

Coalition News

Quarterly Newsletter of the Minnesota Coalition for Death Education and Support
P.O. Box 50651 ♦ Minneapolis, MN 55405 ♦ 715-733-0265 ♦ www.mcdes.org ♦ info@mcdes.org

Vol. 43 No. 1

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

March 2021

Mark Your Calendars

April 5-6 ♦ *Grief Support Services Facilitator Training*, Duluth. The purpose of this training program is to train those who will be developing and facilitating bereavement support groups. This comprehensive program is designed to teach participants about the grief and bereavement process, facilitation skills, group process and to learn how to develop and organize a support group. Information/registration at <https://www.essentialhealth.org/classes-events/search-results-detail/?eventId=08b5cb86-f5c2-ea11-a832-000d3a611c21>.

April 30 ♦ MCDES Spring Virtual Conference, *Meaning-Center Grief Therapy (MCGT): A Clinical Intervention to Support Grieving Individuals*. The speaker is Dr. Wendy G. Lichtenthal. More information is at www.mcdes.org, on the right, and on page 3.

April 29-30 ♦ MN Gerontological Conference, *Aging in Minnesota: Forging a New Narrative*. Information/registration at <https://mgsconference.org/>.

May 10-11 ♦ MNPHC Virtual Conference, *The Best Care Possible*. Dr. Sunita Puri is the keynote speaker. More information is at <https://www.mnhpc.org/> and on page 5.

In this issue

- ♦ From The Vice-Chair
- ♦ A Funeral Director Reflects
- ♦ Practitioner's Corner
- ♦ Book Review: Sanctuary
- ♦ Poetry
- ♦ Remembering Dorothy Geis
- ♦ Sundries

MCDES Spring Virtual Conference

April 30, 2021

Meaning-Centered Grief Therapy (MCGT): A Clinical Intervention to Support Grieving Individuals

Speaker: Wendy G. Lichtenthal, PhD, FT



Wendy G. Lichtenthal, PhD, FT

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 virtual conference 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 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. Her research has been supported by the National Institutes of Health, the American Cancer Society, the T.J. Martell Foundation, and Cycle for Survival. Dr. Lichtenthal was the recipient of the Kawano New Investigator Award from the International Psycho-Oncology Society in 2012 and the Research Recognition Award from the Association for Death Education and Counseling in 2019. As a licensed clinical psychologist, her practice focuses on helping cancer patients and their families cope and find meaning in the face of loss and adversity. For a conference preview, see page 3.

The conference brochure and online registration are at www.mcdes.org. CEU's will be available for professionals in Psychology, Marriage and Family Therapy, Social Work, Behavior Health and Therapy, and MN Nurses.

From The Editor: On Reconciling A “Feast Of Losses”

Poet Stanley Kunitz, in his poem, “The Layers” asks, “how shall the heart be reconciled to its feast of losses.” <https://poets.org/poem/layers>. As we approach the one-year anniversary of the COVID pandemic, I suspect we are all grappling with the same question—so many deaths. How do we reconcile our losses? The dictionary defines reconciling in several ways... “to adapt, to adjust, to accommodate, to conform.” In today’s world, this reconciling, this adapting in the face of such great loss, becomes a tremendous challenge. Where do we even begin?

A front-page photograph this morning (2-23-2021) in the *Minneapolis Star Tribune* made me weep. A White House doorway is draped in black. The headline, “A Grim Eulogy for the 500,000.” The first line in the accompanying article by Evan Vuucci from the Associated Press struck me; “Serving as counselor-in-chief to a nation in perpetual sorrow, President Joe Biden urged Americans to not allow themselves to grow “numb...” Perpetual sorrow...feast of losses....reconciliation...numbness. This article named it; 500,000 dead. The power of language and words

alone helps us acknowledge/name this fact...that beyond all the other accompanying losses of jobs, sense of security, not to mention the social/political unrest in 2020, what is most difficult to process, as the one-year anniversary of our shutdown begins, is that more than half-a-million Americans have been killed by this virus; loved ones dead and gone. As the President says, “we must resist viewing each life as a statistic or a blur.” A national eulogy is a good start.

During the past year, I finally began writing down the names of those I specifically knew and/or loved, who had died. I stopped at 15, overwhelmed, knowing that for so many others, the list is much longer. This year, I know not every death was COVID-related, but somehow, in the midst of the pandemic, they all feel connected. In more instances than not, there were no in-person funerals, no viewings, no rituals to say goodbye. In some cases, the pandemic allowed people an excuse to not formally acknowledge the death with a ceremony. I understand everyone grieves differently, but I have trouble with this. I find myself pouring over newspaper obituaries, finding solace in the loving words of grieving families. We, as a nation, as a community, once this pandemic fades, will have much work to do to help mourn, help express, help acknowledge this massive “perpetual sorrow.”

In my years working with bereaved children and their families, I learned the healing power and importance of needing to, first and foremost, acknowledge the loss; to say it out loud. Sitting in a circle, maybe on the floor with a plate of cookies and often with

kids who were reluctant to even sign up for kids’ grief groups in the first place, I remember that when they heard the child next to them, no matter the age difference, say out loud, “My mom died,” it somehow gave them permission, or perhaps courage to also say out loud, “My mom died, too.” Or maybe it was, “My dad or my grandpa or even, my good friend died.” Always, in the sharing, they were given permission to “pass—not talk but just listen.” They rarely ever passed. The look on their faces was often one of surprise, as if they were thinking, “Wait. I’m not the only one? It’s okay to name it; to talk about it?” Simple as it seems, it was a crucial first step towards beginning to process the death of a loved one. It almost always made it easier for the kids to talk, as they gained trust in one another, to discuss how it happened, and how they were feeling. And most importantly, they almost always chose to come back the following week, when the suggested assignment was to “bring something that reminds you of the person who died.” It was an important start and they did return, with photographs, with mementos, with tangible expressions of love. Week two was my favorite session. The participants shared stories, tears, and opened their own doors to move forward, beginning the slow but sure reconciliation of their losses.

The picture of the White House draped in mourning cloth, our President and Vice-President with their spouses, also in somber poses, President Biden’s hand over his heart, all this also feels like an important start



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 June newsletter: **May 1, 2021.**
(covers June, July and August events).
Please send your items to:
Sharon Dardis
9267 Wedgewood Dr., Woodbury, MN 55125
612-940-6405 or SDardis@aol.com
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.

From the Vice Chair

by Kay Johnson, MCDES Vice Chair



Kay Johnson

Dear Readers,

We have headed into a new year and yet the challenges of 2020 are still with us. I am thinking about all of you and hoping you are well as we all continue to adapt. Personally reflecting on some adaptations: working from home with other family members as workplace colleagues, technology navigation becoming must-have knowledge, practicing safety precautions when in public, inability to host gatherings and celebrate those I love and on and on... I'd like to say that I've done fairly well adapting and yet I have listened to a good friend say a number of times, "Is anyone doing well?" We are all doing the best we can.

I want to say "thank you" to all of you. Most of you are working in healthcare and/or are closely affiliated (therapists, chaplains, nurses, doctors, educators...). Your workloads are heavy as you support and care for others hurting right now, while carrying your own load. There is exhaustion and stress as we feel little relief. Please know we see you.

The recent news of the tragic Buffalo Allina Clinic shooting shook all of us to the core, creating the reality of a loss of safety. The very people who put themselves at risk to care for others became sought-after victims. I suspect that many of us can recall times where our safety, while providing care, was in question. I can recall multiple hospice home visits where I did not feel safe and a time I was punched in the jaw by a client. Yet, we continue to come back each day to serve those in need with compassion, empathy, skill and dedication to healing (mind, body, spirit). I am grateful that our healthcare community and the general community have stood together in support during times like this. Whether you want to accept a designation of "hero" or not, know that you are admired, respected and so deeply appreciated.

"One of the deep secrets of life is that all that is really worth doing is what we do for others." ~ Lewis Carol

Here are some board updates to share with you: 1) Florence Wright is serving as board chair for the next two years. 2) Allison Chant has agreed to co-chair our conference planning committee along with Tim Thorpe. 3) The Board created a vision statement, "Lead the region in professional development in grief-based education, resources, and support." 4) The nominating committee is in the process of vetting two new board members. 5) The Board is in the process of evaluating our organizational structure as it relates to membership. The evaluation committee has created a brief survey that current members will be receiving in the near future. We thank you in advance for your feedback, which will assist us as we move forward.

The Board continues to be open to your general thoughts, ideas and participation. We welcome your thoughts on promotion of our conferences, social media skill, speaker ideas and interest in writing articles for our newsletter (Practitioner's Corner in particular). Contact us at info@mcdes.org.

Drawing Clients toward Meaning Making

by Eunie Alsaker

Editor's Note: MCDES Board member, Eunie Alsaker attended a one-day training with Wendy Lichtenthal in April 2019. Eunie's glowing review below offers a glimpse of what we can look forward to at the MCDES spring conference. Eunie says the day helped her, in her own practice, to "listen differently."

In April 2019, I attended the Association of Death Education and Counseling conference. One of the draws of the conference was the opportunity to attend a one-day training on Meaning-Centered Grief Therapy with Dr. Wendy Lichtenthal. I was sure I would enjoy the day, but it surpassed all expectations. When a profound loss violates our assumptions about the world and threatens our sense of identity and purpose, meaning can be hard to find. Dr. Lichtenthal provides a framework for counseling that draws clients toward both new and past meaning.

After this training, I understood meaning-making therapy in a more comprehensive way. I learned how to pull out and highlight potential meaning. It boosted my confidence and made me a better clinician. Most importantly, I learned to listen differently. While I don't work with the same population and am unable to use her same session structure, I have found I use information from this training every day in my work. This approach cuts across all losses and is flexible in its application. Her philosophy and recommendations go well beyond clinical work and are applicable to anyone working in the field of bereavement. I am thrilled she is coming to MCDES in April. I look forward to the day!

A Funeral Director Reflects: The Challenges Of Serving The Grieving During COVID

by Anne Christ

Editor's Note: Anne Christ is a Funeral Director at Bradshaw Funeral and Cremation Services. Before becoming a funeral director, Anne sharpened her skills for genuine hospitality alongside her husband at the restaurant they owned and operated in the mountains of Montana. Over 18 years of caring for guests in the restaurant are now reflected in the service she provides to families she meets at Bradshaw. Anne joined the staff in 2015 after completing her BS in Mortuary Science at the University of Minnesota. There are many reasons she is happy she landed there. She loves her family of colleagues, and is thankful to work for a company that values treating all families from many diverse backgrounds with the same high level of dignity and care. Anne spends her time outside of work with her husband (now a Lutheran pastor) and their new quarantine rescue dog, Doug. They're enjoying being empty-nesters, as their two children spread their wings in Duluth, MN and in Decorah, IA. In addition to serving on the board of the Minnesota Boychoir, she enjoys trying new restaurants, cycling, skiing and running, and is ever-hopeful she'll find more time to devote to those pursuits.



Anne Christ

It's human nature to spend time in reflection on anniversaries. Social media enhances this for us—take the 'memories' feature on Facebook. Every morning, part of my waking routine is to check that section of my Facebook profile. Some reflections bring back warm feelings, others I approach with dread. For instance, I love revisiting the social media posts I made in the summers of 2017 and 2019, when I was preparing to launch my kids off to college. The first week of October brings a different feeling, as I see the posts I made for several years around a decade ago, when I was running the Twin Cities marathon somewhat frequently. It almost seems like a different life, now that my work life and aging body have given me ample excuses not to run anymore.

Just over a week ago, I came across the Facebook post I made twelve years ago, when that platform was new to many of us. There was a trend for a few weeks where users would list "25 Random Things" about themselves. Number Ten on my list was something I shared for the first time "out loud:"

"10. I think I would make a good funeral director or hospice care provider," I said, and quickly followed with, "11. I might as well pursue one of those things, since I'll never realize my biggest dream, which is to be John Denver's backup singer."

COVID Anniversary Thoughts

We're approaching another anniversary in the United States now, and are making reflections again. It's been nearly a year since anything has been 'normal' in the world. A pandemic arrived on our globe and began its rapid spread throughout the human population. Do you remember the last thing you did socially before the pandemic sent us home to 'Shelter in Place?' I do. On February 29, we gathered with some of our oldest and dearest friends at the Dual Citizen Brewing Company in St. Paul to celebrate my husband's 50th birthday. We drank good beer, ate good food, and laughed a lot. There are pictures of that day that bring back feelings of happiness and comfort and celebration. Just a few weeks later, we'd be trying to guess if we'd have to postpone our late-April trip to Mexico,

wondering if churches would be open for Easter, preparing for our kids to not only come home for spring break, but to stay with us for the next few months.

First COVID Death

I don't remember the date of our first COVID death at Bradshaw, but it came some weeks later than we anticipated it would. Our initial worries at the funeral home, of course, centered around managing mass casualties, and how to keep ourselves healthy in order to meet the needs of "our" families. We immediately rearranged our work schedules so that we could keep as much distance as possible from one another. As soon as I got home every day, I showered and threw my clothes in the wash before interacting with my family. A motivated colleague quickly did all the tedious work to ensure we could make funeral arrangements online—a long overdue step in bringing our business into the 21st century. We figured out how to livestream services, with the help of our founder's fourteen-year-old grandson. Everything felt very slapdash

Funeral Director continued on page 5

Funeral Director continued from page 4

and reactionary, and it was mentally exhausting. A large part of what I do in funeral service is education—letting family members know all their options, suggesting different ways they can honor their loved one. I love the challenge of thinking ahead to consider every eventuality and option for each family, but once we “went virtual,” that challenge became exhausting.

Saying Yes To Families

We scrambled to say “yes” in as many ways possible to grieving families whose lives had been turned upside down; rules about gathering and group sizes seemed to be changing weekly. It wasn’t until June that we saw the first notable increase in deaths, and that coincided with being able to have larger services, as well (at our largest chapel, our capacity is still only for 100 people). Initially, the increase wasn’t directly attributable to COVID, but rather that the elderly, who had been living isolated in nursing homes, succumbed more readily to chronic illnesses that might not have taken them for several more months. Since then, the months have gone by in a blur. A different type of exhaustion has set in. We feel it, and our grieving families are feeling it, too. It’s not all bad. Many families I’ve visited with in recent weeks have expressed their relief/gratitude that their funeral gatherings were smaller and more intimate than they might had initially planned.

Sitting And Listening

A big part of what feeds my empathic nature is sitting with families and listening to stories. When I meet with a family in my arrangement office for the first time, it may be fifteen minutes before I pick up a pen to start record-

ing data. First, I want to know about this person who has died—what their priorities and interests were, how their life intersected with each person in the room, and about the relationships that blossomed from there. Not only does that conversation help me make recommendations for a personalized service, but I glean a lot about communication styles and family dynamics. I try to match my response to families to provide what they need, rather than telling them what I think they want. Since we’ve been working during the pandemic, that is the thing I miss the most. I no longer have the ability to give myself as fully to each family. My interactions with families, while genuine, are forgotten nearly the moment after our service is over, because I’m now juggling twice as many cases at a time than I would have been in the ‘before times.’

Skeptics of the virus and our governor’s response to it have asked me if all of this is real. While I readily acknowledge that the increase in our business this year isn’t solely caused by COVID, I’m just tired enough that I no longer try to answer this question diplomatically. I began 2021 by planning a dual service for a husband and wife who were both killed by COVID-19. The next day I planned the service for their daughter. All three died within 20 hours of one another. Yes. It’s real.

Fostering Richness and Meaning

Twelve years ago, I finally admitted to myself that my backup singer aspirations were not going to come true. You may question my reasoning, but I do believe there are a few similarities between being a backup singer and a funeral director. A backup singer is never the star of the show, but what

they lend to the leader’s performance creates layers, depth, and beauty. As a funeral director, I revel in fostering richness and meaning in a funeral honoring a loved one—not for my own recognition or attention—but for the grieving and healing of the families I serve. As we approach the one-year anniversary of this global pandemic, I wish for nothing more than to return to my role as the ‘backup singer’ in funeral service.

2021 MNHPC Annual Conference

Dr. Sunita Puri will be the keynote speaker at the 2021 MNHPC Virtual Annual Conference. Sunita Puri is the Medical Director of the Palliative Medicine and Supportive Care Service at the Keck Hospital and Norris Cancer Center of the University of Southern California (USC), where she also serves as Chair of the Ethics Committee.

Dr. Puri graduated from Yale University with a B.A. in Anthropology and studied Modern History at Oxford University as a Rhodes Scholar. She completed medical school and residency training in Internal Medicine at USC, San Francisco, and fellowship training in Hospice and Palliative Medicine at Stanford University.

Her work has appeared in the *New York Times*, *Slate*, the *Journal of the American Medical Association*, and *JAMA Internal Medicine*. In 2018, she received the Etz Chaim Tree of Life Award from the USC Keck School of Medicine. *That Good Night: Life and Medicine in the Eleventh Hour* is her first book.

Conference information is at <https://www.mnhpc.org/>.

Practitioner's Corner: "Would You Like To Try A Prescription?"

by Christine Lewis

Editor's Note: Christine Lewis is a MCDES Board member, Clinical Nurse Specialist in Adult Mental Health, and ADEC-certified Fellow in Thanatology.

It's a rare griever who hasn't heard a kindly suggestion from a concerned neighbor, friend, or even their care provider, to "try a med" for the insomnia, frequent crying, appetite loss, low mood, fatigue, nervousness, seeming personality change, or little flits of the sight or sound of their loved one who is gone. Not that it's a bad idea, since a prescription or two is usually pretty harmless. But one must wonder WHOSE pain is being treated, the griever's, or that of the witness?

That said, sometimes those pills really do help to reduce suffering, prevent total sleeplessness, and rekindle an interest in food and activities. And as we know, what started as grief can morph into actual depression, though it usually doesn't. Both grief and depression can cause many similar symptoms better left to a mental health or bereavement provider to sort out.

Generally speaking, there are three main uses for medications to assist someone through heavy grief. Although many are classified as psychiatric or "psychotropic" drugs, most are ordered by primary care providers in "family clinic" settings.

The three main medication groups used, if needed, during bereavement are:

1. prescription sleep aids (sometimes called "hypnotics"),
2. antidepressants (which also are first-choice drugs for anxiety), and

3. anxiety-reducing prescriptions, most of which are controlled substances.

Note: "Controlled Substance" medications are just that: subject to control by the prescriber, pharmacy, health insurance company, and federal Drug Enforcement Administration or DEA, because they can cause dependency, and if misused, death. The writer offers no endorsement of any products listed below.

Medications for Sleep

Most people struggling with insomnia take over-the-counter medications, such as melatonin, Sominex, Nytol, Benadryl, Unisom, etc., found in the Sleep Aids aisle, with some success.

Trazodone, a prescription in wide use for insomnia, is not actually a "sleeping pill" but an old antidepressant which is now used for its sedative side effect quite safely.

Tricyclic antidepressants, also "old," can also be used for sleep because of their sedating side effects, but are not quite as safe as trazodone.

Commonly prescribed, but classified as Controlled Substances, are the so-called "Z-drugs" because their generic names all have Z in them; their brand names include Ambien, Lunesta, Sonata. These relatively recent sleep aids have been engineered to avoid most of the problems of traditional sedatives. They are quite safe unless the user leaves bed and sleepwalks, which can happen.



Christine Lewis

Benzodiazepines ("benzos" for short) are actually anti-anxiety medications, sometimes used to promote sleep by calming down both thought and physical processes. All are controlled substances with some dangers, but the advantage of acting quickly. They are meant for short-term use. (See Anxiety-Reducing Medications, below.)

Stronger prescription antihistamines are sometimes used. Please see an excellent review of insomnia treatment at www.sleepfoundation.org.

Any discussion of insomnia must include a strong statement about the pharmacological effect of one of our beloved national drugs, caffeine. The cases of chronic insomnia directly caused by caffeine use cannot be overstated, and can be much improved by limiting caffeine intake to morning hours, because chemically it has an 8+ hour length of action in the body as a stimulant. One can imagine many grieving people who persuade themselves to rise and dress only by imagining their beloved cup(s) of coffee, which can easily cause some of their sleeplessness. Tea, chocolate, and cola soft drinks also can cause significant insomnia and anxiety. Unfair, but true.

Prescription continued on page 7

Prescription continued from page 6

Antidepressant Medications

This category of medications used to treat depression and anxiety has become huge in the past thirty years and is too big a topic to cover here in much detail. Several types are in wide use, and altogether are among the most frequently prescribed medications. In 2016, *NBC News* reported that one in every six Americans were prescribed antidepressants. I can guarantee that number is larger in the past year due to the pandemic.

Most medicines in this category are either “SSRI’s” (such as Prozac, Zoloft, Celexa, Lexapro, etc) or “SNRI’s” (Cymbalta, Effexor). Other common antidepressants not fitting into those categories are Wellbutrin, Trintellix, Remeron. They all take a few weeks to make noticeable improvement, because our own bodies produce the brain chemicals needed to prevent or reduce depression, and the job of the medication is to hold those chemicals inside us longer, somewhat like a dam in a river. The river isn’t deeper overnight after the dam is built, and neither is the amount of good brain chemicals larger immediately after the addition of an antidepressant.

All of these are brand names. Not all antidepressants are mentioned here. Some are more energizing or motivating, while others are more calming. The goal of the prescription, in each case, is to increase hopefulness, normal activities, and a sense of wellbeing, and decrease anxiety, tearfulness, and hopeless or helpless feelings. These medicines have transformed the treatment of serious depression, but the “gold standard” of depression treatment, as determined by research outcomes, still is a combination of medication AND

some type of psychotherapy either individually or in a group. See <https://www.webmd.com/> or <https://medline-plus.gov> for more information.

Prescribers usually want to obtain some lab testing when prescribing antidepressants, because physical conditions such as low thyroid or hemoglobin can easily look like depression, which would not improve until those conditions are treated.

Anxiety-Reducing Medications

It seems impossible to suffer and grieve a loss without anxiety. Even seasoned mourners who have endured many losses still face the fear surrounding THIS loss, the yet-unknown struggles of THIS grief. Fear is as debilitating as sorrow; it robs griever of sleep, appetite, and sometimes even the ability to move around.

The same medications listed above for depression symptoms are usually the first ones ordered by prescribers for anxiety, because they are safe, effective, and uncomplicated. Their only drawback is a lag time between first dose and feelings of improvement. They are the best choice for most people. Again, they work by causing a net increase in the amount of helpful neurochemicals available for best possible mood regulation in our brains. As such they also promote a calm state.

If immediate results are needed or antidepressants have already been tried, the next step would be anxiolytics such as the benzodiazepines (previously discussed as Sleep Medications) including Klonopin, Ativan, Valium, Xanax. They are all controlled substances and should be tightly regulated. They work by a complex series of chemical actions in different parts of the brain, resulting in mild sedation of all brain functions. I sometimes say it is like covering the

whole brain with a light-weight blanket. However, such generalized sedation, even minimal, can cause negative side effects such as balance issues, falling, driving impairment, or short-term memory issues. The controlled substances also tend to become less effective over time as the brain gets used to them, causing increased need.

An under-used but safe and helpful group are the “blockers” such as propranolol and prazosin, usually used for cardiovascular issues, but very effective in reducing anxiety symptoms such as trembling, sweating, nightmares. They are not habit-forming and not “controlled.”

A novel anti-anxiety medication not in any group above is buspirone (brand name BuSpar) which is quite effective, but has a wait time like antidepressants.

Check www.helpguide.org or <https://adaa.org> for more information.

Herbal remedies for anxiety, such as valerian, passionflower, and lavender, have become more popular and researched recently, and some people “swear by” them. While being “natural” does not make them entirely safe for everyone, they are definitely underused and worth trying. One should always tell care providers of herbal substance use because they can interact with prescriptions. A good summary is at www.medicinenet.com/supplements_anxiety/article.htm.

Well-regarded American author Eric Hodgins, who graduated from MIT as a chemical engineer, went on to edit *Fortune* magazine and become VP of *Time Inc.*, (and who surely understood grief, losing his first wife during childbirth in 1933) said, “A miracle drug is any drug that will do what the label says it will do.”

Prescription continued on page 12

Book Review: Sanctuary: A Memoir

By Emily Rapp Black, Random House, 2021

Reviewed by Eunie Alsaker

Do you have words you like simply because of their sound? “Sanctuary” is one of those words for me. It carries a certain aesthetic. The concept of protection, rest, or the sacred is lovely. It even happens to be the name of one of my favorite songs. (See below!) The word, the song, the idea, all lead me, when I can’t sleep because of my many fears, to list the things in my life which offer sanctuary. And so, I was excited to learn of Emily Rapp Black’s new book, *Sanctuary*. This heart-breaking story, told with wisdom and unflinching honesty, is beautifully written and will stand out as a to-read memoir on grief.

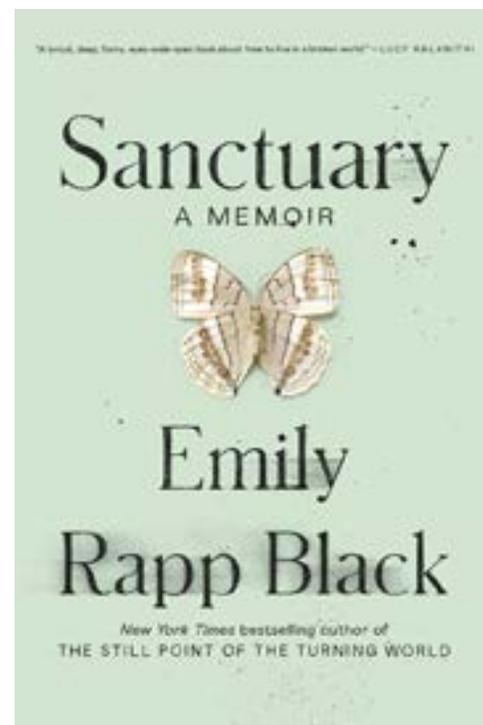
The author, who has a Minnesota connection as a St. Olaf graduate, is a creative writing instructor and memoirist. However, the book opens with her standing on a bridge above the Rio Grande River contemplating a jump to her death. Her two-year-old son is dying of Tay-Sachs and her marriage is over. She doesn’t know how to live her life; yet she wants to know hope and happiness again. This both/and inner conflict is disorienting for her and also the crux of her memoir. “The work ahead of me would be to find a way to live in the world—full of cruelty and beauty...” (p. 14)

Her life shifts in a striking fashion when she falls in love again and has a second child. She is now the mother of two—a dead son and a very healthy and very alive daughter. These changes

usher in comments from friends and strangers about a new life, a resurrection, overcoming. Can she separate her two lives? Is her first life over? Should her loss serve as providing perspective to others? Rapp Black rejects these concepts. She is not over her grief. She has not found any type of closure. And she certainly doesn’t want to provide comfort to other’s discomfort about her loss. Instead, she braids the contradiction of her two lives together, holding her grief while trying to not live in constant fear as she parents her daughter. “Lightning can strike the same place twice, three times; it can strike you all your life. Knowing this, how do we keep living?” (p. 39)

Following her loss, she keeps encountering the word “resilience.” And so, she decides to investigate its meaning. Does it mean what our culture purports it means? Is it about a phoenix rising from the ashes? She ultimately redefines resilience from the common understanding of a courageous second rising *in spite of* brokenness to living a meaningful life *because of* brokenness. “The work of resilience is to embrace the opposites.” (p. 214) To hold pain and to hold love. And to love in a new way because of the deep pain we carry.

Rapp Black finds sanctuary in many places: in her children, husband, and parents, in friendships, through writing and running, with mentors, even in the literal sanctuary in the church-



become-home where she temporarily lives. This book challenges us to better understand the hard road so many of us walk. May we all find our own sanctuaries and provide sanctuary for each other.

Carrie Newcomer asks in her song, *Sanctuary*:

Will you be my refuge
My haven in the storm,
Will you keep the embers warm
When my fire’s all but gone?
Will you remember
And bring me sprigs of rosemary,
Be my sanctuary
‘Til I can carry on
Carry on.
Carry on.

Listen at <https://www.youtube.com/watch?v=9Mh3NS7sodI>.

Why can't basic survival be a kind of glory? ~ Emily Rapp Black

Death & The Arts: Poetry

Editor's Note: April is National Poetry Month. We are grateful, especially during the past grueling year, for the wisdom and comfort poetry brings. We find solace in shared stories, prose and verse, and thank the wise authors and poets who graciously offer glimpses of not only their own humanity, but all of ours, as well. *Coalition News* welcomes poetry submissions on the topics of death, dying, bereavement and loss, either from poems reprinted (with permission) or your own original verse. (Sdardis@aol.com)

We Think of Light as a Formless Thing

By Carrie Newcomer, 2021

We think of light as a formless thing.
 But today,
 Just for a moment,
 A veil of the stuff streamed down between the trees.
 It was opalescent and silky smooth
 I stepped into it
 Fully expecting it would brush across my face
 Like the barest breath of a passing wing,
 Or the gauze of a perfect spider web
 Spun and hung across the path,
 Or like an unexpected visitation
 In a quickly dissolving dream.
 And even though I did not feel any physical edges
 I caught the scent of the last days of summer
 Cold creek water
 And drifting leaves.

I am grateful
 For all the tangible intangible things of this world,
 All that has calmed me and called me,
 Stories that can only be told,
 In sighs and nods,
 In light through the trees,
 And sometimes the music that hangs in the air
 After the last note fades.

Editor's Note: The above poem was reprinted with permission from Carrie Newcomer. Her new album, *The Point of Arrival* is “about beginnings and endings, love and grief, being in process, miracles and possibility, and living in the kind of times that ask us to be better people than we ever thought we would need to be.” Newcomer has also released two books of poetry and essays, *A Permeable Life: Poems and Essays* and *The Beautiful Not Yet: Poems, Essays, & Lyrics*. She can be reached at www.carriewcomer.com.

My Dead

By Tim Nolan

They grow in number all the time
 The cat, the Mother, the Father
 The grandparents, aunts, and uncles

Those I knew well and hardly at all
 My best friend from when I was ten
 The guy who sat with me in the back
 Of the class where the tall kids lived
Bill the Shoemaker from Lyndale Avenue
 The Irish poet with rounded handwriting

They live in *The Land of Echo*, *The Land of Reverb*, and I hear them between
 The notes of the birds, the *plash* of the wave

On the smooth rocks. They show up
 When I think of them, as if they always
 Are waiting for me to remember

I drive by their empty houses
 I put on their old sweaters and caps
 I wear their wristwatches and spend
 Their money. So now I'm in six places
 At once—if not eighteen or twenty
 So many places to be thinking of them

Strange how quiet they are with their presence
 So humble in the low song they sing
 Not expecting that anyone will listen

Editor's Note: Thanks to Minnesota poet Tim Nolan for permission to reprint his poem, “My Dead.” Tim graduated from the U of MN with a B.A. in English, and from Columbia University in NYC with an M.F.A. in writing. Tim is an attorney in private practice in Minneapolis. His poems have appeared in *Gettysburg Review*, *The Nation*, *The New Republic*, *Ploughshares*, and on *The Writer's Almanac* and *American Life in Poetry*. His three collections—*The Sound of It*, *And Then*, and *The Field* have all been published by New Rivers Press. He is a host of the series, “Readings by Writers” at the University Club in St. Paul, MN.

Remembering Dorothy Geis (1933 – 2020)

Editor’s Note: The rich history of MCDES is reflected in the stories of those who came before us; founders who worked tirelessly as advocates for end-of-life care in the “early days.” In the words of former MCDES Chairman, Ben Wolfe, who worked with and knew Dorothy, these were the “pioneers who supported the dying, their families, and their loved ones.” The likes of Don Irish, who died in 2017, and most recently, Dorothy Geis, were, as Paul Johnson reminds us in his reflection, “the patriarch and matriarch” of MCDES.

Dorothy’s Geis’s legacy will continue, not only in the lasting memories like those shared here by Paul and also Gail Noller, former MCDES board members, but also with the Dorothy Geis Scholarship which, thanks to her family, will continue to provide funding to individuals requiring monetary assistance to attend MCDES conferences. Since its inception, 55 scholarships have been awarded.

Dorothy’s life speaks to one of service. She taught nursing at the U of MN and ND and implemented “a groundbreaking program to help children with terminal cancer die at home.” She volunteered for 25 years with the American Cancer Society, Our Lady of Good Counsel Free Cancer Home, as well as the board of “Coalition for Death and Dying,” (MCDES). She received the 1994 Kare 11 “11 Who Care Award.” After retiring from nursing, she was a docent for the MIA, giving talks and tours. She traveled extensively, enjoying people, cultures, shopping and food. She was one of the first Americans, along with her daughter, to tour China in the 1970’s and most recently, ascended Machu Picchu and also toured Germany, Austria, the Czech Republic and Zion. Dorothy died December 17, 2020 and is survived by a large contingent of family members and friends. She is remembered here for a life well-lived.

Dorothy Geis Tribute

By Paul Johnson, former MCDES board member

The year was 1977 and I was in my second year of teaching in the Sociology Department at Bethel College. The previous fall I had lobbied long and hard with the Academic Dean to allow me to teach a course called “Living with Death and Dying” during the January interim term. She had finally given her approval.

Having never taught the course before, I was now scrambling to find whatever course content I could to fill this daily, four-hour, month long block of time dealing with subject matter which, at that point, was very new to me.

Somehow I learned of a program called “Eight Weeks to Live, Eight Weeks to Die” that was based on the campus of the University of Minnesota. A call to Howard Bell, its Executive Director, resulted in him coming to my class to talk about this program. (I believe they had two staff persons at

the time, the other being our current MCDES Treasurer, Peter Thoreen.)

Howard also talked about a new organization called the Minnesota Coalition for Terminal Care whose goal was helping individuals facing issues of loss, grief, and bereavement as they cared for their terminally ill family members. Thus began what has turned out to be a nearly 45 year involvement with what is now known as MCDES.

After joining the Coalition and attending a couple of conferences, I found a new personal interest in its mission and purpose and wanted to be as involved as I could in this new and progressive organization. That meant volunteering to serve on the Education Committee along with about seven or eight other individuals. It was our responsibility to make decisions about the future conferences sponsored by the organization.

It was in this context that I had the privilege of first meeting Dorothy Geis, a most remarkable woman who greatly impacted my life.. Among

Dorothy’s inherent talents were such things as insatiable energy, overwhelming friendliness, the ability to get people to do things they may not have felt qualified or inclined to do, and the ability to stretch a dollar to the “nth” degree. These, plus numerous other qualities, made Dorothy a most valuable committee member.

The Education Committee meetings were always held the first thing in the morning at Dorothy’s beautiful home on Summit Avenue, located between the campus of St. Thomas University and the river. The main reason we met there was that Dorothy was too busy meeting the demands of a household, comprised of a busy physician husband and five children, to go to another meeting that met elsewhere. But if the meeting was held at her home, she could participate in it while doing other things.

We always met around Dorothy’s large Summit Avenue-worthy dining room table to do our business of plan-

Dorothy Geis continued on page 11

Dorothy Geis continued from page 10

ning future conferences and evaluating previous ones. There was always an abundance of food that Dorothy prepared and graciously served, often still wearing the robe she had put on earlier in the morning. Dorothy was not much for pretenses and a more authentic person you will never find.

Dorothy was often instrumental in determining the actual content of our conferences. One, in particular, stands out. In her “retirement” following her nursing career, Dorothy was accepted into the Minneapolis Institute of Arts (MIA) Docent Program where she became qualified to lead tours and give talks. As a result of her interest in this area, she spearheaded a conference entitled “Death and the Arts,” during which participants actually toured MIA looking at death-related works of art and their artistic context.

One thing Dorothy did better than any other committee member was to always have an eye for how much a conference would cost and whether or not MCDES could afford it. She was never afraid to suggest that we seek an alternate speaker whose fee may have been substantially less than others we

were considering. Her ultimate motivation was to keep membership fees at a level that allowed the average person to attend and participate in our conferences.

Because of her interest in financially helping individuals attend our conferences, MCDES actually set up the Dorothy Geis Scholarship program to provide funds to individuals so they could attend. Dorothy’s son, David, met a very untimely death in 2012, and prior to his death, directed that a significant financial gift from his estate be given to his mother’s scholarship program. He must have recalled from his childhood years all of those strange folks who occasionally met around his Mom’s dining room table and how much the organization they represented meant to her.

So Dorothy’s recent death has brought her life to an end, but the influence she has had on so many throughout her life continues. Those of us who had the privilege of working with her hold her memories especially close. It is my opinion that with the death of Don Irish in 2017, and now Dorothy’s recent death, MCDES has lost, both its patriarch and matriarch,

in the span of just a few years. May the values and goals that each of them held for our organization continue to guide MCDES as it pursues its mission of education, networking, and support.

Dorothy Geis Tribute

By Gail Noller, former MCDES board member

When I think of Dorothy Geis, I think of energy, spark, laughter...actually, whirlwind is a great summary of who she was here on earth. Her energy was always focused, and she got things done. Nothing was too heavy a task. She had a network of people around her whom she called on without hesitation. Even today the mention of her name brings a smile to my face.

She wasn’t a big woman, but she was huge in stature. Her short, bubbly self bustled around board tables, wove in and out of education meetings, never at a loss of words. She was the ultimate mother-figure and a dynamo in moving the agenda. It was really a perfect balance: sweet, hospitable, gracious and tough, honest; a mover-and-shaker.

Dorothy was a strict steward of the MCDES funds; some might call her miserly! She wanted to assure that all, even those of low income, could come to educational conferences. It was natural, that when she retired from the MCDES Board, we established the Dorothy Geis Educational Scholarship program so that everyone had the opportunity to learn. Her concern extended to all of us. By keeping conference fees low and membership fees affordable, it allowed even the well-employed to use their money wisely. She insisted that all organizational members be volunteers. She demanded the best of everyone.



Dorothy Geis



Dorothy Geis at Machu Picchu, January 2019

Dorothy Geis continued on page 12

Prescription continued from page 7

We should remember that sentence. Most prescriptions of all types work relatively well, depending on numerous other factors, including whether or not the patient believes they will work and takes them somewhat reliably. And most are quite safe when used as directed. But, none is perfect.

All my clients get this same advice from me, even if I am prescribing medicines for them. The more we can learn strategies to help ourselves behaviorally (such as guided imagery, meditation, forms of prayer, pushing ourselves to join a support group, simple physical exercise such as walking, eating at least one nutritious meal per day OR a nutrition drink), the less need we have for prescriptions. Nobody can ever take these skills away from us! The gain in self-efficacy helps us handle whatever large and small losses we face. As we grow in strength, medications can be a true blessing to lessen our pain and keep us moving forward.

2020 Donors to MCDES—Thank You!

MCDES gratefully acknowledges these 2020 contributors: Jeanette Bailey, Mary Camber, Sharon Dardis, Charlie Greenman, Diane and Tim Thorpe, Ed Holland, Kris Litzow, Gary Steele, Nola Relay, and Susan Thornton.

As always, MCDES appreciates the generous donations from both members and non-members throughout 2020. Because MCDES is a 501(c)(3) organization, all gifts are tax deductible. Thank you!

Dorothy Geis continued from page 11

Dorothy and Roy had a beautiful home on Summit Avenue in St. Paul. It was open to all, for whatever meetings needed hosting. I recall when we would arrive for a 9 a.m. Education Committee meeting; she would already be gone, taking one of her kids to school or on an errand, but the house would be unlocked; the coffee hot and bagels on the dining table. Sometimes we would be half-an-hour into the meeting before she would breeze in and the first thing she would do was to make sure everyone's coffee cup was filled!

Dorothy first came to the attention of others in the field when she and Ida Martinson worked together on research at the University of Minnesota that evolved into the Home Care for the Dying Child Project in 1982. She had already been volunteering at the Our Lady of Good Counsel Free Cancer Home for many years where her husband was also a volunteer doctor. She found us and we found her. The result was decades of collaboration and friendships.

I recall Dorothy's passion for the American Cancer Society and how she challenged the ACS Board to always "do the right thing." She was the instigator behind many volunteer activities of the organization—selling daffodils, transporting patients, securing funds for needy patients. Dorothy and her cadre of fellow nurses were the backbone of the Minnesota ACS.

Dorothy became a docent at MIA (Minneapolis Institute of Art) after her retirement from nursing. She helped plan "Death and the Arts" conferences for MCDES in which participants took docent-led tours of the Institute, viewing pieces—paintings, sculptures, artifacts—that related to death. After-

wards we would have a social hour at a nearby mansion. As I remember, these were Thursday nights before our major conferences, so they also included our speaker for the next day.

Ben Wolfe shared some thoughts with me in preparation for this article: "Dorothy was a gracious lady, a strong advocate for end-of-life care in the early days, and between Dorothy and her husband LeRoy, they truly were 'pioneers' when it came to supporting persons dying; as well as their families and loved ones. Dorothy had that little smile which in some ways seemed mischievous, and at the same time she always seemed to be in control of what was happening around her. Dorothy will be missed, but that little mischievous smile, for me, will always remain."

Dorothy's obituary sums up what she hoped those around her would learn from her life: "She taught her children how to pray, write thank-you notes, be kind, love learning, help others with their education, share, bring something when you visit someone's house, invite those who might be alone to join you for a holiday, have compassion for those less fortunate, know how lucky you are to have been born in a great country, be there when your friends are in need, cook enough to give the extra away, and know that if you have friends you can call for help at three in the morning, you are truly blessed." Dorothy was always that friend. I felt truly blessed.

Dorothy was honestly one in a million.



Editor's Note: Dorothy's obituary can be found at <https://www.startribune.com/obituaries/detail/0000379224/>.

Editor continued from page 3

towards healing Americans' sorrow. We need to collectively and individually acknowledge our losses. How do we, as a nation and as grievors, begin to move forward, especially when it feels like we are still in the midst of so much sorrow; indeed, a "feast of losses."

I understand I am "preaching to the choir" here. MCDES members are overwhelmingly qualified and most-prepared to address the topic of grieving. The first step begins with acknowledging and then planning for the hard work ahead. I hope this issue will be of help to you in that process. As always, thanks to everyone who contributed their expertise and insights during what I know continues to be a difficult and exhausting time.

Check out upcoming events on page one, including our own spring virtual conference on Friday, April 30th with Dr. Wendy G. Lichtenthal from Sloan Kettering Cancer Center in NYC. Her overview of meaning-centered grief will surely provide you with tools to use in your own practice. If you were unable to attend our first-ever MCDES virtual gathering last October, let me assure you that, although it was online, it proved to be one of our best in terms of feeling connected. Although we hope to one day return to "in person learning," your board continues to work hard to give you conference experiences that will still feel personal and supportive.

Don't miss Eunie Alsaker's review in this issue of a training she experienced with Dr. Lichtenthal in 2019. The conference brochure/registration information are at www.mcdes.org. Scholarships are available; information on applying is at <https://www.mcdes.org/scholarships.html>.

MCDES is composed of many disciplines. Our strength comes in sharing our knowledge and experience with one another. Thanks to Anne Christ, a Twin Cities funeral director who gives us an inside look at her past year working with grieving families affected by COVID. Board member Chris Lewis shares her expertise as a clinical nurse specialist and the use of medications in adult grief therapy. We certainly thank Chris for this important look into the world of therapeutic prescription drugs. Thanks also to Vice Chair, Kay Johnson, for her insights and comprehensive MCDES board updates.

There are so many books and so little time! Thanks to Eunie Alasaker for another great book review. *Sanctuary, A Memoir* is a gripping story and as always, Eunie's review will have you adding it to your "to read" list. Be sure and click on the link she includes to hear Carrie Newcomer's song, "Sanctuary." If I am in need of some meditation, relaxing, or just a good cry, Carrie's music is my go-to!

Thanks to former board members, Paul Johnson and Gail Noller for their personal reflections of Dorothy Geis. Dorothy was a champion of MCDES from the early years and we thank her family for continuing to honor her legacy with a scholarship program in her name. We also thank all 2020 contributors to MCDES, whom we acknowledge on p. 12. Your support is most appreciated.

April is National Poetry Month and so we are especially grateful to two poets of note, Carrie Newcomer and Tim Nolan, for their permission to reprint. Poetry can help us reconcile our losses and find our voices. Language can help us heal.

The Sundries section seems to get bigger every issue. Thanks to those of you who contribute interesting content which we will continue to share as space allows. Additionally, check out the resource section for area support groups and helplines. As always, your contributions to these and all other newsletter content is most welcome, Sdardis@aol.com.

I remain hopeful for the future. As this first year anniversary of the COVID pandemic nears, we already see a flicker of light at the end of 2020's perpetual tunnel of sorrow. The hard work of grieving must and will continue, and with the support of one another, we will finally be able to fully acknowledge and mourn our losses. We will say out loud who died. Spring and summer will hopefully bring the opportunity for gatherings, to have in-person funerals and life celebrations, share rituals, and hug one another again. I do believe in the power of words to heal. Here at *Coalition News*, we will continue to try to bring together stories and voices that may help enable your work and the "reconciliation of all our hearts." Thank you all for the courageous good works you continue to do, so well, for so many, during such difficult times as these. Stay healthy and safe; keep sharing your stories with one another. I hope to see you all on April 30th.

"How shall the heart
be reconciled to
its feast of losses."

~ Stanley Kunitz,
from "The Layers"

Sundries

Hospices Pursuing Trauma-Informed Care

“When a hospice patient suffering from dementia began to hoard milk and other fluids, he was almost asked to leave the skilled nursing facility caring for him. But hospice staff trained in trauma-informed care recognized his fear response and pursued interventions, bringing the patient relief and allowing him to remain in the place he called home.” Find out more at <https://hospicenews.com/2020/11/17/growing-number-of-hospices-pursuing-trauma-informed-care/>.

TED Talk

A former MCDES presenter, Heather Servaty-Seib has an April 2020 TED Talk—*Benefits of Making Death Talkable*. Dr. 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. Her talk is at https://www.youtube.com/watch?v=T_pfV5SyRN4.

Becoming Grief-Informed: A Call To Action

Donna L. Schuurman, EdD, FT, and Monique B. Mitchell, PhD, FT, of Dougy Center: The National Grief Center for Children and Families, have published this position paper. In this paper, the authors “challenge the ‘dominant’ discourse of what it means ‘to grieve’ and how to ‘grieve correctly,’ extending a call to action for the resurgence of understanding grief in its

normal and natural state.” The paper is available at https://www.dougy.org/assets/uploads/Becoming-Grief-Informed_A-Call-to-Action.pdf.

Bereaved Black Female College College Students

Mary Alice Varga, Tashel C. Bordere, and Matthew D. Varga recently published their study, “The Holistic Grief Effects of Bereaved Black Female College Students” in *Omega—the Journal of Death and Dying*. The abstract of that study can be found at <https://journals.sagepub.com/doi/abs/10.1177/0030222820976298>.

Tips to Navigate COVID-19 Grief and Loss

Many are navigating grief and loss after a most difficult year. Dr. Pauline Boss, professor emeritus of family social science at the University of Minnesota, coined the term “ambiguous loss.” At a recent virtual event, Dr. Boss shared four key tips (<https://www.endinmindproject.org/paulineboss-covid19grief/>) for navigating the ambiguous losses suffered as a result of the coronavirus.

5 Things to Celebrate in This Year of Pandemic

At a recent virtual event, Dr. Henry Emmons shared five bright spots, or things to celebrate (<https://www.endinmindproject.org/5-things-to-celebrate-in-pandemic-year/>), amid the difficult past year. Dr. Emmons was the speaker at the Spring 2015 MCDES Conference.

Hmong Funerals During COVID

Mai Vang suspects her father contracted COVID-19 from a funeral. Vang and her family believe that traditional Hmong funerals are some of the most

important rituals in their culture. But COVID-19 has made all of that challenging, and now Vang and her family had to grapple with how to fulfill their obligations to their father without turning his funeral into a coronavirus hot spot. Access this MN Public Radio story at <https://www.mprnews.org/story/2021/01/29/hmong-families-torn-between-honoring-the-dead-and-keeping-loved-ones-safe-during-covid19>. The article also includes links to several related articles.

Aging in MN Conference

Registration is now open for the 45th Annual Minnesota Gerontological Society Conference. This year’s conference, “Aging in Minnesota: Forging a New Narrative” will take place virtually on April 29-30, 2021, with the preconference Gerontological Research Day on April 28th. This two day, interactive learning experience will feature keynote speakers Toni Miles, MD, PhD, Professor of Epidemiology & Biostatistics, College of Public Health, University of Georgia and Michael Osterholm, PhD, MPH, Director, Center for Infectious Disease Research and Policy, University of Minnesota. Information/registration at <https://mgsconference.org/>.

The Need to Grieve

On January 19, 2021, the incoming Biden administration hosted the Memorial and Nationwide Tribute to Remember and Honor the Lives Lost to COVID-19. This event highlighted the need to honor the memories of Americans who have died from COVID, and help their families and friends grieve these losses. Read more at <https://www.einnews.com/pr/news/534866805/the-need-to-grieve-how-grief-and-bereavement-care-in-the-u-s-needs-to-be-retooled>.

Four New Call Centers

Minnesota has recently opened four new call centers for suicide and mental health support. These are part of the National Suicide Prevention Lifeline network, one of 160 nationwide. There is also an option to chat online and isn't restricted only to people currently feeling suicidal. People with a need to talk to someone for emotional support to address other issues such as substance abuse, economic worries, relationships, depression, loneliness, or sexual identity are encouraged to call Lifeline: 1-800-273-TALK (8255) Calls are routed to trained phone counselors in MN with knowledge of local resources and services. Their website is www.suicidepreventionlifeline.org.

Minnesota Walk-In Counseling Center

Another unique service option for counseling in Minnesota is the "Walk-In Counseling Center" which provides free, no-appointment-necessary, anonymous counseling every weekday (<https://walkin.org/>). **During the pandemic, it is available only by phone or computer.**

According to Mary Weeks, executive director, individuals, couples, and families who need professional support but who can't afford it, are without insurance, or need immediate counseling or anonymity can be seen (currently by phone or computer) by volunteer professional clinicians. Loved ones are also welcome to use the service. Callers don't have to be "in crisis" to call or be seen and are welcome to call to speak with someone about anxiousness, depression, feeling overwhelmed or for any other problems the caller may not know how to address. Spanish counseling is also available.

Walk-in Counseling Center won the 2020 Trisha A. Stark Community Involvement Award from the Minnesota Psychological Association for "significant contribution to the community" through the involvement of psychologist volunteers to "improve mental health of individuals or the community at large." According their website, the value of services provided by 3,000 volunteer clinicians over the 50 years of the center's lifetime has been estimated at \$28 million. Weekday hours vary; for more information <https://walkin.org/> or 612-870-4169.

Crescent Cove Respite and Hospice Home for Kids

Crescent Cove, located on Twin Lakes in Brooklyn Center, is a Minnesota non-profit 501(c)(3) charity organization that opened May 2018. Its mission is to provide hospice, pediatric palliative, end-of-life, as well as respite care for children and young adults and their families.

Crescent Cove Home offers, according to their website, "a unique alternative for families at a time of transition for their child." Their care team "supports the family's wishes while caring for the child who is imminently dying and ensures this care is consistent with clinical, cultural, religious, and ethical standards."

Also taken from their website: "No family is denied a stay at Crescent Cove. All stays are no out-of-pocket cost to all families. It is licensed as a hospice facility by the State of Minnesota and is an approved Home and Community-Based Services Provider." Contact Admissions@CrescentCove.org or 952-426-4711 x1.

Katie Lindenfelser, executive director and founder of Crescent Cove, describes it as a "circle of love, a place of joy." Daily cares are offered

by a staff of nurses. Crescent Cove is community-based and participates with not just one, but all hospitals in the community. Families involved with their children's care are afforded 15 days of annual respite care; time for families to rest and children to experience a little independence. Other therapies offered include music, art, massage, and in the past, even visits for the kids from area sports teams; the Vikings, the Twins, and the Vikings. Support groups and counseling are also offered. According to a recent *Star Tribune* article, 56 new families were served by Crescent Cove in 2020. They can accommodate up to six children and one family at any given time. Crescent Cove cares for children and young adults with a "life-limiting" condition.

For more information about volunteer opportunities, other ways to help, or for more details regarding hospice and respite services for children, go to: www.crescentcove.org, or call 952-426-4711.

Cinema At The End Of Life

MARCH 4: This end-of-life symposium (webinar) is co-sponsored by City of Hope (<https://www.cityofhope.org/homepage>), and Compassion and Choices. More information and registration is at <https://compassionandchoices.org/>. CEUs are available.

Open Forum: Death & Dying

MARCH 16: This forum is sponsored by the MN Threshold Network. Ellen Hufschmidt, MA, end-of-life guide, grief counselor, hospice chaplain, MTN leader, and author will host the evening along with other MTN leaders. Information and Zoom link are at <https://mnthresholdnetwork.word-press.com/>.

Minnesota Coalition for
Death Education and Support
P.O. Box 50651
Minneapolis, MN 55405
763-391-3051

Coalition News

March 2021

MCDES Board Members

Eunie Alsaker, Secretary

Diane Bauer

Jan Bergman

Allison Chant

Sharon Dardis

Edward Holland

Kay Johnson, Vice-Chair

Kelli Kinney

Christine Lewis

Peter Thoreen, Treasurer

Tim Thorpe

Florence Wright, 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.

North Metro Grief Support Coalition:
763-413-2985.

Allina Support Groups: Search for “grief support” at www.allinahealth.org.

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.

Dakota County Grief Resources:

<https://www.co.dakota.mn.us/HealthFamily/MentalHealth/Training/Documents/GriefLossSupportServices.pdf>.

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

The Young Widowed Support Group:
mraem@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.

The Grief Project: www.griefproject.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).