu/story/626587/2020/07/23/research/conversation-game-may-reduce-disparity-african-americans-end-life>.

Board Member News

Editor's Note: This season of Thanksgiving gives us pause to reflect with gratitude for those among us who have made a difference, not only in our own lives but in the lives of those we serve. It is with thankful hearts that we recognize members of our MCDES community for their contributions to promote our organizational goals and objectives of networking, support, and education.

We are all connected, one to another. Thanks to Kay Johnson, who wraps up her two-year stint as Chair, handing her responsibilities off to a very capable, Florence Wright. Thank you, Kay, for your unflappable leadership, and also for your well-expressed tribute within these pages to Ed Holland, who faithfully served MCDES (2002-2020) in a multitude of roles. We are grateful for both your and Ed's dedication to MCDES and your friendship.

Thanks to Paul Johnson, past board member (1982-2017) for helping us formally recognize and bid farewell to Jan Bergman. It is no small item that initial MCDES board leadership often evolves from mentor and working relationships among those dedicated to the important work of death, dying and bereavement. Jan, thank you for your years of service with MCDES (209-2020) We will miss your smiling face and your comprehensive evaluation reports! You have made a difference!

Lastly, thanks to board member Allison Chant, for her tribute written about her dear friend and former board member (1990's-2013), Judy Young. Judy's legacy to MCDES and the death and dying community is far-reaching. We recognize with gratitude all the connections that brought these fine professionals together in service to the bereavement community. In the words of Ralph Waldo Emerson, "The purpose of life is not to be happy. It is to be honorable, to be compassionate, to have it make some difference that you have lived and lived well." Thank you.

Ed Holland

By Kay Johnson

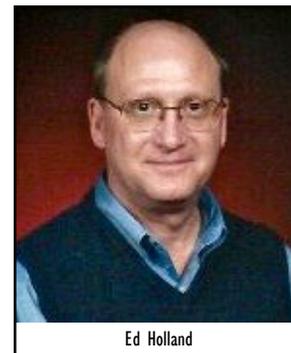
Ed Holland has been an active, fully engaged and dedicated MCDES Board Member for approximately 20 years and is retiring from the board as of this December. Our paths crossed while doing hospice bereavement work and I have had the pleasure of serving on the board with him during two of my appointments. Ed is truly one-of-a-kind with immense expertise to offer, given his seasoned experience as a hospice chaplain, grief counselor and LMFT. A memory I will never forget occurred while we were both on staff for the "Families Growing Through Grief" weekend at Mount Olivet Retreat Center. I called Ed for assistance as I noticed a bat hanging from the ceiling corner and he matter-of-factly stated that he was busy reading the newspaper. Ed was "in his zone." I've learned more throughout the years what that means and fully respect that "zone."

Contributions to MCDES as an organization and Board Member are abundant: he attended one of the early organizational meetings of MCTC (now MCDES) in the late 1970's, has attended most of the MCTC/MCDES events offered since then and hosted a conference at Methodist Hospital. Ed served as MCDES liaison to Minnesota Network for Hospice and Palliative Care, on the MCDES Finance Committee, and as the assistant to the former MCDES Treasurer, Paul Johnson. Ed took on the critical role of coordinating the revisions of MCDES' Articles of Incorporation and Bylaws and has served as the purchaser and guardian of MCDES projectors. Ed has taken a lead role in recruiting and selecting conference speakers within the Conference Planning Committee under the mentorship of Ted Bowman and Ben Wolfe.

Our Board meetings won't be the same without his attention to detail, reviewing minutes and documents,

ability to assist us with staying on task, courage to challenge our ways of thinking, spirit in recognizing unpopular opinions/ideas, organizational ability through multi-tasking, his natural capacity to network and connect with people and organizations, his dry sense of humor, (I admit that I often didn't "get it" and he would kindly rephrase), and last but not least, in his own words, "I happily served as the MCDES Board cynic and curmudgeon (my most enjoyable role!)" Job well done, Ed!

We all (board and conference attendees) have benefitted from his endless dedication, skill, and passion. He has been a great teacher, leader, friend and board member. The board is grate-



Ed Holland

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ful for his gift of time, for being so reliable and for his tenacity! Ed, enjoy retirement and know you have made a difference.

With our deepest gratitude,
Kay Johnson, Chair and the
entire MCDES Board.

Thoughts About Ed From Former Board Members

“Only a few come along that are and remain steadily solid, friendly, value-driven, and wise about grief and bereavement care...and about friendship/colleagueship.” ~ Ted Bowman

“The time we spent serving together on the Board provided a variety of contexts in which our friendship could strengthen and grow. Congratulations on your many years of service to MCDES and thanks for allowing our mutual involvement with it to develop into one of the most valued friendships.”

~ Paul Johnson

“I want to personally thank Ed, for EVERYTHING he did over all his years on the MCDES board. His expertise, his passion for “doing the right thing,” his collegiality, and his cooperative nature to get things done. Ed will be GREATLY, GREATLY missed by MCDES. I also want to thank Ed for his friendship over the years, and once again, thank him for all he has done for MCDES!”

~ Ben Wolfe

Everybody can be great
because anybody can serve.

You don't have to have a
college degree to serve....You
only need a heart full of grace,
a soul generated by love.

~ Martin Luther King, Jr.

Letter from Jan Bergman on Retiring From MCDES Board

Former MCDES Board Member Paul Johnson introduced me to the world of grief counseling when I was a hospice social worker at Hospice of the Lakes. In 2004 I transitioned to the role of hospice bereavement counselor under his tutelage. That same year Paul directed me to my first MCDES Conference. Wow! The speaker was amazing, the conference was well organized, Ben Wolfe offered us Lobster and Wine, and I was all in.

Over the next five years I was impressed by the consistent, high quality programming, the affordable pricing, and, something that has become unusual in recent years, lunch provided onsite. I found it reassuring to be a member of MCDES, getting to know and network with other professionals at Spring and Fall conferences. And I counted on *Coalition News* to provide a constant source of information relevant to my professional work in grief and loss.

In Dec 2009 I had the privilege of joining the MCDES Board. Early on I wrote a few articles for *Coalition News*, and regularly co-hosted our board meetings. I eventually found my sweet spot in compiling the results of conference evaluations, a labor-intensive job that I really enjoyed. You will not be surprised to hear that MCDES members and conference attendees have a lot to say! And the Board listens, drawing from the evaluations when considering selection of speakers and topics, and issues to be included in the newsletter. Over the past eighteen months, we have transitioned to having a committee compiling the evaluations. To that end, Eunie Alsaker, Diane Bauer, Kay Johnson/Florence Wright, along with Verla Johansson, will con-

tinue with that task.

A couple years ago, I had the opportunity to join the finance committee—not a natural fit for me, but a very good learning experience, nonetheless. We are well-served by

Treasurer Peter Thoreen, Tim Thorpe, and Edward Holland. In recent years, my favorite conference-related role has been to offer the reflective reading after the lighting of the Memory Candle. So many excellent poets and writers to draw from. I appreciated receiving your feedback about these as well.

Be Here Now: The world continues to change, and MCDES aims to change with it. COVID-19 has launched us into the virtual realm. On October 2, we launched our first virtual conference, with Dr. Kenneth Hardy. It went very well and was well received. Of course, the speaker was superb! We were grateful he introduced us to Tony, his excellent computer guru, who worked with Verla, Edward Holland, and the conference committee. Together they got MCDES set up and adapted to this new venue. All conference attendees were able to complete their first online evaluations, and for the most part it was easier for us to compile the data rather than doing so by hand. In any case, we will continue to look to you for feedback as we move forward.

On A Personal Note, since I've been involved with MCDES, my



Jan Bergman

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but damn, that hug felt good.” Carl’s willingness to trust me with his story made me cry. That’s another ritual we can still share; our tears.

I called a facility recently to make a memorial donation and was given this story. Ninety-two-year old Mary lived in senior housing. She had made a brand-new friend there, who, over the course of the next 14 years, became like “her twin, separated at birth.” They did everything together, singing, drinking coffee, sharing their family pictures and it seemed, even duplicating their life experiences. “If Mary hurt her leg, June would shortly follow and hurt her own leg.” Mary died a couple weeks ago. The staff watched June closely. They suspected she would miss Mary too much. June died, 11 days later, probably unable to live without her best friend beside her. Other similar stories have followed, spouses dying within days of one another, mostly in long-term care. We are losing our finest treasures; our elders, and it appears, the very oldest are sometimes leaving together.

I am collecting my own stories about Pat, who surprised me with a call from ICU the day before she died. Her voice, deep but determined, stays with me. It was her parting gift. My gift to her, (and to me!) was a final chance to say, “I love you so much.” There was a lone owl hooting by my window one night when I asked for a sign from her before I fell asleep. (She knew I loved owls!) And there’s been her ten-year-old grandson, Luca’s, startling gift of “goosies” running up and down his spine immediately after he asked his mother one day, “Why doesn’t Nana visit me?” Meaning-making in the face of loss; a comfort.

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spouse and I have watched our son finish high school, college, earn a graduate degree, take his first professional job and buy a house. Woo-hoo! Professionally I have transitioned back and forth between hospice social work and grief counseling, based on family needs, work opportunities, health issues, and most recently a six-month stint in Costa Rica, cut short by the advent of COVID-19, but what an experience! I’ll continue studying Spanish and will maintain my status among the ungainfully employed as a Casual Hospice Grief Counselor (in this age of furloughs).

I will finish out my 11th year on the MCDES Board this December, but I plan to maintain my MCDES membership indefinitely.

To MCDES Board Members (past and present), and to MCDES Members and conference attendees, it has been a great privilege and pleasure to work with you all over the years! What an amazing group of people you are, and what remarkable work you do!

Thank You for your many contributions to this organization, to the community, and to me.

Sincerely,
Jan Bergman, MSSW, LISW

Jan Bergman

By Paul Johnson

I first met Jan Bergman in 2002 when I took the position of Director of Bereavement Services with HealthPartners Hospice of the Lakes. She was one of the hospice social workers in our program. I got to know her through our interdisciplinary team meetings and witnessed the thoroughness with which she served families

during this very difficult time in their lives.

In 2004 there was a vacancy on our bereavement team, and I was very excited when Jan was selected to fill that vacancy. She became a bereavement counselor and worked very closely with me in serving our hospice families. Working together on a daily basis, I was able to see all of the personal skills Jan brought to that position. I was also pleased that she was excited about becoming a member of MCDES.

After participating in a number of MCDES conferences and interacting with other participants, it was readily apparent that Jan’s skills could also be utilized by the MCDES Board. She was appointed to fill a vacancy in 2009 and has been an active board member ever since.

As a Board colleague I was especially appreciative of Jan’s willingness to take on the responsibility of tabulating the evaluations completed by attendees at the conclusion of each of our conferences. The tedious nature of that work was not a deterrent for Jan, as she always produced a comprehensive report that the Board used to improve future conferences.

Jan also took on the responsibility of hosting our quarterly board meetings at the Allina facility where she worked. Besides providing a centrally-located and comfortable facility for our meetings, she always arranged for tasty and economical refreshments.

As Jan retires from the Board, she can look back proudly on several years of valued contributions to MCDES. It was my honor to introduce her to MCDES, but my greatest satisfaction came from having her join the Board and watching her use her skills in making it an even better organization.

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Tribute to Former Board Member Judy Young

by Allison Chant

I met Judy when I was in my mid-twenties, almost half a lifetime ago. She was the supervisor for the bereavement department for what would become Allina Hospice. She hired me as a post-graduate intern. Little did I know how life-changing, affirming and long-lasting this new relationship would be. I quickly learned that Judy knew a lot of people in hospice bereavement and in the greater grief and loss community. She was well-respected as a leader, educator, facilitator, colleague and mentor.

Judy had tremendous passion for end-of-life care and bereavement support as well as great compassion and empathy for those experiencing grief. She was a deeply skilled listener: for her colleagues, her supervisees, hospice patients, their families and bereaved loved ones. Whether meeting with Judy for lunch, for a meeting, or as a participant in a support group, one felt heard and valued after a conversation with Judy. She was also an innovator, solution seeker and implementer of great supportive care.

Some examples of her innovative care were a deaf hospice project she imagined and implemented to train and support people from the deaf community to serve as volunteers for deaf hospice patients and family and a training she created and gave her all hospice staff called, "It's always their first time." Her mission was to constantly work to make hospice care and experiences the best possible care for patients, families and the bereaved. She created and encouraged her bereavement staff to create programs for peo-

ple who weren't already being served elsewhere in the greater grief support network in the Twin Cities and greater Minnesota. She created, started, facilitated and maintained for many years a grief group for LGBTQ partners. She also created and maintained a community grief support website and phone line that are both active today. She collaborated with other bereavement leaders to create a family grief retreat that provided support, community and healing to many over the years. Her contributions to this work are many and varied, I likely have not captured them all.

In Judy's training, "It's always their first time," she encouraged hospice staff to recognize that though they may have been doing this work for years, maybe this was their 7th patient visit of the day and their 10th phone call of the day, for each hospice patient and their loved ones this was their first time being a hospice patient, being a hospice family. It was a privilege, with great respect and love to remind Judy on the day of her hospice admission that it was the first time for her and for her family and friends, encouraging her to let go of expectations of herself with her many years of training and experience, to allow herself and her family to sink into the support and expertise of her hospice team and caregivers. They were there to serve Judy and her loved ones with the tremendous respect, expertise and love that she taught so many others to provide.

As my colleagues and I have expressed with much gratitude, it was Judy who gave us the opportunity to

do this work that for each of us has been our true calling and heart's work. It was Judy who brought us together and created a community of those doing this beautiful, yet often difficult work. It is Judy that forever connected us to each other and to our own passion for this work.

I learned and grew personally and professionally with Judy's leadership, mentoring and friendship. She provided many opportunities and experiences that would introduce me to others in the field, challenge my thinking and push me out of my comfort zone. We co-taught a college course at Concordia College, facilitated trainings, lead support groups, she introduced me to MCDES and to colleagues who have become lifelong friends.

In more recent years, after her retirement and my move from Allina to other grief-related work, we kept in touch as friends. I will always cherish her mentoring, leadership, friendship, her listening, her caring, our shared history and all that I have learned from her. I am forever grateful and will miss my friend.



Judy Young



Judith E. Young
1945 – 2020

Random Resources for a Recovering Widower

By Ted Bowman

Almost as soon as my wife, Marge, died in late July, I began to receive cards, texts, emails, calls, and even a few books...all sent as caring gestures of condolence for a grieving widower. I, of course, was not the first nor will I be the last to receive such acts of care. In the mix were many cards whose cover messages were surprisingly profound. Some of those and others, when opened, revealed personally written words that were also rich in depth and meaning. More than expected, many carers sent me poems, folk wisdom, song lyrics, and related words of condolence that probably had meaning for them...and was their gift to me.

I began to put those that left a mark on me into a special “keep until later” pile. To be sure, all the cards did just that. For anybody to take the time to find, purchase, and mail a card these days is a hero or shero to me. I treasured my supportive circles of care. Each of us grieves in our own ways. One of my primary ways is to find words for my losses, my grieving, and my attempts at coping. The collected pile of cards contributed to my mourning by giving me random resources for recovering.

It’s important to note that I was also surrounded by books of words, file cabinets with examples similar to those received, even some of my own words in books and articles. I chose, however, not to turn to familiar resources; rather I decided to let random words speak. When one engages in improvisational activities, I have learned, many parts of the brain light up. I hoped my use of random resources would inform and support my grieving days.

Here are some of my random words for your consideration as grieving re-

sources. (Note: some sources were not known or found)

“Separation”

Your absence has gone through me
Like thread through a needle,
Everything I do is stitched with its color.

by W.S. Merwin, from *The Second Four Books of Poems*.

I was changed by Nathan’s death,
because I had to be. Our life together
here was over. It was my life alone that
had to go on. The strand had slack-
ened. I had begun the half-a-life you
have when you have a whole life that
you can remember. I began the practice
of sitting sometimes long hours into
the night, telling over this story...

From *Hannah Coulter* by Wendell Berry

They lived and laughed and loved and
left. ~ James Joyce

Waking up this morning, I smile.
Twenty-four brand new hours are
before me.

I vow to live fully in each moment
and to look at all beings with eyes of
compassion. ~ Thich Nhat Hanh

My candle burns at both ends;
It will not last the night;
But ah, my foes, and oh, my friends -
It gives a lovely light!

Figs from Thistles: First Fig
by Edna St. Vincent Millay

There is nothing that can replace the
absence of someone dear to us, and
one should not even attempt to do so.
One must simply hold out and endure
it. At first that sounds very hard, but at
the same time it is also a great comfort.
For to the extent the emptiness truly
remains unfulfilled one remains con-
nected to the other person through it.

From *Separation from those We Love* by
Dietrich Bonhoeffer

Welcome, welcome, welcome.
I welcome everything that comes to me
today
Because I know it’s for my healing
I welcome all thoughts, feelings,
emotions, persons, situations and
conditions

A part of *The Welcoming Prayer*
by Father Thomas Keating—remind-
ed me of Rumi’s *The Guest House*

Autumn carnival on the edge of town
We walk down the midway arm-in-arm
One minute you’re here
Next minute you’re gone

I thought I knew just who I was
And what I’d do but I was wrong
One minute you’re here
Next minute you’re gone.

from Bruce Springsteen’s “One
Minute You’re Here” from his new cd
Letter to You.

For those
who walked with us,
this is a prayer.
For those
who have gone ahead,
this is a blessing.

For those
who touched and tended us,
who lingered with us
while they lived,
this is a thanksgiving.

For those
who journey still with us
in the shadows of awareness,
in the crevices of memory,
in the landscape of our dreams,
this is a benediction.

by Jan Richardson

*Marge Grabn-Bowman, daughter, sister,
beloved aunt, spouse, mother, stepmother,
grandmother, friend, colleague and much,
much more died suddenly of cardiac arrest
7/29/2020.*

One Powerful Word Defines An Otherwise Ordinary Day

By Jerome Christenson, *Winona Daily News*

Editor's Note: This article was reprinted, with permission from the author. It first appeared in the November 23, 2011 edition of the *Winona Daily News*. The article was brought to our attention by Eunie Alsaker, MCDES board member.

Thanks. One little word. It can change so much.

Looking at it one way, there's nothing at all special about Thursday. It's the fourth Thursday of the month. It's the date of no major planetary conjunction, the anniversary of no momentous battle, the birth or death date of no particularly famous or infamous individual.

Other than the routine business of keeping the sun in the sky and the earth spinning on its axis, it's not a day any major faith credits God with doing or not doing anything remarkable on. For all intents and purposes, tomorrow is perfectly ordinary, which makes it a perfectly appropriate day for thanks. Because thanks has the power to turn the ordinary, even the awful, into the extraordinarily wonderful—all with a single thought, a single word.

That power is contained in little things, ordinary things. Oh, tomorrow's public prayers and paeans will be heavy on thanks for God and country and family and freedom, but that's because no politician or preacher has found a grand and glorious way to be publicly grateful for a kind word across the dinner table or the touch of a hand that melts a little fear from a frightened heart.

The truth is that thanks—the saying, the giving, the receiving—is a quiet and private thing. It's a tear-choked graveside whisper. A silent blessing on a sleeping child. A kiss breathed on a telephone bringing welcome news from one far away.

I often recall a colleague who was lavish—and sincere—in his thank yous. Everyone, he said, likes to be thanked, and so we do. It feels good to know that what you've done is appreciated and it's a special pleasure to hear that appreciation put into words. Yet, pleasant as it is to be thanked, there is power in becoming thankful. Over the last few years, I've become something of an involuntary expert on thanks.

There's no smiley face to put on disease, suffering and death. There are no blessings in disguise, no easy ways out from loss and grief.

The bad things that happen to us are simply bad. To claim otherwise is to lie. It's so natural to say, "Why me? Why me?" There's so much to curse. Certainly nothing to be thankful for.

Standing alone, that is so true. Alone, I'd have been overwhelmed. But I was never alone. Never was, I now realize. Never will be, unless I choose it. That would be a very bad choice.

When my wife Gayle was sick and when she died, my world became a very unhappy place and there was nothing I could do about it. Fortunately, I didn't have to. People—family, friends, acquaintances, strangers—came by. Some brought scalloped potatoes. Some came with a kind word; others with just a smile and a gentle touch on the shoulder.

Potatoes are only supper, and company only soothes the moment. When the potatoes were eaten and the people long gone, the warm power of gratefulness began the slow work of healing. Gratitude erodes sorrow, and, in time, thankfulness for all I was receiving—one tiny, ordinary kindness at a time—began to fill the emptiness of loss.

Out of that sense of thanks, life began again, with joy and anticipation of good things yet to come.

So Thursday, on what should be an ordinary day, I'll do what I try to do every day—give thanks for the extraordinary gift of ordinary things and the people who bring those things to my life.

Today, tomorrow and all the days of thanksgiving yet to come.

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This issue of *Coalition News* is full of stories and comfort, bravely shared personal experiences, and probably more than a few opportunities for tears. This season of loss continues to challenge us in ways we couldn't foresee. We do our best to commemorate; to stay safe and support one another. Thanks to all the contributors in this issue who selflessly share valuable time and expertise. You'll find here reflections about our wonderful fall conference. It was MCDES' first webinar and it felt intimate! Our spring virtual gathering, April 30, will address meaning-centered grief therapy. Please join us.

Thanks, and farewell, to board members, Ed Holland and Jan Bergman, who served MCDES for so many loyal years. You will both be sorely missed! A tender and final farewell to long-time former board member Judy Young, who died and leaves a legacy of educating, mentoring, and caring in the Minnesota grief and loss community. Thanks to her friend, Allison Chant, for a beautiful tribute.

In this season of isolation and loss, we strive to do the right things. We make priorities to stay safe, to reach out, and say thank you to those on the frontlines of this pandemic. To you who do all these things, and more, who listen and comfort and take calculated risks, who also grieve and look for ways to commemorate, we are grateful. Thank you. Stay healthy, hopeful, in touch, and please, keep doing what you do, so well, for so many.



Minnesota Coalition for
Death Education and Support
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Coalition News

December 2020

MCDES Board Members

Eunie Alsaker, Secretary
Diane Bauer
Jan Bergman
Allison Chant
Sharon Dardis
Edward Holland
Kay Johnson, Chair
Kelli Kinney
Christine Lewis
Peter Thoreen, Treasurer
Tim Thorpe
Florence Wright, Vice-Chair

*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/>.

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:
mcream@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.brgriefcoalition.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).