



PROFESSIONAL DEVELOPMENT — SIBLING GRIEF

Mode of Death and the Effects on Sibling Grief

By Michelle Linn-Gust, MS

In the initial months and years after my sister Denise died by suicide (just two weeks before her 18th birthday), I sought out as much information on sibling loss as I could. Denise was my younger sister, the one I shared a room with for 10 years, the one who knew more about me and my goals and dreams than anyone else. When she walked in front of a train near our parents' suburban Chicago home, I was 21 and working on a journalism degree at Ball State University in Indiana. My goal from first grade on was to be a writer. But the loss of my sister, which left my family of six now a family of five, redefined everything I believed in and wanted.



In my search to understand my loss, I combed what now seems like mountains of information, looking for other losses similar to

mine. What I found was little that defined sibling loss by the mode of death. Some studies confirmed that suicide loss was similar to other sudden deaths (homicide and accidents), yet some books disregarded mode of death. I found it difficult to relate to those who lost siblings by other means, especially illnesses where there was a chance to say goodbye. There was no anticipatory grief in the case of my sister. On the morning of March 18, 1993, I knocked on her door, she mumbled something to

me that I could not understand, and I went on my way for that day. By 10 a.m. she had died and I had to spend the following years of my life trying to figure out how to say goodbye to her.

Emotions following a sibling death are varied because families are unique, situations are different, our relationships change with our siblings throughout our lives, and because we suffer our losses through multiple types of death. The following is a summary of how mode of death affects some of the emotions grieving siblings might feel. It is important to note that because situations are unique to each relationship, one sibling might not experience exactly that of another.

Suicide

When a self-inflicted death occurs, we often say there is a lega-

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*Echoes of each other's being.
Whose eyes are those that look like mine?
Whose smile reminds me of my own?
Whose thoughts come through with just a glance?
Who knows me as no others do?
Who in the whole wide world is most like me
Yet not like me at all?
My sibling.
(Faber & Mazlish, 1989, p. 114)*

The travels of the grieving sibling often follow a lonely path. Siblings are told to be strong for their parents and left alone on roads to grieve where traditionally little information has been available for them to find comfort. Fortunately, a group of sibling survivors, some now without their own only siblings, have taken the initiative to change this unkind journey.

This issue of *Forum* is about sibling loss from childhood into adulthood. We also focus on how the cause of death can affect a sibling's grief reaction. Of the six articles featured in this issue, four were written by sibling survivors hoping to ease the trail for others who have or will experience the death of a sibling. Please share the information provided as we work to educate people on how to help "the forgotten mourners."

—Rayna Godfrey and Michelle Linn-Gust,
Guest Co-Editors

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cy of suicide left in the family. One suicide in a family puts the others at a greater risk (Jordan, 2001). Suicide becomes part of their *normalcy*, a part of their lives that it does not for people who have the fortune of never experiencing it. Surviving siblings, especially those who are younger than the one who died, might fear they will also die by suicide, particularly when they reach the age of the one who died.

Surviving siblings also worry about the stigma that it will carry and thus they might deny that their brother or sister died by suicide. Not coping, however, will force grief to manifest itself in other ways, usually through physical illnesses. The fear of stigma siblings experience can be particularly stressful as they age and find themselves getting involved in possible long-term relationships. They fear rejection from their future in-laws because they've had a suicide (and possibly mental illness that could have contributed to the suicide) in their families.

Circumstances of the death might have been kept from the siblings, even older siblings. Usually parents do this to *protect* their children, not realizing that the children affected must cope with the reality when they find out how their sibling really died. Searching for the answer to why might plague siblings for years. They will wonder if they caused their sibling to take his or her life, what is often called the "could've, would've, should've" of sibling grief. They might wonder if things they might have said could have changed circumstances, particularly true for younger siblings who may not fully understand death and suicide (Linn-Gust 2001).

And they might feel guilty. As guilt is a primary piece of suicide survivorship, it is hard to find survivors who do not experience it after the death of their sibling. They will look back on their times together and remember the difficulties they shared, the typical emotions of growing up in a family, and believe they should have been nicer to their sibling or spent more time with him or her.

Finally, blame is another emotion associated with suicide. But with suicide, the blame differs because the deceased sibling took his or her life; there isn't "something tangible" to blame like an illness or a drunk driver. For surviving siblings, the guilt also might stem from not realizing that their sibling was struggling and feeling bad and that they did not try to help them.

Family members will each have a different story of what happened and what led to the person's death and siblings are no exception to this. Siblings have a different perspective on the suicide because their relationships were different with the deceased person than that of their parents' and each other. Siblings need an opportunity to express their emotions following the suicide without their parents because their stories and emotions will be unique.

Sudden Death (Including Accidents and Homicide)

Sudden death has its own issues for surviving siblings. While some of these emotions will be in line with those of suicide, people who experience the death of a sibling by sudden death will be faced with circumstances usually beyond their family's control. Homicide and accidents can be questionable and lead to lengthy grief because of unresolved cases in the legal system. Siblings might be ready to move on following their brother or sister's death, but the legal battles and open investigations keep them from moving forward. Sometimes there is no closure for siblings in these types of death.

As with suicide, there usually is no time to say goodbye. The death is instant, coming at a time when it's not expected and under atypical circumstances. Siblings who see their brother or sister die, whether by an accident, homicide or suicide, could suffer post-traumatic stress disorder as they relive the vision of seeing someone they care for very much die in front of them. In some accidents, the siblings might believe they were to blame and suffer long-term complications from grief.

Illness

Siblings who experience the loss of a brother or sister to illness often have a chance to spend time with them and say goodbye. This experience might seem like it could ease the process because they have an opportunity to express their feelings. However, it also can be difficult because the process can go on for an unknown period of time. Life is disrupted and no one is quite sure when it will be "normal" again. And that normal will be forever changed.

For children, it can strain their relationship with their parents because parental attention is devoted to the sick child. Children are forced to live through the sickness of their sibling with worry and sadness because their playmate is no longer available to be with them.

Siblings who watch their brothers or sisters die also might have lasting memories of those last scenes of the siblings' lives (Bank and Kahn, 1997). It might have been traumatic for them to witness their sibling's death. Or the sibling might have died in a hospital in another city and the sibling is left to imagine what really happened.

While sibling grief has many parallels to the loss of a friend or another family member because of the loss of memories and a shared childhood (Cicirelli, 1995), the reaction to the death also will be unique based on the experience of the surviving sibling and the closeness of the relationship. The way that sibling dies will affect the grief experience as well. Thus, when working with sibling survivors, it is important to acknowledge that the sibling's grief will be complicated by the manner in which the sibling died. Surviving siblings must acknowledge their loss and the manner in which it happened before they can move forward in their lives. They also must be reminded that just because their sibling has died does not mean their sibling is gone from their lives. They do not have to let go of the memories of their deceased sibling. Only through coping with the death will they learn how they can take that person's memory with them as they continue to move forward in their lives. ■

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Sibling Grief Throughout Childhood

By Betty Davies, PhD

From the time that a new baby enters the family, a special bond develops between the children. Siblings protect one another, support one another and ally together against parents and others. Siblings play significant roles in each other's lives, and a sibling's death can be traumatic for brothers and sisters left behind. In fact, siblings' stories indicate that the impact of such a death lasts a lifetime, perpetually influencing their ways of being in the world.



Not all siblings are affected to the same degree by a child's death. Parents, in fact, need to be advised that each child in the family will react differently. Many factors come into play to affect children's grief responses. Individual sibling characteristics come into play — for example, the child's age and gender, health status, temperament or coping style and previous experience with loss. Situational factors must be considered as well. These include characteristics of the situation itself, such as duration of illness, cause of death, where the death occurred and whether the bereaved children who were given the choice and became actively involved in the care of their sibling or in planning of the funeral.

Psychosocial environmental factors also have an enormous impact upon sibling grief. The nature of the pre-death relationship, for example, is critical. When children have shared many aspects of their lives, the loss of one child leaves a large empty space in the surviving sibling. The family environment also significantly impacts upon grieving siblings. For example, children do better in families where feelings, thoughts and ideas are more freely expressed; a sense of cohesion or closeness exists, and bereaved siblings exhibit fewer behavioral problems (Davies, 1988, 1999). Because it is the interactions siblings have with the adults in their lives that are critical, thinking of sibling responses with the words that brothers and sisters themselves have used to describe their experience offers guidance in our interactions with grieving siblings.

"I hurt inside." The siblings' feelings include sadness, anger, frustration, loneliness, fear, irritability and all the many other emotions that characterize grief. Unlike adults who often talk about their emotional responses, children are often unable or inexperienced at identifying what they are feeling.

For children who "hurt inside," the goal is to help children accept whatever emotion they experience and to manage those emotions in appropriate ways. This is easier said than done. Because children seldom verbalize their thoughts and feelings — at least not in adults' terms — it's important that caring adults watch for changes in the child's behavior and respond sensitively. Children who are hurting inside need comforting and consoling. They do not need lectures, judgments, teasing or interrogations. Rather, they need someone who is consistent and honest, and who is willing to share his or her own thoughts and feelings with the child. Helping children who "hurt inside" is a two-way process.

"I don't understand." How children begin to make sense of death depends in large part on their level of cognitive development. To help children who "don't understand," adults need to

remember that confusion and ignorance are additional forms of hurting. Adults have a responsibility to be aware of what children understand, and to offer honest explanations that fit with the children's developmental capabilities. As siblings grow and develop new ways of viewing and understanding the world, they will have new questions about the death. Caregivers must be open to children's questions, giving them the freedom to ask whatever they want without fear of ridicule. Helping children understand is not just providing information

about facts and events; it also is giving information about feelings, about what to expect and about what not to expect.

"I don't belong." A death in the family tears apart the normal day-to-day patterns of family life. Siblings do not know what to do or how to help, and if they try, their efforts may not be acknowledged; they may begin to feel as if they are not part of what is happening. They also feel their experience makes them different from their peers. To prevent siblings from feeling as if they "don't belong," adults can encourage children to help in some way in the activities of caring for an ill brother or sister, or involving them in the rituals surrounding death. Ensure that the child's individual choices are respected.

"I'm not enough." Siblings typically want to make their parents feel better, but no matter what they do, their parents' sadness persists and they are "not enough" to make their parents happy. Helping siblings to feel as if they are valued, loved and considered to be special by the adults in their lives is the best way to help children avoid feeling as if they are "not enough." If adults interact with bereaved siblings in ways that comfort their hurt, validate their worth, clarify their confusion and involve them in what is happening, it is unlikely that bereaved siblings will feel as if they are "not enough."

I have often asked siblings what advice they have for adults who want to help grieving children. They inevitably respond, "Don't forget the brothers and sisters!" Their words capture well the most important message. Though sibling grief may be a difficult, long and lonely journey, it is not one that siblings must travel alone if the significant adults in their lives acknowledge the impact of sibling bereavement and are willing to walk alongside them on their journey, comforting and consoling, teaching, involving and validating. ■

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Understanding Adolescent Sibling Bereavement

By Nancy Hogan, PhD, FAAN, CT

For many years, I have had the privilege of facilitating bereavement groups for adolescent siblings and I have developed a deep appreciation for the ways they grieve. This experience has led to the development of questionnaires to study sibling and parental bereavement.

To identify the congruence between the ways adolescents perceive their own grief and how parents believe their children are grieving, data were collected using the Hogan Inventory of Bereavement (HIB).*



First, adolescents recorded their own reactions on the HIB and then parents scored the questionnaire *as they believed their child had scored it*. Findings revealed that the mothers' perceptions of how their children scored the questionnaire were incongruent with their children's responses. Fathers' scores, however, resembled their children's scores. We concluded that more credence should be given to fathers' observations regarding their adolescents' grief reactions (Hogan & Balk, 1990).

The next study was developed to address questions related to the relationship between grief and self-esteem measured by the Offer Self-Image Inventory, or OSIQ (Offer, Ostrov & Howard, 1982). To test the relationship between bereavement and self-concept, bereaved adolescents were assigned to groups based on the intensity level of their grief (high, moderate and low) on the HIB.

Correlations showed that adolescents with high-intensity grief also had high scores on the impulse control, emotional tone, body and self-image and psychopathology subscales of the OSIQ. By contrast, adolescents with low-intensity grief showed self-concept scores similar to standardized scores from non-bereaved adolescents. The data also showed that the group of siblings who had grieved less than 18 months had significantly more grief than the group of siblings who had grieved more than 18 months (Hogan & Greenfield, 1991).

To better understand how bereaved adolescents grieve, we asked siblings to provide written responses to questions about things that helped them cope with grief and things that hindered their coping. Their narratives revealed that spontaneously occurring, painful, intrusive, unwanted, uninvited thoughts, feelings, and images such as blame, guilt and shame related to traumatic circumstances surrounding their brother's or sister's death, made their grief more difficult. Approximately 25 percent of the 187 adolescents became an only child as a result of the death. These adolescents expressed a particular kind of aloneness because they no longer had a sibling who they could love, hug, fight with or tease. One sibling stated "My mom and dad had each other, and I had no one."

Many siblings described that accepting the irreversibility and permanence of the death was hard to deal with. Siblings expressed distress at witnessing their parents being sad, upset and crying and early in grief some parents were emotionally unavailable to them.

They identified comments that were hurtful, including rumors spread about their dead sibling and unwelcome comments such as, "You'll get over it," "You should be over it by now" and "I know how you must feel" (Hogan & DeSantis, 1992). Many siblings identified things that helped them cope with their grief. Mothers and fathers who provided care and comfort helped the siblings feel that their grief was normal. Many of the siblings viewed their friends as helping them cope with grief by being available when needed and listening and

accepting their grieving without making judgments. Siblings expressed that they knew that their friends felt awkward and didn't know what to say or do. These friends remained there for them nevertheless.

Bereaved siblings and parents often utter the words, "If I could only see him/her one more time." To understand the meaning behind this plea, bereaved adolescents were asked to provide written responses to the question, "If you could ask or tell your

bereaved sibling something what would it be?" Siblings indicated that they would ask their brother or sister if they needed anything in heaven and ask what it is like in heaven. They also would reassure their deceased sibling that they would see him or her again in heaven. Eighty-one percent of the 157 siblings said they would say, "I

love you, I miss you." These statements made in the present tense provided evidence that the bereaved siblings perceived maintaining bonds to their deceased brother or sister. We labeled this phenomenon "ongoing attachment" (Hogan & DeSantis, 1994).

Many bereaved adolescents and adults believe they have grown personally as a result of their grieving. Personal growth, as described by adolescents, indicates that many siblings believe they have grown up faster than their peers, cope better with problems, are more tolerant of themselves and others, and are better able to help others and receive help from others who grieve. They also view themselves as caring more deeply for others.

Findings from a recent study of bereaved parents designed to test the validity of the grief to personal growth theory of bereavement confirmed pathways that lead from grief to intrusivity of distressing emotions, from intrusivity to avoidance of the intensity of early grief, from avoidance to social support, and from social support to personal growth (Hogan & Schmidt, 2002). Our current studies entail testing the Continuing Bonds Inventory we developed to learn how children and adults maintain attachment to their loved ones. I am currently a consultant on a longitudinal study funded by the National Institutes of Health that is designed to test the Grief to Personal Growth Theory with sets of siblings to identify typical and atypical pathways through grief from which to develop evidence-based interventions grounded in the lived experiences of bereaved siblings. ■

* The HIB was formerly called HSIB

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"Many bereaved adolescents and adults believe they have grown personally as a result of their grieving. ...They also view themselves as caring more deeply for others."

Losing a Sibling in Adulthood

By Rayna Vaught Godfrey, PhD

“We’ve lost Wes.”

I heard my father say this and then everything went silent in my head. I saw the tears streaming down his face, felt his and my mother’s arms hold me as I started to crumple to the floor, knew my mouth opened as the screams burst forth, but everything was surreally quiet to me in those first few moments after I learned my 16-year-old brother and only sibling had died in a car accident a few hours earlier.



they would be with us longer than anyone else on earth.

Profound Loss

Bereaved siblings experience profound loss, even though this loss is often unrecognized by society. People miss the companionship, understanding and support shared with their siblings. With the loss of such an enriching relationship, there is an absence of a specific level of understanding, a set of interactions, a resource of support. We miss our sibling’s presence in everyday

After that initial plunge into grief 15 years ago, I began to search for information about sibling loss and found very little, especially on adult sibling loss. I felt extremely alone, not only because I was missing my brother, but because society didn’t seem to even recognize my loss. How many times did I hear, “Oh, your brother died; how are your *parents* doing? How awful for them!” Yes, it was awful for them. But it was awful for me as well and very few people seemed to notice this. Wes had been my best friend, my confidante, my strength to get through the tough times. Here I was, navigating the toughest time of my 20-year-old existence without him, in a society that expects that the pain of sibling loss is “neither intense nor of long duration” (Moss & Moss, 1986, p. 412).

When I entered graduate school seven years later, I returned to my search for information with academic earnestness, fueled by my continued relationship with my brother and a sense that I needed to do something about this missing information. I felt compelled to write my doctoral dissertation on this topic. This qualitative study (Godfrey, 2002) revealed the following important themes of the experience of losing a sibling in adulthood.

Importance of Siblings in Adulthood

Contrary to popular Western beliefs, the sibling relationship does not dissipate when people leave the parental home. Siblings have the opportunity to be friends, and provide love and security from childhood into adulthood and old age. The sibling bond sustains distance, conflict and family dynamics. Even those siblings who aren’t as close can experience a mutual understanding, an enrichment of relationship and a unique connection. Siblings are important in adulthood. They provide companionship and support, play a prominent role in the tasks of adult development and constitute a significant part of one’s sense of self and family. If not for death,

life and at important events where he or she would have been there to celebrate or cry with us. There is a sense of being robbed, of losing an important component of our sense of family. On a deeper level, there is a part of ourselves missing after the death of a sibling. Such a death leaves a seemingly unfillable hole, both within us and within our families. This is magnified for those who lose their only sibling and no longer have someone who shares their histories, who can reminisce with them and can validate their family narratives. The pervasive grief of adult sibling bereavement is raw and intense initially, turning familiar and expected around three to five years after the death.

Dealing with the Loss

Bereaved siblings are not passive bystanders, but actively deal with their losses. Some find expressing emotions helpful, including using therapy as a means to do so. Adult siblings often find it helpful to be able to “tell their stories” in such a way as to find meaning or make sense of the loss, or simply to share their siblings with others. Many times, bereaved siblings do not have this opportunity outside of therapy because the loss is not recognized.

Adult siblings use a variety of ways to deal with their losses including distraction, gaining control, taking action and self-soothing. Some rely on other people as a source of support, while other siblings need to grieve on their own. A significant part of dealing with the death of a sibling entails trying to make meaning of the loss.

Making Meaning of the Loss

The process of meaning making begins with the details of the death or of the illness leading up to the death. Fact gathering, although helpful initially, is insufficient in the long run when

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Understanding Adolescent Sibling Bereavement

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information dwindles, is incomplete or is even contradictory. Thus begins a search for meaning, for some sense, some reason; a way to restore order to the universe or accept that there is no order.

Previous world assumptions have to be revised to include new knowledge about life and death gained from losing a sibling. This is no small task and brings with it an increase in anxiety and a more serious outlook on life, as well as an increased sense of vulnerability for both the surviving siblings and their loved ones.

People also experience personal growth and discover a greater appreciation for life and those around them. Relationships may change for the better and people may feel stronger for being able to survive such a loss. Rituals provide an opportunity to create meaning as well as to connect with the deceased sibling. Many people describe having a continued relationship or connection with their siblings after the death.

The impact of losing a sibling in adulthood is far-reaching and affects one's sense of self and relationships. As a result of the loss of a sibling, people change. Some may become more outgoing and risk-taking as they internalize those aspects of their sibling. Others may gain confidence in themselves as they realize they have survived such a penetrating loss and faced subsequent difficulties on their own. There is a deeper appreciation for life and those around us, and an increase in compassion for others. To some extent, people may become more anxious and less trusting. Bereaved siblings are forced to confront the randomness of existence and a loss of control, as well as question world assumptions. The death of a sibling impacts who we are, what we hold dear and how we relate to people. For better or for worse, we are never the same.

Grief in the Context of Others

Although grief is a very individual experience, it exists in a social context and is influenced by those around us. Society often does not recognize the death of a sibling in adulthood as a significant loss and as such, many bereaved siblings feel ignored. The focus of concern falls to parents or to the sibling's family of procreation.

Often, parents are not helpful in the process of sibling grief. They may be too consumed by their own grief to provide much in the way

of consoling for the remaining children. However, as adults, siblings are often expected to assume a care-taking role with parents.

Grieving in the context of others is a mixed bag. People are helpful when they allow bereaved siblings to grieve in their own ways and in their own time. They are not helpful when they offer platitudes and uncomfortable sympathy, when they don't listen, when they rush the griever or when they ignore the griever's experience. Talking with others is often helpful, however, as a way to keep memories alive, share the sibling with others and make meaning of the loss.

Conclusion

The experience of losing a sibling in adulthood is not something to be ignored. Siblings are important to us in adulthood. When a sibling dies, it is an incredible loss and there is something profoundly missing from our lives. Adult siblings grieve this loss and are impacted on many levels. This impact sets into motion a journey as people cope with the loss and try to make meaning of it. This journey includes both the painful and the positive. It is often solitary, but includes those around us who are both hurtful and helpful to us in our grieving.

My own process of making meaning of Wes' death has taken me on a complex journey. This journey moved from a time when I couldn't find much to read about adult sibling loss to being able to write about adult sibling loss instead. It has also included connecting to my brother's very powerful presence along the way and being able to say, "I've found Wes." ■

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About the Author

Rayna Vaught Godfrey, PhD, is a licensed psychologist in private practice in Denver, CO. She teaches on an adjunct basis at the University of Denver and at the Metropolitan State College of Denver. Her e-mail address is raynagodfrey@aol.com.

ADEC to Host Pre-Conference Community Workshop in Tampa

When Time Matters: The Five Things You Need to Know When Facilitating End of Life Goals and Wishes will be presented by the incoming ADEC President Jack LoCicero, PhD, a highly respected therapist, educator and author, on Tuesday, March 28, 4-6:30 p.m. This workshop will help participants understand the important questions that need to be addressed in order to respect and fulfill individuals' end-of-life care preferences. Participants will leave with the tools, resources and confidence needed to begin the process with family and friends.

For more information and free registration, call Linzi Eisemann at 727/523-4143 or e-mail linzieisemann@thehospice.org. See the ADEC Web site at www.adec.org.

Upcoming Themes

The following topics are being considered as themes for upcoming issues of *The Forum*.

Topics under consideration:

- Spirituality
- Effects of War
- Internet and Death
- African American Experience of Death
- Complicated Grief
- Grief in the Workplace
- Mental Illness and Death

If you would like to contribute an article to an issue with these upcoming themes, contact Illene Noppe, Editor of *The Forum*: noppei@uwgb.edu.

Adult Sibling Loss: An Unexpected Journey

By Arlene Conboy, MSW, PhD

In March 2003, I was at the ADEC conference in Cincinnati as a presenter and I volunteered to pitch in and convene some additional sessions, one of which was on the topic of adult sibling loss. The topic terrified me. I had lost a brother in adulthood, 15 years earlier, but had not really dealt with his death or processed it to any extent. I would have never chosen to attend or convene a session on this topic, but I had my assignment, so I moved ahead.



Our presenter, Rayna Godfrey, had not yet arrived, and so we began an informal discussion. (Little did we know she was stuck in a blizzard in Denver.) When we realized our presenter was not coming, we chose to continue our conversation, finding that most of the attendees at the session had personal experiences with adult sibling loss.

One couple said they were looking for any resources for their surviving adult son, stating, "We found help for ourselves as parents, but none suited for our surviving son who is a young adult."

A young woman recounted, "I was told over and over, 'Take care of your poor mother, she must be devastated.' Both my mother and father were devastated *but so was I* as a college student who lost my teenage brother to a chronic illness!"

Taking the advice to heart, this young woman helped her mother and swallowed her own feelings. More than a decade later, she was still alone on her journey.

Although I did say during the session that I had lost a brother in adulthood, I said it quietly and only once. Being instrumental and not emotional was more familiar and comfortable. And so began my process of revisiting my brother's death; something I had not been planning on doing anytime soon when I arrived in Cincinnati. I certainly had not expected to be confronted with the topic in this way.

From these conversations, our group identified a powerful theme that morning: *feelings and needs arising from adult sibling loss have very little visibility and little or no resources.*

In Pittsburgh the following year, we finally met Rayna and heard her presentation. We were excited about her findings that corresponded with many of our group members' experiences. Our symposium that year on adult sibling loss was well received and generated enthusiasm to continue the information exchange and promote resources for adult bereaved siblings. We presented again in Albuquerque in 2005, attended by not only bereaved siblings, but by a fair number of professionals who were looking for resources for their clients and patients who had lost siblings.

This symposium was meaningful for me in that during my part of the presentation, I moved out of my comfort zone and shared on

a very personal level. I recounted my own experiences with losing my brother, Richard Timothy Corless (who I call RT), first through a long relationship to drug addiction and then to AIDS. I talked about how RT had dyslexia, but had tested with high math skills, which sadly he seemed to have only used to manage his childhood paper route billings and, later on in the netherworld of dark deals. I noted that I had become the treasurer of my cooperative apartment complex, which may be a way of connecting to my brother through his

love for numbers.

Back at home, I performed a ritual, based on the theme of our symposium, dualities and rituals in adult sibling loss. I took a sheet of light gray stationery and put a minus sign (-) and a question mark (?) on the top and then placed a plus sign (+) on top of a sheet of ivory paper. I wrote quickly about my relationship with RT. I cried some and read what I wrote. I put both sheets in the envelope and sealed it, writing, "Me and Tim" on the front. I peacefully and slowly tore strip after strip of the envelope and

paper, then ripped each strip in half. I lifted them up and let them fall back on the dark blue granite of the tabletop. I picked out five pieces that I made into a collage for my journal. I put the remaining paper in a pot in the kitchen sink and burned it. The flames were high, so I doused the pot with water from the faucet. I wrung out the fragments into a

loaf, binding it with the raffia we had used on our symposium poster. I placed the bundle in a basket with all my adult sibling loss papers. I will leave it here until I sense it needs to be somewhere else.

My feelings about my relationship with Tim have become more frequent, varied and different since that initial plunge into the topic of adult sibling loss in Cincinnati almost three years ago. Also, recounting this journey helped me overcome my fears and to initiate a plan to help people affected by adult sibling loss by starting a Web site that will be up and running by January 2006.

This experience was important to me, but as a researcher, I am cautious about drawing anything but personal conclusions. Adult sibling loss needs to be recognized, but the personal needs to be balanced with a respect for the great variability of experiences of adults losing a brother or sister to death that informs all future research, literature and subsequent interventions. ■

About the Author

Arlene Conboy, MSW, PhD, does grant writing and research consulting as the president of COR, Consulting on Research, in Forest Hills, NY. Her e-mail address is conboya@aol.com.

"...Feelings and needs arising from adult sibling loss have very little visibility and little or no resources."

Using Nature-Based Rituals as an Intervention for Adult Surviving Siblings

By Christina M. Zampitella, PsyD

The death of an adult sibling signals the end of a promise—to be witnesses for one another from birth to death. Adult sibling death is a disenfranchised loss. It marks the beginning of a unique and intense loss experience. Despite the unique nature of their loss, the adult surviving sibling population rarely receives attention from researchers and theorists, who focus mainly on children who have lost a sibling or parents who have lost a child. As a result, clinicians must use research findings and interventions intended for children and parents to inform their work with adult surviving siblings.



Some who struggle with grieving turn to mental health professionals for techniques to reduce the pain of their loss. One method used is nature-guided therapy as a modality for healing (Burns, 1998; Cohen, 1993; Clinebell, 1996). The use of nature therapy, which is the engagement of the individual in varied activities in the environment, is aimed towards providing healing experiences from an emotionally corrective perspective (Angell, 1994).

The ability to create meaning from one's loss is also an important aspect of managing the direct impact that a sibling's death has on the adult surviving sibling (Fanos & Nickerson, 1996). A powerful technique one may use to create meaning is the use of ritual. Ritual allows for creative expression of thoughts and emotions in a supportive manner that provides meaning, purpose, order and relationship. For those who have lost a sibling, ritual may afford an opportunity to integrate new understandings into their worldview.

In this article, I report on the findings of a study that used nature-based rituals specifically intended for adult surviving siblings. In an attempt to increase our awareness and understanding of their loss, this study merged two modalities to create a new intervention to use with this under-studied population.

Six adult surviving siblings participated in a personalized nature-based bereavement ritual. The locations for these rituals were chosen by the surviving sibling, and included places such as at a lake, in the mountains and at a waterfall. The ritual followed five basic stages: 1) planning, 2) separation, 3) liminal, in which the participant sat in silence, prayed or meditated, 4) incorporation, and 5) re-integration. The participants were subsequently interviewed using a semi-structured interview. Three categories containing a total of 16 themes were revealed. The study's emergent categories were *Participants' Evaluation of Ritual Planning*, *Participants' Evaluation of Ritual Performance/Experience* and *Participants' Evaluation of Ritual Re-Integration*.

The first category, evaluation of ritual planning, explored the participants' experience of designing their personalized ritual. Some tasks in which the siblings engaged included looking through pictures, writing a letter and deciding on the intention of the ritual. As the participants gathered the materials to be used, each experienced a form of being mindful, or fully present in the moment. The emotional processing that occurred during ritual planning including feelings such as sadness and happiness was experienced as being as

poignant as performing the ritual.

The second category, evaluation of ritual performance/experience, described the adult surviving siblings' feelings and thoughts while engaging in the ritual. While each sibling created a unique and personalized ritual, the themes that emerged from the intervention remained consistent. For example, linking objects are those items that reminded the surviving sibling of the deceased brother or sister, such as an old T-shirt or a poem. The use of communication with the deceased sibling

also created a sense of connection and conveyed the thoughts essential to the process. Furthermore, through the ritual experience, the participants were able to express some form of emotional release, ranging from happiness to anger. All participants felt that being in a natural environment created a space to feel secure and open to the intervention. Finally, the use of some form of spirituality was vital to the experience because it helped the sibling contain the overwhelming feelings associated with his or her loss. The experiences of the participants varied as much as their rituals. However, the general results were feelings of cathartic release and renewed relational connections, which afforded the adult surviving sibling an opportunity to grieve without societal expectations.

Finally, the third category, evaluation of ritual re-integration, illustrated how the adult siblings' mourning process was affected by the intervention and, subsequently, how their transformed perceptions were integrated into their worldview. Most of the participants stated that the intervention would lead to further emotional processing of their loss. Some felt that they had finally found closure that would move them forward with other tasks of mourning. After the intervention, some experienced an increase in sadness and continued guilt as they processed their experience. Finally, all felt they would continue to maintain an emotional bond with their siblings, but in an altered and newly integrated manner. Regardless of the type of feelings, the adult surviving siblings described a process that attended to movement in the mourning process.

Historically, research on adult surviving siblings has rarely been conducted. It is hoped that these findings will open doors to future studies focused on this population and the development of effective interventions using nature-based rituals that address their loss. ■

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Notes from Poland

By Sherry R. Schacter, PhD, CT

I am writing this column after just returning from Gdańsk, Poland, located in northern Poland on the Baltic Sea. Two colleagues, Dr. Mitch Golant (a psychologist and vice president of the Wellness Community) and Dr. Andy Roth (a psychiatrist from Memorial Sloan-Kettering Cancer Center), and I were invited to Poland to support (both emotionally and educationally) some 40 psychologists and psychiatrists working throughout Poland in cancer hospitals. For the majority, they are *the only* psychologists and psychiatrists working in their institutions, which makes burnout a major potential factor for these clinicians.



This very exciting project came about because of one psychiatrist who wants to advance the field of psycho-oncology in her country and who recognized the isolation and lack of support clinicians receive. Before this initiative, few formal mechanisms were available within Poland where mental health care professionals could come together to collaborate or support one another. This is the first step in formulating Poland's PsychoOncology Society, which will be similar to APOS (the American PsychoOncology Society) and IPOS (the International PsychoOncology Society). I have been a member of APOS and IPOS since their inceptions. In 1984, IPOS was created to foster international multidisciplinary communication about clinical, educational and research issues related to psychosocial issues of cancer patients and their families. My two colleagues and I have been active members of both APOS and IPOS, and it was through IPOS that we were invited to initiate this program.

This first step is part of a five-year initiative that begins with "training the trainers." We expect that the clinicians taking part in our training sessions will return to their hospitals and institutions and initiate educational programs for colleagues and build a team approach that will eventually promote resources for their oncology patients. Their five-year program envisions the promotion of professionalism and culminates in an exam acknowledging expertise in the field of psycho-oncology. The focus of our training was not totally on end-of-life care, but rather the broader care of cancer patients and their family caregivers throughout the cancer continuum. Therefore, depending on where the clinicians work, not all will work with dying patients. Our psychosocial oncology training consisted of workshops focusing on various aspects of psychological support for patients, families, and clini-

cians throughout the disease trajectory. Each of us addressed our areas of expertise: Dr. Roth focused on care in a tertiary setting; Dr. Golant on caring for cancer patients in the community; my focus was on supporting individuals receiving palliative care or hospice and bereavement follow-up for families. I was able to spend two days before our workshops touring several cancer hospitals and meeting with patients and staff. The majority of individuals did not speak or understand English and I worked with translators the entire time.

Much publicity was generated by our visit and before leaving Poland I was interviewed by the Polish edition of *Newsweek*.

Upon returning from Poland, I thought about the feasibility of ADEC assisting other countries with similar programs, since many members of our ADEC family have traveled and been involved in similar adventures. Our membership has often acknowledged that ADEC is the best kept secret, and have discussed how we could increase our visibility as well as intervening when traumatic events arise globally (e.g., the tsunami, bombings in London and Bali) or nationally (e.g., Hurricane Katrina). Given our expertise and the diversification of our membership, perhaps our unique contribution could be a longer term focus rather than an incident or traumatic event. Focusing on educating and assisting other professionals could also reinforce our mission statement as well as addressing and incorporating portions of our strategic plan.

As mentioned in my last column, a task force has been developed with Pat Zalaznik, Nancy Hogan, Jack Jordan and Rick Koepke focusing on how ADEC should best respond to tragedies. They explored different options and proposed an excellent draft, which was presented to the Board of Directors at the midyear board meeting. This report delineates our responsibility to develop general educational resources that would be broadly applicable to dealing with the long-term issues around end of life and bereavement care in all types of situations. A summary of that report is published on page 11.

To our members across the world and in the United States who have been the recipients of care or involved in various capacities helping traumatized and affected individuals related to both natural and man-made disasters, I wish you peace and strength to continue your work. I hope that the coming year is one of peace and good will for you, your families, and for mankind everywhere. ■

Using Nature-Based Rituals as an Intervention for Adult Surviving Siblings

Continued from page 9

About the Author

Christina Zampitella, PsyD, resides in San Diego and is a therapist in two private practices working with adults, couples and families, specializing in grief and bereavement. Her e-mail address is doczamp@hotmail.com.

Task Force on Responding to Tragedies

Nancy Hogan, RN, PhD, CT, Jack Jordan, PhD, CT, Rick Koepke, MSW, MSIS and Pat Zalaznik, BS, MA

The Task Force on Responding to Tragedies has been asked to make recommendations to the Board regarding ADEC's organizational response(s) to events with high public visibility, such as the tsunami, the Schiavo case, hurricanes and other disasters. The task force discussed several issues related to making appropriate responses to three different communities of interest: professionals (including ADEC membership), the general public and members of the media. One topic concerned what unique contribution ADEC and its membership might make that differentiates it from other professional organizations. It was observed that most ADEC members have more expertise around dealing with the long-term impact of death and loss on individuals and families, rather than immediate crisis response to disasters, and that this should generally be the area of expertise that we offer to the outside world.

The task force developed recommendations that pertain to broad-based educational resources, as well as suggestions for a coordinated ADEC response to "high-visibility events" (HVE) that receive considerable national or international media attention.

Recommendations for ADEC Response to High Visibility Events

1. In general, be proactive about responding to the event. This includes addressing the event on our Web site with statements of concern and condolence, issuing press releases and contacting relevant organizations to let them know about ADEC resources.
2. On an ad hoc basis, the president should designate a key ADEC member who would respond to inquiries for information and organizational position statements on the event. Most frequently this would be the president, but the individual could also be drawn from a list of other ADEC members who have special expertise in the domains impacted by the event and who have agreed to be available for this role.
3. ADEC should draft generic position statements about key issues that could be modified for the particulars of the event at hand. These statements should be politically neutral, based

on sound scientific research whenever relevant, and encourage dialogue and respect for diversity around end of life and bereavement issues.

4. Develop lists of members who have expressed an interest in providing services during or after a HVE on a local level.
5. ADEC should also develop channels for members who want to do something to become involved to connect with other organizations that are much more experienced than ADEC in responding to disasters (e.g., Red Cross).
6. While acknowledging the sense of urgency behind requests from membership or the public that ADEC "do something," emphasize in all educational materials and public statements the need for long-term planning and coordinated response to community disasters, rather than just ad hoc responses. Refrain from reacting impulsively to a given HVE.
7. Do not target a specific HVE for fund-raising within ADEC membership. Instead, have available suggestions and links for other appropriate channels for members to make financial donations.

Recommendations for Developing General Educational Resources

1. Develop resources that are available primarily through the ADEC Web site that are targeted toward and easily accessible to three groups: the public, professionals and the media. These can consist of fact sheets, lists of coping suggestions for survivors who are dealing with loss, and identification of resources within and outside of ADEC for more information and assistance.
2. At the annual conference, consider providing regular training for community crisis response, speakers or workshops for interacting with the media and sessions differentiating grief, traumatic grief and coping with trauma.
3. ADEC members may be ideally positioned to offer long-term support to caregivers who are on the front lines of disaster response. This could include "debriefing for the debriefers" and training opportunities. ■

Minutes of Mid-Year Board Meeting

Carolyn Hames, Secretary

The Board of Directors held its mid-year meeting at ADEC Headquarters in Northbrook, IL, on Oct. 21–22, 2005. It was our first group visit to the Sherwood offices and we were most impressed by both the facilities and the professionalism of its staff.

The dominating agenda items are listed below. In the months that follow, the membership will be hearing details about:

- Organizational and committee restructuring to increase productivity and facilitate communication, including identification of specific Board members who will act as advocates ("champions") for critical areas of need
- Review and approval of relevant changes to the ADEC By-Laws

- Enhancement of the ADEC Web site to improve its functionality, enabling both members and non-members to use it more frequently with greater satisfaction
- Improvement of and planning for the annual conferences, responding to recommendations of attendees and the conference Steering Committee
- Review and refocusing of the Strategic Plan in conjunction with the Sherwood Group and our management agreement
- Review and discussion of the recommendations presented by the ad hoc Task Force on Responding to Public Tragedies.

Passing the Computer to a New Editor

by Illene C. Noppe, PhD

I grew up in a family of Eastern Europeans, where Yiddish was the primary tongue punctuated by bursts of interesting versions of English. As a child, I spoke the same way, and later my writing reflected made-up words and amusing adjective-noun inversions. Thus, my family, quite death-phobic by the way, thinks it is hilarious that I am now the editor of *The Forum*, the ADEC newsletter. I, on the other hand, am honored and grateful for the trust and responsibility that ADEC has offered me as I assume the editorship. As I envision the direction that I would like to move *The Forum* during the next three years, I am mindful of the excellent course established by Louis Gamino, and before him, Kevin Oltjenbruns. Both recognized that *The Forum* represents an organization that has a significant mission of education, bereavement support and care of the dying. This mission has become increasingly more important as nationally and internationally we confront concerns for end of life issues in an environment in which news, information and opinion are instantaneous. *The Forum* in many ways has become the mechanism through which association members, and those outside of the ADEC community, can access significant and new ideas about death, grief and loss.

Mindful of the important role that *The Forum* plays for ADEC and the public, I will continue to anchor this publication to the

ADEC mission by seeking to provide cutting-edge information relevant to educators, researchers, practitioners and students. It is my desire that *The Forum* become more widely known beyond the association, so that it is thought of an excellent resource for information about death-related issues. One way in which that can happen is by strengthening the ties between *The Forum* and the ADEC Web site, a dialogue that we have already initiated with the insightful staff at the Sherwood Group. By using the Web site, it is my hope that ultimately *The Forum* can become a catalyst for interactive dialogue between authors and readers. Of course, *The Forum* will also continue to be an important outlet for ADEC news.

For me personally, my work on *The Forum* has already reaped many benefits. It has allowed me to further contribute to ADEC, which has become increasingly important to me as a source of friendship and intellectual stimulation. Most significantly, I have had the opportunity to learn from Louis Gamino, a wonderful role model and mentor who willingly shared his talents as editor of *The Forum*. Additionally, the guest editors of this issue, Michelle Linn-Gust and Rayna Godfrey, were delightful—I cannot thank them enough. Looking forward, I am certain that I will have plenty to kvell about (Yiddish for “to beam with pride”) as I work with my fellow ADEC colleagues to create a publication of quality. ■

Annual Conference Notes

Grief and Loss: Wisdom and Insight

ADEC 28th Annual Conference

March 29–April 2, 2006

Tampa Marriott Waterside Hotel & Marina

Tampa, Florida, USA

The ADEC Annual Conference presents a unique opportunity for interaction between individuals concerned with psychosocial, clinical and educational aspects of death and loss. The ADEC Annual Conference provides a forum for the exchange of information in death education, care of the dying and bereavement counseling and support. Download the Preliminary Program at www.adec.org for details.

Keynote Speakers:

Vanderlyn R. Pine, PhD

Kathryn Turman, MSW

Sharon Bryson, LPC

Danai Papadatou, PhD

Invited Speakers:

Janet Reno, Former U.S. Attorney General

Mary Labyak, MSSW, LCSW

Sandra L. Bertman, PhD

David E. Balk, PhD

Louise Rowling, PhD

Heather L. Servaty-Seib, PhD

Continuing Education Hours

Attendees of the 28th ADEC Annual Conference can earn a maximum of 27.75 credit hours. Nurses can earn a maximum of 33.3 contact hours. See www.adec.org for details.

Specialty Workshops

Thursday, 8:30 a.m. – 5:00 p.m.

Full-Day Workshops

Practitioner Participation in Research that Matters:

Practical Tools for Converting Real Problems into Research

Chronic Sorrow: Dream & Reality

A Family-Centered Approach to Perinatal and Pediatric Loss

Half-Day Workshops

Helping Families Cope After Sudden and Traumatic Loss

Traumatic Dream Assessment—Analyzing the Author to Uncover

Clues to Relevancy and Meaning to Estimate Goodness of Fit

Waiting at the Rainbow Bridge: Training Counseling and

Hospice Professionals in Pet Loss Support

The Grieving Employee Returning to the Workplace

The Children Who Lived: Using Harry Potter and Other

Fictional Characters to Help Grieving Children and Adolescents

The Therapeutic Funeral Director: Resolving Barriers to Mourning

Where Science Meets Practice:

Positive Psychology Applied to Dying and Grieving

Environmental Grief™

ADEC Chapters Are Flourishing

ADEC now has eight registered chapters: Texas, Upstate New York, North Carolina, Oregon/Washington, Central Florida, Space Coast Florida, Northeast Florida and South Florida. At least eight more geographical areas have expressed interest in beginning a new chapter, including one international chapter: Israel, California, New Jersey, Wisconsin, South Carolina, Arizona, Pennsylvania and West Virginia. Chapters are the visible local presence of ADEC in your community.

As professional certification in thanatology becomes more widely known and respected, having an affiliation with the national ADEC organization has many advantages. Chapters are separate legal entities but are integral to the work of ADEC. They are the visible presence and authority of ADEC in the community.

Do you know the location of your nearest ADEC chapter? Have you wished that you could have more collegial connections and continuing educational opportunities with other thanatology professionals? Have you ever considered starting a chapter but don't know how to proceed?

In the chapters section of the ADEC Web site we have a listing of current chapters and a helpful manual to guide you if you decide to form a chapter. Individual chapters are as different as the members. All that you need to begin are a few interested people and the energy and willingness to add the gift of a nationally recognized professional grief and loss outreach to your local community. Many chapters partner with the local hospice or other already established agencies.

Celia Ryan is the current chair of ADEC chapters and maintains a virtual chapter in the D.C. Metro area. She can be reached at celiaryan@griefworks.com (301) 871-3478.

Donations Sought for Silent Auction

Each year, ADEC holds a silent auction during its annual conference to fund student scholarships to the annual conference. This year, ADEC is again soliciting items for the Silent Auction.

Bring items for donation to the area where the book sale is located at the ADEC Annual Conference in Tampa, Florida. Volunteers will accept items from 7:30 to 10 a.m. Friday, March 31, in the Book Room.

See your final program for the location of the Book Room. The auction will run from 10 a.m. Friday, March 31, through 4:30 p.m. Saturday, April 1. Thank you for your support!

Contact ADEC headquarters at:

ADEC • 60 Revere Dr., Suite 500 • Northbrook, IL 60062
(847) 509-0403 • info@adec.org

Events

When a Child Dies:

The Vow to Remember, the Call to Comfort

May 31-June 4, 2006

Yavapai Nation near Phoenix, Ariz.

Sponsored by the MISS Foundation and the Elisabeth Kubler Ross Foundation, along with Arizona State University West's Department of Social Work.

This conference, hosted on the Yavapai Nation near Phoenix, Ariz., will provide a unique learning and networking experience for academics and professionals covering one of the most elusive topics in thanatology today—child death.

For more information, visit

<http://www.missfoundation.org/conference>.

ADEC members receive a 10 percent discount. Note your membership when registering.

15th National Perinatal Bereavement Conference

October 12-15, 2006

Chicago, Illinois

Sponsored by PLIDA—the Pregnancy Loss & Infant Death Alliance

This four-day conference includes one day of pre-conference sessions and three days of plenary, concurrent and networking sessions, and a memorial service.

For more information, visit

www.perinatalbereavementconference.org.



Quality Education for Professionals Working with People who are Grieving
January - March 2006 Seminar Schedule

Bereavement Facilitator - Level I

January Dallas, TX
March San Francisco, CA
June Washington, DC

Advanced Bereavement Fac.

January St. Petersburg, FL
March St. Louis, MO
June Philadelphia, PA

Spiritual Counseling Facilitator

January Phoenix, AZ
May Boston, MA

Forgiveness

January WA, OR, ID
February KS, OK
March AZ, NM, TX

Grief Counseling Clinical Practice

March AL, GA

Working With Survivors of Homicide, Suicide & Violence

January CT, MA
February TX
March OH

Helping Grieving Children & Teens

January MD, DC, PA
February NC, SC, GA
March IA, NE, MO, PA, OH, MI

Grief & Depression

January FL, GA
February NY, NJ, PA, VA, DC
March NC

Working with Challenging Clients

January VA
February CO, UT, NV, AR, TN
March OK, MO, LA, TX

Tools to Assist the Dying

February IL, MO, MI, IN
March DE, MD, DC, NJ, NY

Coping with Grief in a 'Get Over It and Move On' World

January AZ, NM
February WA, OR, CA
March MN, WI, IL, MO

Applied Ethics for Counseling

March CA

For details, visit www.CMIEducation.com or call 1-800-726-3888

Certification News

The past year has been an exciting one for the credentialing council. In October 2004 the ADEC board approved the advanced certification, Fellow in Thanatology (FT). We established an early bird special for June 2005. By July 1, 2005, we had processed 87 FT applications. The applications were from members upgrading their CT to FT.

During winter 2005, the Body of Knowledge Committee began work on a new conceptualization of the core body of knowledge for certification. Many thanks to Chair Carol Wogrin and committee members Patti Homan, Illene Noppe, Jacqueline Taylor and Sandy Bertman. David Balk worked with the committee as the Test Committee liaison.

One of the outcomes of the new core body of knowledge in thanatology will be an ADEC Handbook of Thanatology. David Balk is supervising this task as editor-in-chief of the handbook.

Lynn Sommer directed the Item Writing Committee in March 2005 and the members developed more than 60 new test items.

Ginette Ferszt graciously took on the task of exploring and recommending a credential for professionals without a college degree. There are at least two groups, RN and funeral directors, who are professionally involved in thanatology with experience in the field and appropriate education and knowledge of thanatology but cannot be recognized officially by ADEC for their accomplishments because these professionals lack a bachelors degree.

Certification Exam 2005

Our Nov. 12, 2005, examination was taken by 134 candidates—118 passed the exam. A record-breaking total of 151 professionals were approved to sit for the certification exam on Nov. 12, 2005. Of those, four took the test manually using proctors, 130 (another record) took the exam online, and 17 withdrew or deferred the exam-taking process until the Nov. 11, 2006, exam.

Certification Information Meeting

Gordon F. Thornton, PhD, FT and Credentialing Council Chair, will host a Certification Information Meeting at the 28th ADEC Annual Conference in Tampa, Fla., at the Marriott Waterside Hotel and Marina, Friday, March 31, 7:30 to 8:45 a.m. If you have any questions about any aspect of ADEC's certification program, this is an excellent opportunity to ask them.

Title Clarification

It is important to clear up an issue with the certification titles. For anyone who progressed from the CT to the FT, the FT designation replaces the CT letters. Thus, Gordon Thornton, CT, became Gordon Thornton, FT. It is also important that everyone recognizes the old certification initials, CDE, ABS, CGC, CGT, may no longer be used. From time to time I have found individuals using those old titles. Those certifications do not exist.

New from Dr. Alan Wolfelt and Companion Press

COMPANIONING THE BEREAVED

A Soulful Guide for Caregivers

By Alan D. Wolfelt



By contrast, this book advocates a model of "companioning" the bereaved, acknowledging that grief forever changes or transforms the mourner's world view. Companioning is not about assessing, analyzing, fixing or resolving another's grief. Instead, it is about being totally present to the mourner, even being a temporary guardian of his soul. The companioning model is grounded in a "teach me" perspective.

ISBN 1-879651-41-6
hardcover • 176 pages • \$29.95

COMPANIONING THE DYING

A Soulful Guide for Caregivers

By Greg Yoder
Foreword by Alan D. Wolfelt



Based on the assumption that all dying experiences belong not to the caregivers but to those who are dying—and that there is no such thing as a "good death" or a "bad death," *Companioning The Dying* helps readers bring a respectful, nonjudgmental presence to the dying while liberating them from self-imposed or popular expectations to say or do the right thing.

ISBN 1-879651-42-4
hardcover • 176 pages • \$29.95

An imprint of the Center for Loss and Life Transition
3735 Broken Bow Road Fort Collins, CO 80526 (970) 226-6050



To order books or to request a complete catalog, please call the Center for Loss or visit www.centerforloss.com

By the Rev. Paul A. Metzler, DMin

Corr, Charles A., Clyde M. Nabe and Donna M Corr. *Death & Dying, Life & Living*. 5th Edition. Belmont, CA: Thomson Wadsworth, 2006. ISBN: 0-534-57660-5. Softcover, 677 pages.

Corr and his co-authors have updated this foundational text for students, professionals and others who care for the dying, support the grieving or want to extend their understanding of concepts and literature of the field. Several features of this book, such as a focus on coping capacities, insight into active tasks of coping with dying, death and bereavement, developmental and cultural perspectives and a valuing of moral, ethical, religious and spiritual dimensions give it important depth and added usefulness. Substantial appendices offer annotated literature resources; and a companion Web site as well as access to InfoTrac College Edition extend this text's helpfulness into the cyber world.

Goldman, Linda. *Children Also Grieve. Talking About Death and Healing*. Philadelphia, PA: Jessica Kingsley Publishers, 2006. ISBN: 1-84310-808-9. Hardbound, 79 pages.

This attractive book will easily invite children and adults to read side by side in order to find words and understand concepts about dying, death and grieving. It features wonderful artwork and is narrated through engaging photos of the author's Tibetan Terriers, Henry and Tashi. Designed also to encourage a child to journal his or her experience with a death, it provides ample space to answer insightful questions and affix memory photos. A chapter just for the adults in a child's life provides important additional insight and additional resources.

Perschy, Mary Kelly. *Helping Teens Work Through Grief*. 2nd Edition. New York: Brunner-Routledge, 2004. ISBN: 0-415-94696-4. Paper, 165 pages

Perschy has helpfully organized this manual into three sections ("Understanding Grieving Teens and How To Support Them," "The Teen Grief Group," and "Specific Structured Activities") that will help adults grasp the dynamics of teen grief and gain creative approaches to support them. This revised edition adds new material on traumatic loss, the role of continuing bonds in grief healing and the integration of the spiritual search for meaning. Activity sheets, group handouts, appendices and resource lists make this a deep source for adult helpers.

Smith, Harold Ivan. *When You Don't Know What to Say. How To Help Your Grieving Friends*. Kansas City, MO: Beacon Hill Press, 2002. ISBN: 083-411-9757. Paper, 93 pages.

Smith has written a thoughtful and helpful booklet for the Christian reader who seeks to know more and be a more compassionate companion to "the reaved."

Drawing from scripture, stories, insightful quotes from other grief authors and his own considerable wisdom, Smith offers perceptive guidance in 22 brief chapters to those who wish to support, comfort and be a witness to the grieving process of another.

Wolfelt, Alan D. *Healing Grief At Work: 100 Practical Ideas After Your Workplace Is Touched By Loss*. Ft. Collins, CO: Companion Press, 2005. ISBN: 1-879-651-45-9. Paper, unpaginated.

Another in Wolfelt's "100 Practical Ideas" series, this book focuses on the prevailing fact that grief goes to work everyday, yet the workplace is often unprepared to acknowledge and integrate the reality of loss in the workplace. This book will be directly helpful to workers, supervisors and managers in gaining personal skills and learning workplace aptitudes for creating a culture of compassion in the workplace.

Wolfelt, Alan D. *The Understanding Your Grief Support Group Guide*. Ft. Collins, CO: Companion Press, 2004. ISBN: 1-879651-40-8. Paper, 99 pages.

This is a companion book offering guidance to support group leaders who use Wolfelt's *Understanding Your Grief and The Understanding Your Grief Journal* as resources in combined education/support groups. Its several chapters provide clear and sequenced plans for starting a group and conducting it through a 12-week series. This guide will be very helpful to new support group leaders since it covers many practical concerns as well as offers clinical insights into the dynamics of a bereavement support group.

Correction (Vol. 31, Issue 4) J. Shep Jeffreys, *Helping Grieving People* is Paper, 347 pages. ■

"What's New" is a review of educational materials written or produced by ADEC members. Each listing is run once and is intended to showcase contributions of our membership to the field of death, dying, and bereavement. Send a copy, not just an announcement, of recent materials (2003 to present) to:

The Rev. Paul A. Metzler, D.Min.
 Director, Public Education & Community Bereavement Services
 HOSPICE CARE/Visiting Nurse Service of NY
 1250 Broadway
 New York, NY 10001-3797
 (212) 609-1979 - voice
 (212) 290-3933 - fax
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Cookbook

Morsels and Memories, ADEC's cookbook, makes a great gift.

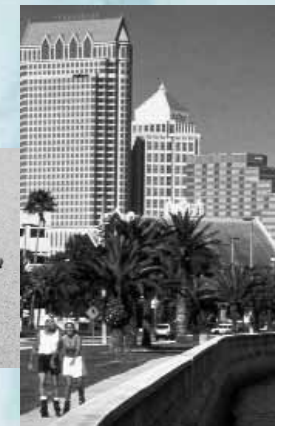
Order forms can be obtained from ADEC headquarters, from the Web site or from Sherry Schachter: sherryrise@aol.com.



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