



Volume 3 Issue 4

Natural Transitions

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Peace at Last

An Exchange of Love at
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Veterans: Healing the Wounds of the Soul



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Final Passages is a non-profit educational 501c3 dedicated to compassionate choices in conscious dying, natural death care, family-directed home funerals and green burial. Our work has appeared in major newspapers, television and in film. www.finalpassages.org

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Cover photo: Courtesy of goinpeacefilm.org

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May Their Souls Rest in Peace by Karen van Vuuren



When my father, Jack, was dying, he shared a story that woke me up to who he was and the reason for his restless soul. I'd never understood this volatile, charismatic Dutchman who'd shared so little of his background growing up in occupied Holland during World War II. But one day, a few weeks before his death, as he rested in his favorite leather recliner, much diminished by his lung cancer, I begged him for some stories about growing up in that little village in the Netherlands. That's when, out of the blue, he blurted, "You know, when I was 14, me and my best friend strangled a German soldier in our village." I responded with silence, offering him space: "He (the soldier) was probably only 17 and didn't know why he was there. But he was the enemy, and we had to take him out."

My father lied about his age and joined the war as a soldier after escaping Holland, but this sharing was clearly a tacit plea for forgiveness and a re-humanization of the young German guard he had killed before his full-on plunge into combat. I'm so glad he got to take that one, huge rock out of his backpack before he died.

We all would like to leave this life with a clean slate, complete in our relationships, having achieved "closure." But, for veterans, the moral burden of participation in war can cause immense spiritual pain. I've heard Viet Nam veterans say, "I don't deserve to heal." For veterans who have stuffed away the horror of war, we often see how all that is unresolved rises up as they are dying.

According to a 2013 Veterans Administration report, one in four people who dies in the US is a veteran. Many of us do not know we are around veterans, and their wounds are equally invisible to us.

This issue of NTM considers our role in healing their soul wounds. We hear from wise teachers, Deborah Grassman of Opus Peace and Dr. Ed Tick of Soldier's Heart. Alison Perry shares her innovative approach to veterans' care by reconnecting them to nature on a sheep ranch, and Kandyce Powell makes a difference in the lives and deaths of veterans, including those behind the walls of Maine State Prison. May all our veterans go in peace. 🌍

Karen van Vuuren



Natural Transitions

Published biannually by Natural Transitions
a 501(c)(3) non-profit organization

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<http://naturaltransitions.org>

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its board members.

OUR VISION

- Acceptance of death, loss, and grief as a natural part of life

OUR MISSION

- To share holistic approaches to end of life
- To provide a forum for end-of-life caregivers and educators

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The Urban Death Project



There is a movement afoot to own our deaths and to simplify them, as well as to make them more sustainable. As a conscious, thoughtful society, we have a responsibility to craft solutions that support a reconnection with the care of our dying, encourage the acceptance of death as part of the natural life cycle, and bring beauty and significance to a most difficult time. The Urban Death Project is one such solution. It uses the process of composting to safely and gently turn bodies into soil-building material, which is then used by local parks and community gardens. But the project is not simply a process that will turn our bodies into soil-building material. It is also—crucially—a space for the contemplation of our place in the natural world, and a ritual to help us say goodbye to our loved ones by connecting us with the cycles of nature.

For all of human history, people have created rituals to give meaning to the treatment of dead bodies, whether they are burned, buried, or left for scavenging animals. In the past, these rituals helped ground us in the grieving process, and they allowed us to fully partake in one of life's most pivotal moments—the death of a loved one. Yet for many Westerners, the methods we have available today—and whatever remains of the rituals that accompany them—sorely lack meaning. Over the last few hundred years, the practices surrounding death have been diluted by societal changes and usurped by the American funeral industry, now a \$15 billion dollar/year venture.

The Urban Death Project is working to transform that industry by creating a new alternative for our bodies after death and a “framework for ritual” in which the living can take part. This framework includes shrouding the deceased (with assistance of supportive staff), carrying the deceased up a pathway of ramps to the top of what's called the core, and covering them with woodchips and sawdust during the “laying in.” The grieving are encouraged to take part in the physical aspects of the process to help bring a fuller consciousness to their experience. Depending on the wishes of friends and family, the ritual may also include music during the procession, prayers or words as the body is covered, and a gathering (like a memorial service or funeral) to mark the passing of the deceased. Many will choose to return a month later to the Urban Death Project, when the composting process is done, to remember the deceased and take some compost away to nourish plant life.

The concept of composting the deceased is both completely practical and deeply moving. It asks us to reconsider our relationship with the dead, to allow them to be productive one last time. It recognizes the inherent need all humans share to connect with nature, especially as we die or experience the death of a loved one. Quite simply, for many, this option will be deeply spiritual—an ecological, productive, and beautiful thing to do with our physical bodies after we have died. [+](#)

Katrina Spade is the founder of The Urban Death project, a 501c3 non-profit organization currently working to complete the design and engineering of the composting system. More information at urbandeathproject.org.

Natural Transitions has always focused on building community. With that goal in mind, our Community Forum page is to encourage communication among our subscribers and within this movement for more conscious, holistic, and greener approaches to end of life. We welcome comments on the articles and sharing news and inspiration from your part of the world! Email your letters to mag@naturaltransitions.org.

Peace at Last

A VA Clinician Shares How to Bring It to Our Dying Veterans

By Deborah Grassman

Military experiences often change veterans in fundamental ways that shape, mold, destroy, and redeem the rest of their lives, including the end of their lives. The following excerpt from my book, *The Hero Within: Redeeming the Destiny We Were Born to Fulfill*, provides an overview of patients I've cared for as a nurse practitioner on a hospice unit at a Veterans Affairs (VA) Medical Center. It allows a bird's-eye view into the unique and not-so-unique needs of veterans at the end of life. You will see the context for the lessons I have learned. You will also understand the privilege that it is to care for veterans.

Mark is dying of liver failure from alcohol abuse, his skin yellow as a low-glowing lamp. He came to the hospice and palliative care unit semi-comatose; we will not get to know him except through his brother's eyes. I comment on his brother's devotion. The brother responds, "I look at Mark and know why I'm in Alcoholic's Anonymous."

Donnie is 50 years old and has lung cancer. He has been a quadriplegic since he was 27 when an automobile accident detoured his career as a professional football player. "I spent three years in despair. Then I found God and salvation," he tells me. He says he is thankful for his suffering: "I never would have found Jesus if the accident hadn't happened."

In the next room, an embittered, lonely man sits sullenly. Alcohol has estranged Zachary from his family. At 82, he is angry at his body for failing him. He has been afraid of death since he was 10 years old when a neighbor died falling through a skylight on his roof. Bitterly, he tells me, "My only solace is knowing that someday all the rest of you are going to be in this bed too." During a gathering of team members Zachary experiences the concern of four staff members who

are willing to love him. "Why aren't we talking about my breathing, and the 16 pills I'm taking?" Zachary asks us.

"Because you are more than just your breathing, and we are more than just pill-givers," I reply, leaning in and daring to touch him tenderly. A tear comes; features soften for the first time.

"I can't argue with that," he says quietly.

In the room next to Zachary is Marvin. He was a photographer for a general during World War II. He has been a physician, sailboat racer, and builder of piers, driveways, and roofs "made with my own hands." Marvin's wife and four children sit at his bedside, supporting his journey into the next world and supporting each other. Near death, he says little except the Lord's Prayer. There is no need for us to intervene with anything other than supportive care.

There are 1800 veterans dying every day in America.

In the adjoining bed is Jim, a Viet Nam War veteran who has lived a colorful life. He is intermittently confused; sometimes he is argumentative. He has no family; a few close friends are his source of comfort. His first days on the unit were filled with agitation. He was convinced the Vietcong had put a bomb in the stereo. Nurse Suzanne responded creatively. She called the security officer and said, "I want you to inspect the stereo and declare it bomb-proof. Tell the patient you're pulling guard, so you've got his back and the perimeter is safe. Let him know that another guard will be on patrol when you leave duty." The police officer responded convincingly, and Jim's agitation subsided.

Then there's Bruce, a 67-year-old man who came for pain control. He had not wanted to come to the hospice unit "because I'm afraid I'll never get out."

His anxiety and impatience during his first days with us manifested in his frequent use of the call light. Probably because he realizes he is in a safe, loving environment, his spirit is now emerging bright and full. He simply needed a little time and a little love to know that he need not fear. He has grown closer to his family as he approaches death and tells us, "I wouldn't trade these last few weeks in my life for anything."

Bruce's roommate, Richard, suffers respiratory distress from a tumor encroaching on his trachea. He awaits his daughter's arrival tomorrow from Indiana. He says his suffering will be redeemed when he can rejoin his wife who died two years ago. "That will be a happy day," he says with tears. We share his anticipated joy.

Ben has a history of drug use and actively continues with alcohol abuse.

He identifies himself as a loner who has witnessed much violence. "My family doesn't care about me," he told me. We've had some difficult sessions confronting his suffering. He's going to be discharged next week, and I do not know what is going to happen with him. What I can tell you is that his brow unfurls after prayer, he plans to go to Alcoholic Anonymous meetings, and he wants to reach out to a faith community. Seeds planted and good intentions—they are not enough to withstand the ravages of alcohol. His suffering's redemption awaits a courageous decision that only he can make, every day, for the rest of his life.

The last patient, Edwin, has severe chronic obstructive pulmonary disease and is ready to die, but he worries about his wife of 54 years. His needs are increasing rapidly, but he does not acknowledge them because he does not want to worry her. "I can't hold on much longer though," Edwin says, while

making plans to hold on for his wife's sake. We talk about the advantage of letting go so he can prepare himself and his wife for his death; we talk about the damage his denial is causing them both. Edwin cries; his grieving begins.

Military Tenets that Facilitate Healthcare Provider Understanding

There are 1800 veterans dying every day in America, 25% of all dying Americans. Only 4% of these veterans die within the VA medical system. Many of the remaining 96% receive end-of-life care in community hospice programs. Hopefully, many of these community hospice providers have the requisite information about veterans to provide that care. The underlying features of veterans and their families that need to be taken into consideration include:

- ★ The value of stoicism, so earnestly and necessarily indoctrinated in young soldiers, might interfere with peaceful deaths for all veterans, depending on the degree to which stoicism permeated their later lives.

- ★ Veterans who served in dangerous-duty assignments might have their deaths complicated by traumatic memories or paralyzing guilt, depending on the extent to which they were able to integrate and heal traumatic or guilt-inducing memories.

- ★ A high incidence of alcohol abuse or other “fighting”-type behaviors are often used either to avoid confronting locked-up feelings or to numb traumatic memories. These factors might contribute to “unfinished business” as veterans face the end of their lives.



its usefulness. The walls can be used inappropriately to block energy and emotion from self or interfere with expressing love to others.

- ★ Veterans often acquire wisdom because they have reckoned with trauma, stoicism, and addiction. Understanding these three elements helps access their wisdom and has been referred to as “post-traumatic growth.”

- ★ Veterans and their families have unique bereavement needs to consider when providing care.

Stoicism: Early Indoctrination that Continues at the End of Life

Veterans are often non-complaining, “grin-and-bear-it” types who endure their suffering silently. The few times tears or fears break through their stoic façades, they feel embarrassed, apologize, and quickly re-retreat; these

Veterans are often non-complaining, “grin-and-bear-it” types who endure their sufferings silently,

walls offer protection. Unfortunately, their “fight to the bitter end” attitude sometimes means just that—fighting until a death that is, indeed, bitter. Their “attack and defend” instincts make death the enemy and dying a battle. Survival-mode mentality interferes with letting go. When backed into a corner, soldiers are not conditioned to surrender; they are conditioned to fight.

Stoicism is necessary on the battlefield, as it is in many life situations, but the walls that stoicism erects can outlast

Stoicism can also contribute to veterans’ underreporting their fear, emotional pain, and physical pain. Helping veterans use stoicism like a door instead of a wall can be useful. A door can be opened or closed at will and as often as they want, leaving the safety of their stoicism available to them.

Dying is a humbling experience. Control is lost, pride takes a blow, and independence is gradually taken away. Sooner or later, the wall has to crumble. “Later” means fighting to the bitter end; “sooner” means a weary soldier is finally able to surrender to hope for a peaceful death.

Many dying veterans are able to let go of control, allowing themselves to become completely human, growing in humility as they learn how to ask for help and how to become gracious receivers, discovering connection and compassion in the process. This takes courage, and it is as heroic as facing any enemy in battle.

It is important that clinicians know how to create safe emotional environments to breach stoic façades. Otherwise, dying veterans will underreport their physical and emotional pain as well as any fear they are experiencing. Although it is important to respect veterans’ silence when they choose to maintain stoic fronts, it is also important to offer alternatives. The healthcare provider can help reeducate veterans by offering alternatives for them to consider, such as: “I know a lot of veterans put on a macho



front and don't want to take pain medication, but pain can consume your energy. You need your energy for other things now." Also by encouraging veterans not to confuse stoicism with courage: "Anyone can hide behind a stoic wall of silence. It takes courage to reach out to connect with others or to ask for help."

Helplessness and losing control are especially threatening; here are some examples of what a caregiver might say to elicit a helpful conversation: "Sometimes veterans tell me feeling helpless makes them angry. I imagine it's hard for a soldier to learn how to surrender, to let go," or "Some veterans tell me asking for help is humiliating. Tell me how helplessness makes you feel."

War's Aftermath: PTSD

Stoicism permeates military culture, whether a veteran served in combat or not. Combat veterans and others who have served in dangerous-duty assignments have to also cope with traumatic memories. For some, the memories crystallize into a constellation of symptoms known as Post Traumatic Stress Disorder (PTSD). The *Diagnostic and Statistical Manual* identifies six criteria that must be present for this diagnosis:

- ★ Exposure to a traumatic event experienced with fear, helplessness, or horror
- ★ The traumatic event is persistently re-experienced through one or more of the following symptoms:
 - Recollections
 - Bad dreams
 - Flashbacks, hallucinations, or illusions
 - Distress at cues that symbolize the trauma

- Physiologic responses when confronted with cues reminiscent of the trauma

★ Avoidance behaviors and emotional numbing exhibited by three or more of the following:

- Avoidance of thoughts, feelings, or conversations related to the trauma
- Avoidance of activities, places, or people that arouse recollection
- Inability to recall certain critical aspects of the trauma
- Lack of interest in significant activities formerly enjoyed
- Feelings of detachment or emotional distancing from others
- Restricted range of affect (limited emotional expression)
- Sense of a foreshortened future (inability to accomplish cherished life goals)

★ Persistent symptoms of increased arousal manifested by two or more symptoms that include:

- Difficult sleep patterns
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance (staying on guard and unable to calm down or relax)
- Exaggerated startle response to noises, being touched, etc.

★ Symptoms persist for at least one month

★ The disturbance of symptoms causes significant distress or impairment

If the veteran has received PTSD treatment, they can often say what helps them feel better. They might already have a PTSD network of friends who can provide support. Family

members usually know how to respond to breakthrough episodes of PTSD because it is familiar territory.

Other people with PTSD have compartmentalized the trauma, banishing it into unconsciousness.

Haunted by residual memories or corroding guilt, they might experience increased difficulty as death approaches. Others seem less affected.

When patients with PTSD are admitted to a hospice unit, they are sometimes anxious, suspicious, or angry. Leaving their home to enter an unknown hospital environment is threatening, increasing their feelings of danger. The hospital environment itself can act as a trigger with its militarized processes. Their own anticipated death can act as a PTSD trigger. PTSD, especially when combined with alcohol abuse, has often taken its toll on their relationships, leaving much unfinished business to be resolved. Sometimes they arrive at the end of their lives broken, bitterness poisoning their souls. However, it is never too late. Opportunities for growth abound when death approaches. Many veterans—even those who are bitter—avail themselves of the lessons.

Veterans might talk about past experiences with death, deaths that were often violent and mutilating. They bring these experiences with them when they are enrolled in hospice programs. To allay these fears, it can be helpful to discuss the plan for how a peaceful death can be achieved.

It can be important to eliminate as many triggers for PTSD as possible. Coming into a hospital (especially a VA hospital) can trigger past military memories of barracks, procedures, unsafe environments, past combat hospitalizations, and visiting injured

comrades. A government hospital and its employees may not be trusted by Viet Nam vets. On the other hand, a VA might be a source of comfort, belonging, security, and camaraderie, especially if the veteran previously received care there.



combat zone, so they are used to open dialogue about dying. They do not like sugar-coating difficult issues; they most often prefer direct language.

Many community hospices participate in NHPCO's We Honor Veterans program.

This program offers

resources and tools that help agencies provide services to veterans. Whether you are a hospice worker, a VA employee, hospital or nursing home staff, a veteran's family member or friend, you can make a difference. You can be an instrument of peace to heal our nation from the aftermath of war. 🌍

Loud or unexpected sounds will startle a person with PTSD, so he should not be touched without first calling his name or making sure to be within his line of sight. The use of bed alarms should be limited; they exacerbate the startle response. Restraints should also be avoided; even tight bedclothes or linens can trigger memories of being confined in prison if the veteran was a POW.

People with PTSD will often "test" clinicians to see if they are trustworthy.

may not have long to live; time to build a trusting relationship is simply a luxury that is not always available. The clinician's movements, tone of voice, and open language become important opportunities to convey trustworthiness. Additionally, people with PTSD will

often test clinicians to see if they are trustworthy. Thus, dialogues about death should be conducted openly and directly when a veteran with PTSD is admitted to a hospice program. Covering up death or hospice with euphemisms might trigger suspicion. Telling someone that "hospice is for the living"—when he knows that a life-threatening illness is required in order to receive services—breeds distrust. These veterans have faced death when they were in combat. In fact, they were required to complete advanced directives and wills whenever they went into a

Trust plays an important role in helping veterans with PTSD because these veterans do not trust easily. They have been taught not to trust. Betray someone with PTSD once, and a clinician can become the enemy. These veterans can sniff out a phony instantly, so authenticity is important. In a hospice program, trust may need to be gained quickly because the veteran



Deborah Grassman, an advanced registered nurse practitioner and former VA clinician, has sat bedside with thousands of veterans at end of life. She is the

author of Peace at Last: Stories of Hope and Healing for Veterans and Their Families and is founder of Opus Peace. For more information visit opuspeace.org.

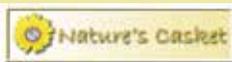
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On the Edge:

Working with Vets at Home,

by Kandyce Powell

Dad enlisted in the Army Air Force during World War II. So the story goes: He reportedly went to the recruiting office even though he was experiencing back problems; he was recovering from a fractured vertebra due to a diving accident. But there was a need to fill the ranks of the war effort, so Dad talked his way into service. In time, he was assigned to the 82nd Airborne and was eventually stationed in England. When he came home at the end of the war, he was a decorated second lieutenant. However, as did so many men and women coming home from war, he carried not only memories, but emotional and psychological scars.

When my sister and I, along with our dad, had the opportunity to go on board a B-17 during festivities marking the 50th anniversary of WWII, the experience was emotional. Dad said nothing as we crawled through the cramped quarters. There was remarkably little room to maneuver.

The importance of B-17 aircraft to the war effort has been written about extensively. Night-flying in particular changed the course of history and dramatically contributed to the Allies' successful missions.

Crew members were briefed inside a quonset hut before every mission, never knowing if it would be their last. Would they return with plane and crew members intact? Would they get shot down and crash, perhaps find themselves captured and sent to a POW camp? Would they see their buddies again? They knew they could trust each other, but would that be enough?

Over the years Dad stayed in touch with members of his crew. One of these—Lee—had been a tail-gunner on board the B-17, while Dad was the radio-operator. My sister and I fondly

remember our visits with Lee and his family in New Hampshire.

Al, a veteran of Viet Nam told me, “When something violent occurs that kills a buddy, it’s like it happened in your own family. You might not share the same skin color, or religious beliefs, or political affiliation, but it doesn’t matter.” The bonds between “brothers” are cemented, and many lifelong friendships are formed. However, nothing is ever certain. Each man has, first and foremost, to rely on his own personal resources, tapping into an inner strength and courage.

When we were growing up, Dad was always active, embracing the natural world around him. He was athletic and maintained his physical vitality long after he received a diagnosis of pulmonary fibrosis. At one medical appointment when Dad was in his 80s, a few years before he died, the doctor remarked, “Your father’s lungs look just like honeycomb. I don’t know how he can still walk. He must have an incredible will.”

“Who is going to forgive me before I die?” a Viet Nam veteran asked.

I smiled and said, “Remember, he had to survive the war.”

As Dad’s illness progressed, I would say, “Dad, you have such determination. Is this what helped you get through the war?” He would look at me and smile, but didn’t reply.

As Dad neared the end of his life, he experienced some pain. We discussed his options and settled on massage. I spent hours rubbing his feet, back, head, and hands—a quiet endeavor, conducive to easy conversation. One day, a woman paused outside Dad’s hospital room. She introduced herself as a person from Haiti and said, “So much time you spend

with your dad. We see that where I come from, but not so much here.”

As Dad’s disease progressed, daily conversation became more infrequent. However, one day while I was massaging his feet, he opened his eyes, looked at me and said, “I’ve never done this before.”

“Done what?” I asked. “Do you mean dying?”

“Yes,” Dad responded.

“Well, given our conversations over the years (Dad couldn’t quite understand why I enjoyed my work), how do you think you’ll deal with this process?” I asked.

To this my dad replied with a slight smile, “Honey, you just keep rubbing my feet and I’ll do the rest.”

This is one veteran’s story. Many stories are different: Men and women who come back from war are filled with existential pain from deep emotional and psychological scars. They experience terrifying flashbacks that prevent them from finding any measure of peace, and this anxiety may manifest itself during the process of dying.

“Who is going to forgive me before I die?” one Viet Nam veteran asked. “I did some things I’m not proud of. I was told to do them. Who is going to forgive me? Who is going to forgive me?” he repeated, over and over again. I simply listened, bearing witness to his pain.

One Viet Nam veteran, while participating in a panel discussion, challenged the audience of health care professionals to be honest, to search their souls. He continued by saying, “When I was in Viet Nam I did some things that I’ve never told anyone. Yes, I was told to do them, but that doesn’t make them right. I’ve tried not to think about them

in Prison, or in the Woods

over the years. My family doesn't know and I don't want them to ever know. But... you know... it takes a lot of energy to keep those things stuffed away. When I die, I'll probably need that energy for something else. So, all bets are off. The stories might come spilling out, and what are you going to do? Will you still want to take care of me? Will you care if I'm in pain? Will you even like me?"

Many veterans are dying while incarcerated or homeless. Barriers to accessible, quality end-of-life care exist due to prejudice, discrimination, and individual attitudes. There are judgments made about who deserves care and who doesn't. Often those individuals who are disenfranchised or marginalized are perceived as not deserving our attention.

Edward Ratner, MD; John Song, MD, MPH, MAT; and Dianne Bartels, RN, MA, PhD, coauthored an insightful article, "Dying While Homeless: Is It a Concern When Life Itself Is Such a Struggle?" The summary of their research: "...Homeless people have a desire and interest in talking about end-of-life care and death."

About fifteen years ago, the Department of Veterans' Affairs and the National Hospice and Palliative Care organization collaborated on a three-year initiative to address end-of-life care for homeless veterans. The goal was to bring awareness about veteran needs to community-based providers as well as to develop models of best practice that could be replicated throughout the country. This was an ambitious goal, but necessary. At the time, 96% of veterans were receiving their end-of-life care from community-based providers. Unfortunately, many of those same providers did not have adequate knowledge about the impact of military service on end-of-life care.

I had the privilege of being hired as project manager for the initiative, an incredibly rewarding experience. One notable outcome was the value of veteran-to-veteran outreach. Veterans could reach other veterans (physically, emotionally, and psychologically) when well-intentioned health care providers often failed. Engaging a veteran in either a volunteer capacity or an employment role was a win-win situation.

Incarcerated veterans are even more invisible. Depending on the correctional facility, the men and women have variable access to health care. Within the past 15 years, an increasing number of prisoners over 55 are being sentenced for the first time. Many enter prison with one or more chronic illnesses, which become exacerbated due to the environment. Comfort and compassion are not words normally associated with incarceration.

Fourteen years ago, the Maine Hospice Council started a hospice program in the maximum security facility in Warren. Four of the volunteers are veterans.

He put his arm around the man, talking in a reassuring voice, telling him he was hanging onto him so he wouldn't drown.

Coincidentally, all the men they have cared for since the program's inception have also been veterans. Considerable class time is devoted to discussing the unique needs of the incarcerated veterans who are dying. The hospice volunteers learn how to be present and to bear witness to the anxiety and existential angst that they often see, feel, and hear.

Many veterans never said good-bye to a buddy or had closure for themselves. Al, one of the veteran hospice

volunteers said, "War will separate you in a heartbeat. As that best buddy is being transported to a MASH unit, you never know what happens to him and may never see him again or get to say goodbye. For me, being a hospice volunteer, even in prison, has given me back that missed good-bye. Our first patient here was just such a God-given gift ... a chance to be with a fellow Viet Nam veteran as he was about to pass on. This experience made up for a lot of loss over a lot of years of regret for me. It's impossible to place a value on this event. Our second patient was also a Nam vet and he, too, was a real blessing."

Steve, another hospice volunteer, told of a patient—another Viet Nam veteran—who was experiencing a flashback. He became agitated and started to scream that he was drowning. Because the patient was physically much larger than the hospice volunteer, this initially seemed to pose a problem. However, Steve's reaction was instinctive and compassionate. He put his arms around the man, talking in a reassuring voice, telling him he was hanging onto him

so he wouldn't drown. He continued talking quietly until the patient began to relax. Before falling asleep, the patient tearfully thanked the volunteer for saving his life.

Our work with veterans could help us learn more about existential suffering. If we understood the nature of suffering and assessed for it routinely, the outcomes of our treatment options might improve.

I'll close with one more story about Dad and his Air Force friend, Lee.

Lee came to a memorial service we held for Dad at our camp. Camp was a spiritual place, a place our family had spent every summer since my sister and I were born. Lee and his family had often visited.

As I was walking Lee to his car for the trip back to New Hampshire, he told me he had one more thing to tell me.

He and Dad had made a pact and renewed it before every

mission. They decided that whichever one of them died first, the other would eventually meet up with him on "Cloud 9." I smiled, thanked Lee, and gave him a kiss good-bye. Over the next few years, I visited Lee as often as I could, inviting him to tell me more stories about Dad and about the war. One day, after he

I smiled and said, "Remember, he had to survive the war."

died, I was driving to a meeting. The day was sunny but cloudy. On this particular day, there were some interesting cloud

formations. I noticed one that looked like a giant P, only

backwards. Since my Dad's last name began with P, I was fascinated. And then... I realized a backward P is really a 9. There, right before me, was Cloud 9.

Imagination can be a wonderful thing. It's fun to believe that Dad and Lee found each other. If we help them, maybe all veterans will find their way home. 🌐



Kandyce Powell is the executive director of the Maine Hospice Council and Center for End-of-Life Care. For more information, visit mainehospicecouncil.org.

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An Exchange of Love at Death's Doorway

by Edward Tick

The following is an excerpt from Ed Tick's new book, Warrior's Return: Restoring the Soul after War, in which he draws from cross-cultural wisdom and the warrior archetype of mythology to provide a comprehensive, holistic approach to healing the soul wounds of war.

In 1968, Stan Hyman was a young radio operator on a forward observation team serving in Viet Nam's central highlands. Early one morning his unit cordoned off and surrounded a village to find suspected Viet Cong. Stan reported:

A young woman, 16 to 18, was thought to be the wife of one of their leaders. She was bound and made to join our ranks to be taken away for interrogation, escorted by foreign, armed, and dangerous men. As she passed me our eyes connected for the briefest time. I saw utter contempt and fear. 'This is not who I am,' I wanted to shout. But that was who I was in her eyes. Her reflection could not have been more incongruous with how I perceived myself. Who was I really? My mirror or hers—where was the truth?

This memory, with scores of others, haunted Stan. He decided long ago that the war was wrong, immoral, and untruthful. He carried a burden of sorrow and ached to apologize to the Vietnamese people for his participation and for our country. The woman's eyes followed him for more than four decades:

Her horror has become my own as I can not rid myself of the sense of what it must have been like to be bound, surrounded by hostile men, and on route to an unknown destination and future. These 40+ years later I am trying to reconcile who she saw and how I experienced myself. Sadly for me, it is as simple as intent and impact. I had no intention of harming her but

the impact on her life was far different. I am sorry for my participation and pray that she has withstood this ordeal and forged a life of meaning for herself. This not knowing, I feel, is in some way every veteran's trauma and ghost.

As sometimes happens between soldiers and their victims, this woman became Stan's conscience. "That moment of our eyes connecting," Stan said, "is seared into my being, and her face is as familiar to me as that of my mother's."

In January 2013, Stan was diagnosed with stage four esophageal cancer caused by Agent Orange exposure. Like many others, his fate would be as the folksinger Kate Wolf sang, "Killed me in Viet Nam and I didn't even know." Stan had long wished to return to Viet Nam to apologize to the Vietnamese people and reconcile. This wish now seemed impossible.

That moment of our eyes connecting is seared into my being.

In June our Soldier's Heart representative in Viet Nam, Tran Dinh Song, and his wife, Huynh Thi Lan, visited the United States. Together we held Vietnamese-American reconciliation programs in New York, Massachusetts, and Oklahoma. In New York City, Song and Lan wanted to see the Statue of Liberty and pray at Ground Zero and at the New York State Viet Nam Memorial. Then we met with a circle of veterans, Stan among them.

We spent a long evening in our circle of American and Vietnamese veterans and civilians, sharing stories of war and its aftermath. Lan and Song freely mixed and shared with the Americans, most of whom never thought they would have an opportunity to unburden with

their counterparts. Stan took time alone with Lan and Song. To him, in death's doorway, they became representatives of all of Viet Nam.

After our evening, Stan exchanged emails with Song and Lan. Stan wrote:

You and Lan enriched all who met you with your kindness, wisdom, and willingness to forgive and openness to expressions of remorse that many of us veterans have held onto with the hope of, one day, expressing them to a Vietnamese of the age that recalls our time in your country.

Lan does not speak English and this was her first visit to America. She was a young teen in her village of Tam Ky during the war. Meeting Stan brought back her own wartime memory. She told of walking past an American base on the way to school every day. Along her way every day, a friendly GI gently beckoned to her until she trusted him, then without a common language finally showed her a photo of his own daughter at home, the same age as Lan. The last time she saw her GI friend, he gave Lan a hat as a gift.

Lan had never told this story, even to her husband Song, until meeting Stan and in his eyes remembering the eyes of her first GI friend. Only in response to Lan's story did Stan find courage to tell his. He said:

This soul scar has been with me since 1969. It was not until our meeting that its grasp began to loosen its grip of sadness, remorse, confusion, and shame. While Lan and I were not able to verbally communicate, our eyes connected and her message of understanding and kindness somehow magically replaced the unspoken message of decades ago from that young woman prisoner. I appreciate the kindness of soul reflected in Lan's eyes that afforded me a

sense of peace that I previously thought was not available.

From Viet Nam came this answer:

Lan and I are so touched by your story. I translated it to Lan, and she came to tears in her eyes. If that woman is still alive, she is about Lan's age now, and through Lan I believe that she now understands you and forgives you as much as Lan does. Vietnamese women have loving and forgiving hearts. Karma has brought Lan to you and

you two could understand one another without

Vietnamese women have loving and forgiving hearts.

language. The message was from heart to heart. From now on you will be in the story Lan will tell her friends and relatives about an American who still carries the wounds of war after so many years. Lan and I and other Vietnamese who hear your story will pray for you. We love you.

As he prepared for his own death from that long-ago war, Stan shared the impact of this encounter on him:

This experience imbued me with the deep meaning of the words and a rudimentary understanding of the amorphous concepts of forgiveness and reconciliation. These were lofty concepts and words that felt right, yet I had no understanding of how to implement them in a practical way. They also frightened me as they inferred an openness that I did not know if I had either the capacity to achieve or willingness to explore.

Song and Lan allowed me a very powerful encounter not frozen in the past but alive and in the moment. They gave generously from the heart, and their kindness has allowed me to begin to integrate the sadness of Viet Nam as an integral part of my being. Without this meeting I would have remained in a purgatory

of wishing to express my regrets and sorrows without an ear to hear. The response of these casualties of our invasion enabled me to grasp the implications of my participation in their hardships and life-altering experiences. Their kindness could not have been more unexpected or touching.

Stan faced his demise with a newfound acceptance, equanimity, and repose. He donated money for philanthropic activities in Viet Nam, and Soldier's

Heart built a "Compassion House," a flood-proof home for a

destitute family, in his name and honor. He also bequeathed a donation in his will that we are using to build a nursery school/kindergarten in one of the poorest regions of the Mekong Delta in his memory. His gift will bring new life to future generations.

The last time I saw Stan, he looked into my eyes, smiled and said, "It's all right." 🌍



Ed Tick, PhD, is recognized nationally and internationally as an expert on PTSD; as the cofounder, with his wife, Kate Dahlstedt, of the non-profit, Soldier's Heart: Restoring Our Warriors and Communities; and as a critically-acclaimed author of five books including the award-winning *War and the Soul*. (published by Sounds True, 2014). For more information, visit soldiersheart.net.



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OUT ON THE Ranch A Rural Hospice Project for Veterans

by Alison Perry

Caroline Myss, author, medical intuitive, and avid student of military history, says, "Everything comes from war." Out of chaos and destruction come new growth. Central Oregon Veterans Ranch is a vision born out of the suffering of those impacted by war, and the deep need and possibilities of healing for veterans.

In 2005, two years after my brother deployed for the invasion of Iraq as an Apache helicopter pilot, I began working for the Department of Veterans Affairs as a licensed professional counselor. I worked for the VA for six years, at a major medical center in Portland and a community-based outpatient clinic in Bend, OR. Contracted to assist with the overwhelming number of veterans coming to the VA for the first time—veterans of the wars in Afghanistan and Iraq, Viet Nam veterans who had not spoken a word about Viet Nam to anyone in 40 years—I worked with veterans of all ages and eras, men and women. I learned quickly about how combat trauma and other military-related traumas significantly impact the lives of individuals and families and how trauma manifests across the lifespan.

A couple of years into my work at the medical center, one particular case caused me to question the nature of the institutional environment in which I was working. A social work colleague and I were collaborating in the treatment of an Iraq war veteran in his early twenties who had served a combat tour, returned home, was drugged and sexually assaulted by a combat buddy, and subsequently had his first psychotic break. He was diagnosed

with post-traumatic stress disorder and paranoid schizophrenia. My colleague and I developed a positive rapport with the young man, though to many of the staff he was a challenging, "high needs" patient. After several months of working with him, we learned that he had been admitted to the psychiatric ward. He had "blown up"—lost control, thrown furniture, and threatened staff. My immediate reaction was to consider the level of trauma this veteran had endured and the treatment environment in which he was being held: white walls, fluorescent lights, staff questioning, diagnosing, medicating, and a total lack of freedom. It occurred to me that the environment itself might be re-traumatizing. I looked at my colleague Darla, "I wish we had a sheep ranch out east where we could send this guy. Somewhere he could work on the land, sleep under the stars, and get out of this over-stimulating urban environment."

In 2007 I began working with a significantly older and rural population of veterans at the VA's outpatient clinic in central Oregon. I was struck by the differences in rural veterans from their

urban counterparts. They had fewer services and resources available to them, more chronic conditions, and more guns. Many vets came to the clinic from homes as far as two or three hours away, where they stayed for the most part "bunkered in," intentionally isolated from the general population. I learned that in its three main counties, central Oregon had a population of around 19,000 veterans—approximately 10% of the general population. Working with these rural veterans, I began to notice what seemed to be a natural attraction to more organic forms of healing and that the landscape and environment these vets lived in was significant. They spent large amounts of time in nature hunting, camping, or just walking in the woods. Animals were precious companions. And despite isolation, there was often, underneath, a strong desire for human connection and a wish to continue serving in some form, to have a sense of purpose, to help other veterans. I also began to notice themes emerging around death and dying, hearing more than a few veterans say that, when they died, they did not want to be around people, even their own families. They would rather, in the

words of one, "go off in the woods like the Native Americans and die alone."

Combat veterans like to be in control. Those who work with death and dying know that the dying process is all about loss of control, all about letting go. Some refer to it as "enlightenment at gunpoint." For veterans, the decline of physical and mental capabilities can be terrifying; "I'm not afraid of death...I'm afraid of dying." And if they have not engaged



Bo Twilliman

in some type of healing process during the course of their lives, it is more likely that past experiences will overwhelm the veteran, along with his or her family.

Through many hours, days, and weeks working with these rural veterans, the idea of a sheep ranch emerged again. More than the idea was the vision of a tangible place where veterans could go and experience peace, where younger veterans could come to work with the land, animals, and garden. To be around their peers, people who understood them, or to simply be alone. To engage in the generative aspects of life: to grow, create, and heal. A place where veterans in need of peace at the end of their lives could go for care and healing. I envisioned veterans generations apart, coming together in a spirit of camaraderie, healing each other through stories and understanding.

In 2012 I left the VA and set out on the path of actualizing this vision. In 2013 a team of veterans and passionate community volunteers joined me, and all of us have been working to establish Central Oregon Veterans Ranch (COVR). In these last two years, we have continued to flesh out this vision. Like a woven tapestry, a thread was added here, a thread was added there. One of these threads was learning about a heritage breed of sheep called the Navajo Churro. Called “America’s first sheep,” the Churro was brought to the new world by Spanish conquistadors and later to the Southwestern United States by missionaries, where the sheep became sacred to the Navajo people. During the range wars and times of drought at the



Mickey Clayton

was finding restoration.

In 2013, Wray Harris joined the COVR advisory board. Born and raised (coincidentally) in Scio, OR, he is a 26-year-old

turn of the last century, these sheep were almost decimated twice by the US government. A Navajo man, Lyle McNeal, saved the breed within the last few decades. McNeal is also a veteran and professor at Utah State University. I was struck by the parallel of this “wild breed” of sheep to the experience of veterans: their institutional wounding by our government and their being saved and surviving.

The fact that these sheep still exist today is a testimony to their endurance and endearment. No other sheep population in the history of the world has survived such selective pressure with such dignity and spirit. —Navajo Churro Sheep Association

More than the idea of a sheep ranch was the vision of a tangible place where veterans could go and experience peace.

I was struck further when I discovered a female Iraq combat veteran in Scio, OR, who had a flock of over 70 Navajo Churro (Dot Ranch Churros). When I met Mickey I learned that working with these animals had “saved her life” by giving her a reason to get up every day, a purpose. I also learned that she was restoring the native habitat of her small farm, including a breed of oak that had almost been overtaken by the pervasive planting of Douglas firs by the Oregon Christmas tree business. Through conservation and preservation, Mickey

Iraq combat veteran who had relocated to central Oregon from Portland. He had been working with a veterans group whose mission was to teach veterans about farming and permaculture. Wray submitted his bio to the advisory board, its rawness explicitly expressing what I had gleaned of Mickey’s experience working with land and animals:

“Fortunately, my firm distaste for the general human population has encouraged me to explore the greater areas of life on this planet, namely the flora and fauna of my home. In that, I have experienced great things that in some ways have rekindled my taste for life. The constant sense of amazement that these life forms provide me is just

enough to keep me from doing some straight-out crazy shit. It is my desire to share the security and peace that growing one’s own food and raising animals provides to those

affected by their experiences in the military because we all we got, and we deserve better.”

The vision of COVR’s board members is to provide a place specifically for veterans, with multiple entry points for healing across the lifespan. Younger and able-bodied veterans will be provided opportunities to grow food, work with animals, and learn about sustainable farming practices from both local and visiting experts. Food will be grown for the use of residents who live in

the house, and the ranch will participate in the growing local food movement in Central Oregon, including restaurants, food banks, and farmers' markets. The ranch will provide meaningful opportunities to volunteer in a setting where veterans can experience community and camaraderie. Veteran residents living in the home will have opportunities to participate at their level of ability to garden, grow flowers, or simply rest in an environment of peace.



Mickey Clayton

residents—veterans in need of 24-hour care due to terminal illness, age, or other difficulties in living—and to recruit veterans to help in the development of a sustainable

In 2014 COVR received its federal 501c3 status. The organization has kicked off a capital campaign to purchase a 19-acre property where the current owners are raising a heritage breed of sheep. A four-bedroom home exists on the property where COVR hopes to receive its first

farming and ranching operation: "A working ranch that restores purpose and spirit for veterans of all ages." To read more about Central Oregon Veterans Ranch and our current capital campaign, please visit centraloregonveteransranch.org or email info@centraloregonveteransranch.org.

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Alison Perry is a licensed professional counselor who works with veterans in Bend, OR. She is the sister, aunt, and granddaughter to Army, Marine, and Air Force veterans who have served in Iraq, Afghanistan, Viet Nam, and Korea. Alison is the founder of Central Oregon Veterans Ranch, a 501c3 nonprofit organization. You can email Alison directly at aperry@centraloregonveteransranch.org.

GRACEFUL TENDING

by RON HOFFMAN

At the age of ten, in the midst of his pain-filled, chaotic childhood, Ron Hoffman survived a near-fatal bullet wound. In his new memoir, Sacred Bullet: Transforming Trauma to Grace While Tending the Terminally Ill, Hoffman reflects on his journey to his current position as a national leader in the holistic care of people living with Lou Gehrig's disease, ALS. The following is an edited excerpt focusing on the practice of "tending."

POST-GRADUATE SHOWING UP

Tending is the active part of showing up. To show up and hold space is a form of tending for sure. It is the presence aspect, the simply being *with*, free of judgment, the need to fix, or interfere with the unfolding process. Often, however, there are some important, perhaps small steps that can be taken. The situation, if witnessed from clarity, will signal to those in attendance what needs tending, what *action* to take, if you will.

This requires presence, enough quiet in one's mind to be relatively free of internal distractions, able to take in fully the current situation. Deep listening is so, so, so very important. Deep listening ... deep, deep listening, listening with the ears of the heart, as my mentor Tom Daly says, goes so far. Sometimes I have found you can reach a level of deep listening that senses the *feelings* beneath the words, that hears the unspoken longing, the hunger for something perhaps even the speaker isn't aware of. This kind of listening could be called post-graduate showing up.

Let it be known here that I did not graduate from college, and I am at times dismissed as somebody without credentials. Who are you? they'll ask. And what's your background, and why should we listen to you, and where's the

research to back up your position? That really gets me wound up. So when I use the term *post-graduate showing up*, it's a little tongue-in-cheek, and a little maybe me asking for some respect from the PhDs.

Not long ago I stopped in on a family from a small town in central Massachusetts. I had a new lift sling to show them—a possible tool to help with mom, who was losing the ability to stand. I also had one of the nifty new portable toilet safety frames from England. The frame slides in and out, around the toilet, and doesn't require bolting to the toilet like most safety frames. Very cool. This leaves room for an automatic toilet seat lift, or bidet-washlet attachment, both of which can provide real comfort and genuine support with dignity for everyone involved.

I'm no professor, but it seems to me there ought to be a required college course in tending.

A lot of us just aren't comfortable wiping our husband, wife, or parent's bum, and that water fountain on the toilet can be a lifesaver. Offering tools like these is tending. It's bringing to the table something that can help, maybe just a little, to ease the stress in a very stressful situation.

I explained to the family how these items could help them. It was quite a scene. A sister, a brother, a brother-in-law, a sister-in-law, a son, and mom, Janet, in the corner, putting a brave face on the incoming reality that her days of walking were almost over.

"My aunt's funeral is tomorrow," she mentioned. "Lived to be a hundred and two."

"That's amazing," I said, picking up some sadness and longing in her words.

"I thought the senior center had a handicapped van they could bring me in. Turns out it isn't equipped for electric wheelchairs. Can you imagine that? A senior's van that can't take my wheelchair."

The son piped in, a little defensive, in a sharp New England accent, "Ma, we're looking into vans for you. I'm looking at some options. I'm looking."

"Yeah, but you won't have anything in time for Aida's funeral."

"I know. I know. I've got a call into the dealership."

"Don't go through the sales department," I said. "Talk to the manager, Eric. Ask for Eric and tell him you're one of my people. He'll take a thousand right off the top."

"That much, Ron?" Janet asked.

"You're talking her language now, Ron," the son teased. "If it has to do with saving a buck, she's all ears."

"Stop it, Tommy," his mother scolded. "It's just hard, you know, when you want to do something, something ordinary you used to do any day of your life—go to your aunt's funeral, you know?" She began to tear up.

"No worries, darlin'," I told her. "We'll get you there." I immediately got on the phone to my office to find out who was free. Both of the young men had commitments, but my assistant, Isabelle, was available. She hesitated to accept the assignment, hadn't been in the home of an ALS family. I assured her she was ready and would be providing a great service. Janet waited for me to finish the call.



“You’re all set, hon,” I said.

“Really?” Janet said. “You would do that for me?”

“Absolutely,” I assured her. “It would be our pleasure.”

I’m told by my office assistant, Isabelle—I call her “Iz”—it was one of the most fulfilling days of her life. She could not remember ever being so appreciated. And Isabelle is a woman, mind you, who was an NCAA Division I decathlete, okay? She’s had a lot of accolades in her young life. And yet the biggest impact on her was a simple act of service. Damn.

I’m no professor, but it seems to me there ought to be a required college course in tending. Just imagine how much good would be done in the world. And like Iz, the gift of tending would return double, triple what was given. It comes back and blesses you.

My point being, in tending to Janet I listened with the ears of my heart. It wasn’t hard to sense her longing, her pain, and wasn’t a big stretch to address a deep need. Her aunt’s funeral was not directly related to Janet’s ALS. A health care professional would no doubt believe me out of bounds in offering her a ride. It was going “off the reservation.” Right? But the need there was so real, and the health benefit was profound.

Let’s remember something, folks, that a human being is more than a body. Someone with ALS, or MD, or lymphoma, is more than a disease. This is a heart and a soul, and there’s a child still in there, scared and longing for acceptance, longing for love. Graceful tending takes in the whole person and brings attention and kindness to what is crying out right now.

In Janet’s case, she wanted to pay her respects to a dear auntie. If I were a by-the-book guy, it would have never crossed my mind to get her to a funeral. Not my job. I would have spent the whole time rehearsing transfers from the mechanical recliner chair to the walker or, in Janet’s case, the wheelchair. I would have pulled out my laptop, checked off the list, written my report, and moved on.

Hello! This is not an assembly line here. Agh—enough on that for now.

On another occasion the ears of my heart picked up the longing of my friend Mike Doctoroff. I had an immediate connection with him and Honey, his wife, when we first got acquainted. They had a home above a pond on the Cape. Mike savored his time down at the pond, where he could go to reflect, find some calm, relax, and contemplate his life. Sadly, the path down to the pond was steep, rocky and unstable. His illness had progressed to the point he could no longer reach the water but only look longingly at it from the house.

I could feel how important it was to Mike that he find a way home, a path to the reflective pond, his place of peace and comfort. He and Honey had considered building a path, but the steepness and length were prohibitively expensive. This would not be a walking path but one able to accommodate an electric scooter or wheelchair. It really

tugged at my heart to witness their despair at having to give up Mike’s pond. I went to work.

I pulled into the challenge several builders I knew. They came out to the property and looked, but came back with numbers and designs not anywhere in the ballpark. I talked to my good friend Doug Oakley, who has ALS and is a member of my board, and he mentioned a builder on the Cape who was a good friend of his, a man named Ralph Cataldo. Doug put me together with Ralph, who came out to take a look at the project. Ralph appreciated our work and wanted to help me find a way to get Mike back to water’s edge.

He came up with a plan involving landscaping timber, rocks, and a good bit of fill dirt. The cost would still be higher than ideal, but it was closer. We weren’t sure what to do next when Ralph came forward with an offer to build the path gratis. It was an unbelievable gesture of kindness, a big-hearted awareness of what was at stake. Ralph felt what I had. He felt the longing and responded. Mike found his way home. I can still picture him motoring down to that pond in his scooter, finding peace beside his mirroring pool.

I feel incredibly lucky to have acquired the skills to see and hear friends like Mike and Janet, and to tend them in ways that matter to *them*. Because of

the skillful tending I received from Jeffrey Duvall and Tom Daly, Stephen Foster and Meredith Little, Roshi Joan Halifax, and so many others, I have been able to mend enough that I can serve with an open heart, and on my better days, a clear, conscious mind. It is only because of the care I received when exploring and healing my inner world that I developed the practice of tending others with as much compassion and awareness as possible.

I say this in all humility and gratitude. My approach is not perfect, and not better or worse than another. It simply comes from a different place, a different set of beliefs, ones that I think offer important benefits the current health care system misses. I hear this all the time from my families. I hear them crying out for something different. In their hearts they know what tending feels like. We all know, in an ancient way, how to do this. We all deserve mindful tending. It is our birthright.

Too, Too Much

Tending can take many forms, go in many directions. Sometimes it seems to flow naturally, to come from love and be received with love. It's so beautiful to me when it shows up like that. Other times, the situation doesn't unfold so smoothly. Perhaps it is family history, or simply the severity of the illness, but sometimes it gets messy.

Imagine being the wife of a man whose response to his disease is to come after you with persistent sexual demands. I've seen it more than once. For some reason, sex becomes the man's way of staying connected to this world, staying in his body, perhaps comforting himself that he is still a virile, sexual being. Getting an erection may be one of the few things he can still do.

The wives in these cases are really put in a bind. They're already preparing the meals, organizing the doctor visits,

managing handicapped access to the house, cleaning up, perhaps even wiping his ass. They're exhausted, overwhelmed, and distraught about the relentless progression of the illness. On top of all that, they're treated like sex slaves, required to please him whenever he snaps his fingers.

These are the guys who can be so self-centered and demanding they make tending to them incredibly difficult. I have counseled these men to practice gratitude and humility with their tenders. I suggest he may want to *invite* her to be sexual with him, *tender* an offer, and if she's too exhausted to respond, be okay with that.

One of these men I'm thinking of also became addicted to online gambling. It was another way for him to stay in the game, be a player, feel like he could have an impact on his world. The impact he had, however, was to create chaos and debt in his family. His wife found out

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about it and tried to get him to stop. “Why should I?” he argued. “What do I have to lose?”

I sometimes have to remind these men—I’ve never encountered a woman who was like this—it’s not *all* about you. Your entire family and circle of friends are *not* required to completely reorganize their lives around your care. Your suffering and loss do not give you the right to demand a pillow fluff and back rub every night at four in the morning. Your suffering does not give you the right to squander every last dime of the family’s resources. It’s not *all* about you. Everyone involved is suffering. Everyone is under stress. A little kindness and humility can be so very helpful.

Awakening to these possibilities is one of the ways healing can come out of catastrophic illness. Perhaps these men had been pampered their entire married lives. Maybe they were the breadwinners and felt they deserved to be waited on by their wives at home. Now things have changed and they too can change and grow. It does not have to become an endless stream of demands, complaints, and criticisms.

This dynamic is reversed with one of my families. The husband is tending to his wife, who has ALS. She has always been his helpmate, the keeper of the home, and has let him be in charge of all the major decisions. He will not allow anyone besides himself and his daughter to come in and tend to his wife. When it’s this tightly held, I always become nervous. Too much of a pressure cooker.

Sure enough, the daughter, who moved in with her mother and father for economic reasons before the illness, is never good enough for her dad. She is continually berated for not loving her mother enough, not caring for her in the



ways he thinks she should. She has told her father that’s not a role she wants to have. She wants others to do the nursing. She wants to love her mother in her own way. Read her books. Take her to the hair salon. Watch a movie with her.

We all deserve mindful tending. It is our birthright.

The daughter wants to invite care into the home but the father won’t allow it. His wife wouldn’t mind others coming in, but she is subservient. He’s the boss and she won’t confront him. This leaves it to the daughter, who gets verbally abused if she ever mentions needing more help in the home.

I visited them the other day and the mother was lying in her hospital bed set up in what used to be the dining room. She listened to her daughter describe the situation, and she became emotional. Mom had been used to handling things, smoothing out the rough spots, and now *she* was the rough spot, the cause of the friction. She hated that she couldn’t get up and take care of things, put an end to the fighting.

I witnessed her pain and invited her to express her feelings, that it was

okay, whatever she was feeling. She wept openly for the first time since her diagnosis. I just watched her warmly, didn’t say anything more, didn’t rub her shoulder or offer her a tissue. I just let her be with her emotions until they had run their course.

Afterward she apologized, as people so often do when they cry. “No apology necessary, darlin,” I told her softly. “You’re having some feelings. It’s a good thing.”

She cried a bit more and then spoke about her situation, the hardship she blamed herself for causing, the difficulty of relying on others to take care of her. I listened to her without offering an opinion. The next day her daughter told me something had shifted. Her mother asked to see an old friend of her daughter’s, a woman she had always liked but hadn’t seen since she got sick. The daughter was amazed. “She hasn’t wanted anyone to see her, Ron. Not the way she is now. I guess shedding those tears opened her up to being seen, and maybe loved by somebody she cares for.”

I was so very grateful to hear that. When families circle the wagons and close out the world, it becomes incredibly difficult for that inner circle. Too, too much to manage for a father and a daughter alone. Time to open up and let

go. Time to grow. Time to confront the tendency to shrink back in the face of adversity. Rather, take the path of my nameless friend. Open, open, open. Stay alert to a moment of joy that wanders by. Fall into it. Be bathed by it. Let the illness serve you, be your friend and ally, rather than an adversary to be battled. There's no winning here. In yielding to loss graciously, however, so much can be learned, so much can be healed. 🌱

Ron Hoffman cofounded the Gordon T. Heald fund for ALS following Gordon Heald's death from ALS. (Ron had provided personal care for Heald until the end of his life.) In time, Hoffman's work led to the creation of the non-profit organization Compassionate Care ALS, which has worked with more than a thousand individuals, families and communities living with Lou Gehrig's Disease. For more information, visit ccals.org.



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- 4 Prepare yourself and find the courage to ask the difficult questions to open the can of worms inside the veteran
- 5 Listen and validate without judgment, avoiding belittling or dismissing what the veteran shares. Create opportunities for ritual for acknowledgement of grief and loss, purification, and forgiveness
- 6 Create opportunities for atonement (action after forgiveness to make the world "whole" again)

The Go in Peace! project plans to produce a detailed question guide to accompany the documentary, Go in Peace!, for training purposes. This will be available at a future date at www.goinpeacefilm.org. Contact Karen van Vuuren, karenvanvu@gmail.com.

Go in Peace A Film by Karen van Vuuren

Reviewed by Lee Webster

Many years ago, while mashing potatoes for Thanksgiving dinner, I asked my father-in-law what I thought was a fairly innocuous question about his service during WWII. He answered by saying he didn't think about it, yet, before he picked up the turkey to head to the dining table, he took a deep breath and told me that he had been a Navy ship's captain for three years on an infantry landing craft at Leyte Gulf in the Pacific. My mother-in-law then filled me in—about how he had had to have the fire hoses ready on deck to subdue soldiers who had been in the jungle too long; about how he was unable to describe what he had seen, even to her; about how angry she had been trying not to imagine what he was living through while she had to listen to people stateside complaining about not having real butter for their toast.

Of all the extraordinary points made in *Go in Peace*, Karen van Vuuren's latest film, the one that hit home for me was this: Our war veterans have made an art out of protecting us from their psychic and spiritual war wounds—what is referred to in the film as soul wounds—by internalizing their trauma to the point that many of us are blissfully unaware of the hell they live with every day for the decades of their lives.

This stoicism, whether learned in combat training or the result of carrying guilt and shame, manifests in many veterans as emotional detachment, visceral responses to triggers that cause them to re-experience the initial horror and fear with no warning, and often a lifetime of trying to understand who they are now that they are no longer innocent, impressionable twenty-somethings going off on the adventure



of a lifetime. Still others grapple with the shifting sands of faith and patriotism as they struggle with aligning their actions in war with their core values of what is right and fair and true, and of what they sacrificed for their country and loved ones.

In *Go in Peace*, veterans from Ohio Veterans Home in Sandusky movingly describe the impact of their war experiences and, for some, their inability to put names and words to memories that have haunted them since WWII, Korea, and Viet Nam.

Dr. Ed Tick, founder of the non-profit Soldier's Heart and author of *War and the Soul* and the newly-published *Warrior's Return: Restoring the Soul After War*, along with registered nurse practitioner Deborah Grassman, co-founder of project Soul Injury and author of *Peace at Last*, provide a blueprint for hospice personnel when assisting dying veterans to integrate their combat experiences and their own mortality.

Volunteers and staff learn how to help vets with whatever time is left to them to put their world back together, accept

what happened and grieve, and attempt to forgive themselves and atone for their real and perceived actions and feelings. They do so by creating a safe place, as free of triggers as possible, and a safe emotional and spiritual space where difficult questions are asked, responses are not judged, and all experience is validated.

Shell-shock, battle fatigue, post-traumatic stress disorder—the impact of war on warriors can be called many names. Regardless of what we call their trauma, the lives of soldiers are irrevocably changed. *Go in*

Peace is a tribute to their experience and resonates with the call to witness and to acknowledge the service of veterans everywhere. [📌](#)



Lee Webster writes from her home in the White Mountains of New Hampshire. She is a frequent public speaker on the benefits of home

funerals and green burial, a freelance writer, conservationist, and long-time hospice volunteer. She is Director of New Hampshire Funeral Resources, Education & Advocacy, President of the National Home Funeral Alliance, and on the board of directors of the Green Burial Council.

Photos courtesy of goinpeacefilm.org

Communication During Grief

by Isabel Stenzel-Byrnes

In a recent email, the grieving mother of a young woman who died two years ago reluctantly wrote, “Don’t tell anyone... I went to see a medium. ‘Sarah is doing just fine.’” This kind of confession is not uncommon. The presence of those absent can be so profound that it is a natural human instinct to try to communicate with deceased loved ones.

Stories of contact with the deceased are frequently cited in best-sellers. One of my favorites is the book *Signals* by Joel Rothschild, in which a persistent hummingbird visits a bereaved lover. In Eben Alexander’s book *Proof of Heaven*, a young girl visits him during his near-death experience and takes his soul to a beautiful, distant place. Dr. Alexander later recalls he had lost a sister at a young age.

Grief theorists used to tell us that it is best to disconnect from the deceased and re-attach to living, breathing people. They insisted that letting go was necessary for healthy grieving. Yet contemporary grief researchers stress the importance of remaining emotionally connected to the deceased in one’s own way. Thomas Attig writes: “Searching for lasting love in separation is our best hope.” The notion of continuing bonds is well-documented in grief research: dreaming of the deceased, keeping a linking object, taking on characteristics of the deceased, feeling watched by the deceased, and talking to the deceased.

Though everyone reacts to grief differently, many bereaved individuals need to give themselves permission to communicate with their loved ones. They are not going crazy, they are not being silly; they are simply following an instinct to stay connected and keep loving. Couples who have been married for fifty years and are used to talking to

each other every day have established a habit. When one spouse dies, the physical routine is broken but the habit remains. Reaching out and talking to, writing to, or sensing a deceased loved one is a natural extension of the relationship.

In my work as a bereavement counselor, I often encourage grieving survivors to use writing as a way to communicate with their loved ones. Writing can include asking for forgiveness, expressing unfinished business, expressing love and gratitude. One mother wrote a daily diary entry to her daughter for many years following her death. Though her daughter was physically gone, the mom now has volumes of stories shared with her daughter, many of which are about her grief journey. In Hawaii, there is a ritual of writing a message to a deceased loved one on the sides of a paper lantern placed over a burning candle, and

Grief researchers insist on the importance of remaining emotionally connected to the deceased in one’s own way.

then sending that lantern off into the water. Whether it’s a lantern, a helium balloon, or a message in a bottle, these rituals offer sacred opportunities to communicate with the loved one who has moved on to somewhere else in the universe.

I also encourage some grieving individuals to pray to their loved ones. When I lost a dear friend, I spoke to her in a quiet voice, either in the car or at night before falling asleep. I encourage my clients to do the same—if it feels right and if it gives them some comfort.

Families and caregivers of the bereaved must allow them the space to communicate with the deceased. The intention to remain in contact is

not pathological. Our Western culture is biased towards reasoning and objectivity, whereas other cultures are not. For example, in traditional Japanese culture, the soul of the deceased is thought to remain in the home, is offered food and drink, and can be spoken to as if he or she can still hear. The ritual of replacing food, lighting incense, or clapping one’s hands and bowing at the home altar in prayer can offer these families a healing, routine connection to the deceased.

Communication with a person who is no longer here can stir up a great deal of pain. During the acute phase of grief, one might ask the deceased questions like, *Where are you? Why did you leave?* The desperate desire for answers can leave the bereaved even more tortured and lonely. Realistically, the bereaved will not physically hear an answer or find a letter in the mailbox from the deceased. Communication during grief

comes with an acceptance that it is a one-way correspondence. Yet, two-way communication can be symbolic. One bereaved father showed me a white

candle he had burned at his daughter’s funeral. It had burned to the bottom of the wick, but the sides of the candle had ruffled and bent outward in two large pieces, creating a stark resemblance to angel wings. Another grieving man showed me a candle that had burned into the shape of a castle. He felt his loved one was residing elsewhere and was okay.

Attribution is another form of staying connected. One friend had lost her mother six weeks earlier. She had been unemployed while caring for her mother for three years and had just applied for a job. Two hours after the interview, this woman received a phone call saying she was hired. Immediately she said aloud, “Thanks, Mom!”

Other creative ways to retain some correspondence with the deceased include mobilizing a circle of friends, coworkers, Facebook contacts, and asking the deceased person's community to share stories of the person. Hearing about new experiences and perspectives of the loved one's life can continue the communication. In the most fortunate of cases, bereaved family members can receive communication from the deceased person that were prepared prior to death. Some people who are dying have written letters to their loved ones, asking them to be opened on specific dates. One friend of mine dying of cystic fibrosis recorded videos of himself, addressing each of his family members and sharing how he felt about them. He arranged for a friend to pass the videos on to his family after he died.

I have discussed some general ways that survivors can communicate with their loved ones after they are gone. Most of the time these rituals offer comfort, connection, and solace. However, making contact with the deceased done in excess, in place of communicating with living people, or in an attempt to resolve a conflicted relationship or avoid accepting the death, may impair healing and keep a person from moving forward in their grief. We know that grief is an intensely personal experience, and there is such mystery in whether our loved ones still exist, in some form, and remain connected to us. We know that we have some power over our own solace in grief. Intense yearning can be eased by spiritual communication, because death ends a life, not a relationship. 🌐



Isabel Stenzel-Byrnes is an author, bereavement social worker, health educator, and patient advocate. She currently works in bereavement care at Mission Hospice in San Mateo. Stenzel-Byrnes is a recognized leader in the cystic fibrosis community and, with her twin sister, Anabel, co-wrote The Power of Two: A Twin Triumph over Cystic Fibrosis, which was made into the documentary film, The Power of Two, thepoweroftwomovie.com.

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THE Sculptress AND THE

by Esmerelda Kent

A mother had called me three or four times a day after placing an order for a shroud for her 28-year-old daughter, a renowned sculptress with stage IV brain cancer. The daughter had married in December and, in late January, received the diagnosis and immediately entered hospice.

The mother told me such wonderful stories about this girl she loved so much: her fearless talent, the exact color of her very long hair, and the uncommon strength and dignity with which she was creating her own funeral. She helped me get to know her girl, and soon I felt I'd always known them both.

Her daughter wanted a green burial. The mother had no idea what that was, but her motivation was to follow her child's instructions exactly. The mother and I spoke daily as I made the elaborate silk and lavender, herbal-lined shroud her

daughter had picked out, on her laptop in her hospice bed, from our website. Sometimes the mother would call and just cry. Then she'd apologize and cry some more.

I told her crying was about the most appropriate thing she could do right now. I assured her she could call me any time, day or night, and cry if she wanted to. I let her know that I, too, had a grown daughter and couldn't imagine being as strong as I thought the mom was being in that moment.

I was this mother's invisible, anonymous friend on the other end of the phone, making a "bunting" of sorts for her dying "baby." The anonymity of our voices, through the mystery and darkness of the wires, made her feel safer and less alone in her powerless despair. My involvement made me feel the way it always does: honored because my life

had meaning and purpose, and glad for an opportunity to respond with love and compassion.

The dying daughter orchestrated her death care like an exquisite symphony and, when death occurred, this structure provided her mother and her sisters with amazing strength. She had assigned them the task of washing and preparing her body at home, after her spirit had "left the building."

Earlier I had referred the mother to a funeral home I knew about in their small, midwestern town. I'd become acquainted with these funeral directors after they had contacted me a couple years before about shrouds for green burial. This funeral home also owned a green cemetery that was reputedly quite beautiful. One day, the mother of the sculptress visited the cemetery in the company of a young, female funeral director who was showing her some plots; she purchased one then and there, located under a huge tree. The mother informed the funeral director of the plans at the time of death, including the laying out in her daughter's home. The mother then assigned the young funeral director a mission: Would she be on call to help with the paperwork, transport, and anything else the family might need? The director and the funeral home staff gladly accepted their role in the home vigil and were willing to provide their services, à la carte.

The mother cherished the memories of her child, and wanted to protect her daughter as she had at other precious stages.



Photos courtesy of Kinkaraco ©

Shroud

Her one mistake was that she failed to comprehend that her daughter was married. This meant the sculptress's husband had the final say about what would happen when his wife crossed over.

Three days after her shroud was completed and shipped, the sculptress died. It was late at night and only the husband and his family were with her at home. They absolutely freaked out. When the mother and her other daughters arrived, it was immediately clear that the husband's side of the family was uncomfortable with the exquisite symphony the daughter had orchestrated. The husband's relatives

sounded loud horns of fear and dismay. They wanted no part in the washing and shrouding ritual, so many months in the planning. They wanted the body of the dead sculptress out of the house—now!

Somewhere between too late and too early, the mother called me, extremely upset and crying. I reminded her that she had a back-up plan, which calmed her down. She called the young funeral director who immediately jumped into action and arranged to have the sculptress's body picked up from the house within the hour. The funeral home staff created a safe and peaceful place in the prep room for the mother and sisters to conduct their washing ritual, exactly

as planned, with incense, rosemary, and rose water. Then they placed their dear girl into her silk-lined shroud.

For days I couldn't stop thinking about this family. I felt so close to this mother and was as concerned about her fragile state of mind as I would be of any close friend's. On a professional level, as a green product provider, I do not contact the family after the product is delivered and the body cremated or buried. However, the door is always open for them to contact me. Imagine my delight when, three days later, the mother called and recounted in the most Disney-like detail, the magic of the forest gravesite under the huge tree. She spoke

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I was this mother's invisible, anonymous friend on the other end of the phone, making a "bunting" of sorts for her dying "baby."

of the quality of the light that morning through the branches as she, the father, two sisters, and the young husband lowered her daughter's shrouded body into the earth.

They placed her on top of a bed of red rose petals and covered her with her favorite flowers. The mother reverently told me of the poems they had all written, the love notes, and her favorite chocolate cookies they had placed inside the little heart-shaped pocket in the shroud. Her voice trembled and she could barely contain her awe when she recalled the white butterfly. Just after the family had shoveled earth onto her daughter's body, it came from out of

nowhere and hovered magically over the grave for a few moments. She explained that this was no ordinary butterfly; it was unusual, and it gave her a direct spiritual experience—a sign—so she knew in her heart and mind, without any doubt, that her daughter was at peace and happy.

A butterfly fluttering over a grave—in the woods, in the light—connected this mother to the mystery and the miracle of the circle of life. Connecting with death, seeing it, feeling it, even getting dirty and covered with sweat by it, this family was transformed by the authenticity of their experience and will never be the same again. Neither will I. 🦋

Esmerelda Kent is the founder of Kinkaraco Green Funeral Products. She launched her company (while working in CA's first green cemetery) after the prototype of a constructed burial shroud she had designed was purchased by the production company of HBO's Six Feet Under in 2005 for an episode on green burial. Contact her via kinkaraco.com.

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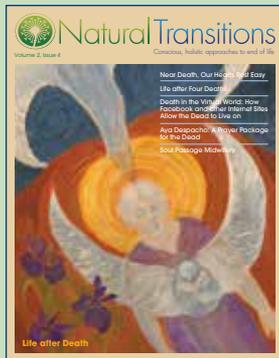
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No Regrets: Living with Dying

by Kitty Edwards

In May 2013, Patti Pansa, a professional engineer and life coach, contacted me for assistance in her journey towards death. She had taken care of all the literal preparations for death: she had spoken with family members about her wishes for end-of-life care; her last will and testament, advanced health care directives, and medical durable power of attorney were all signed and delivered to the appropriate people; a list of her important accounts with passwords sat in a folder next to her computer. But Patti wanted more. She wanted to leave a legacy for her family and friends. Perhaps most of all, she wanted to discover ways to celebrate life while she still had time.

I shared with Patti several articles on the regrets of the dying, chronicling how many regretted working too much, spending too little time with family, or living a life that was not their own. These articles made quite an impression on Patti; all she could hear was “I wish... I wish.” But with Stage 4 metastasized breast cancer, Patti didn’t want to wish.

She wanted to know how to live life with no regrets. Out of Patti’s vision and sense of urgency, the No Regrets Project was born.

Between radiation treatments, spinal surgery, and a bucket list trip to Alaska, Patti wrote essays, talked with anyone who would listen, dreamed, and created. In the end, she developed five simple, personal practices to help herself live life more fully: be grateful every day, trust—take the risk, courage to be me, choose joy, and love myself and share it. While the phrases may be simple, accomplishing them is not. The development of the No Regrets Project is Patti Pansa’s legacy to us all.

Be Grateful Every Day

I have a choice to focus on gratitude. Some days the pain is almost unbearable. If I focus on the pain, it will intensify like a tsunami. When I concentrate on what I am grateful for, I am more peaceful.

-- Patti Pansa, May 2013

Each day, Patti wrote in her gratitude journal. The simplest things caught her attention. “I am grateful for a little bird sitting on a branch outside of my bedroom window,” “I love to feel the warmth in the sunlight crossing my bed,” and more. This practice of gratitude helped her to focus on the things she appreciated most, rather than on her declining health and the difficult medical procedures that she endured.

Patti wanted to live. She didn’t want to leave her family and friends. She would always thank her friends for the favors they performed. But, perhaps more importantly, she also told each one of them the unique gift they brought to her. I do not know what she said to others, but she often thanked me for not being afraid of her illness.

Trust - Take the Risk

When I trust and move forward into a new adventure, I am amazed at the support that the universe provides for me.

The No Regrets Project is a good example of this. The idea came to me as an inspiration during a morning meditation. I shared the idea with friends and they wanted to help.

-- Patti Pansa, June 2013

A week after writing this, Patti was visiting friends in Santa Fe, NM. In casual conversation, one friend mentioned a jewelry designer who produced marvelous pieces. An hour later Patti was in the studio of Douglas Magnus, a designer of embossed metal bracelets. She wanted to interest him in designing bracelets with the No Regrets phrases on them.



Author Kitty Edwards (left) and Patti Pansa enjoy a moment during a celebration of Patti’s life in September 2013.

Instead, he encouraged her to design the bracelets herself.

In the last months of Patti's life, she designed the bracelets, hired a mold maker, and found a manufacturer. Patti trusted that the help she needed would appear. And it did.

That summer, Patti learned that trust requires an element of surrender. Not the surrender of defeat, but rather a sweet surrender. With diminishing energy, she simply followed the flow of suggestions and referrals to find the resources that were needed in a short period of time. Patti trusted, took the risk, and a legacy was created.

Courage to Be Me

I am dying. This makes some people uncomfortable and sad. It makes me sad sometimes too. When I show up as the person I truly am, it creates a space for others to step into the fullness of their being. Our conversations are more authentic. The masks fall away.
-- Patti Pansa, July 2013

Patti was courageous in her life and in her death. Often, she saw people choose to be invisible or masterfully reflect what others wished to see. For Patti, who stood six feet tall, being invisible was never an option.

In June 2013, Patti underwent radiation treatment to alleviate some of the symptoms of bone pain, treat a fractured vertebra, and shrink a tumor in her neck. To precisely target the areas for the radiation, a radiation mask was built for Patti's torso. The process of creating the mask was excruciating and frightening. At the end of the radiation treatments, although her sister wanted



Candace Brad, kelulane@comcast.net

Radiation mask enjoying a strawberry margarita

to run it over with a car, Patti wanted to take her mask home. She then stepped into ceremony with her friends to create transformation.

With some imagination...some glue... and a sense of fashion... the radiation mask was transformed into a symbol of strength and beauty; a beautiful bust of Patti was created. Patti's friends then

Patti learned that trust requires an element of surrender.

took the mask on adventures that Patti herself could no longer manage. It was photographed at sunrise in the high mountains. It was spotted in a sporty, red convertible. It was seen sipping a strawberry margarita. The mask even posed for an advertisement in a national magazine.

Patti's radiation mask now resides at the University of Colorado Cancer Center in Denver, where workshops are held to assist children with cancer to decorate their own radiation masks.

Choose Joy

Happiness is a choice that I can make no matter how grim circumstances might seem. The joy of being alive is always attainable at some level.
-- Patti Pansa, August 2013

Over the summer, Patti talked about grief and how it connects us to those we have lost. She knew that the greater the joy, the greater the grief. She often talked about grief and joy as if they were threads from the same fabric, the warp of joy inexorably interwoven with the weft of grief. Patti's fabric was a coat of many colors, rich in texture, and deeply alive.

As Patti's disease progressed to its final stage, she asked her friends to throw a goodbye party for her. She looked for opportunities to express joy and share it with others. At this party each friend brought a flower that represented an aspect of Patti that they loved or admired. There were tears and there was laughter. In the end the vase of flowers overflowed with the vibrant colors of Patti.

Love Myself and Share It

For me it's about choosing how you want to live your life, really choosing...loving myself enough to free myself to be fully me ... in all of my expanded potential.
-- Patti Pansa, September 2013

Patti spent the last five months of her life celebrating, sharing, creating, loving, and living. She knew her energy was limited. As a caretaker of family and friends, she could easily give herself away. Instead, she developed a practice of nourishing



Patti defined regret as an action taken or not taken, and now regretted. Or it might also be an action someone else took, or one they failed to take, that she regretted. Each day Patti released a regret, only to discover that there was a lesson embedded in each one. She

On October 23, 2013, under hospice care, Patti died at home with her family. She died with no regrets. 🌐



Kitty Edwards is the executive director of the No Regrets Project, a program of The Living & Dying Consciously

Project. For more information about these organizations, visit noregretsproject.org or livinganddyingconsciouslyproject.org.

herself first before caring for others. But Patti discovered that loving herself first was not easy; her friends wanted so much more from her than she could give. As she continued her meditation practice and writing in her gratitude journal, she also added a new practice: releasing regrets.

recognized that each regretted action or inaction actually held a gift, an insight, a strength. She came to understand that these pearls were ways she had loved herself throughout her life. Spending time reflecting on her strengths, compassion, and wisdom gave her the space to nurture herself.

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to the largest definition of "Sustainable Living" we must identify the "death phobia" in our culture, where aversion, denial and avoidance are the norm.

That relationship to our approaching death can only lead to "life-phobia" the inability and unwillingness to be fully alive, because to be fully alive requires an honest and living relationship with our approaching death.

We say we know we're going to die but is that true? Does the way we live, and the way we interact with the world include an awareness of our approaching death?

We will die and we don't know when. Everyone we know will die and we don't know when.

Is there a connection between the condition of the world and our aversion, denial and avoidance of death?

By having given away the caring of our dying and dead to institutions and industries, community work has become big business.

We have robbed ourselves of important soul work and community work, hindered our ability to grieve, and further separated ourselves from the natural world. We have diminished death to something to be dealt with, a medical event, a psychological event about loss, rather than a sacred and powerful time.

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Holly Blue has been a student of mysticism and shamanism for decades, with foundational teachers such as Mornah Nalamaku Simeona, Elisabeth Kübler-Ross, Brooke Medicine Eagle, Angeles Arrien, and The Foundation for Shamanic Studies; and more recently focused on end-of-life issues with Jerrigrace Lyons, Nancy Jewel Poer, Tarron Estes and Lyn Prashant. An active member of a *Chevre Kadisha* (Jewish burial society) since 1995, she speaks, writes and counsels on the practical and spiritual aspects of conscious dying and sustainable burial. Author of *The Heart of the Circle: A Guide to Drumming* and co-editor of *The Soul's Legacy: Writing a Spiritual Will*, her next book is planned for release in early 2015.

Launching the Death Canoe: Ritual for Grief and Spiritual Connection

by Sarah Kerr

There's an Ojibwa understanding that when we die, we find ourselves on the beach of a vast lake. Here we see the footprints of those who have died before us—people who have crossed the lake, leaving the Village of the Living and journeying to the Village of the Dead. The newly dead cannot make that journey alone, however. They need help from both sides. Those in the Village of the Living must build for their dead a canoe out of love to propel out into the lake with the energy of our grief. Those in the Village of the Dead reach out and receive that canoe, using the energy of their joy to pull it towards them, celebrating the person's arrival with the same intensity as the living mourn the person's departure.

Annie is now 53 years old. When she was three, her mother and younger sister died together in childbirth. Her family responded as well as they could, but in a grief- and death-illiterate culture, few of us have been taught the skills to meet that kind of tragedy.

Annie's newborn sister was buried in her mother's arms but wasn't named or given a headstone. Wanting to protect Annie from further pain, her father and grandparents didn't take her to the funeral. Annie's dad had to be back at work three days after the deaths, so Annie spent her days with her grandparents, but none of the adults in her world had the skills or capacity to help her process her grief. A few years later, Annie's father remarried, and had two sons with his new wife. Annie grew up in this blended family, but her mother and sister were rarely mentioned.

When Annie came to see me, she'd done more than her share of therapy and other healing work. Some things had shifted and improved, but she was still carrying a deep grief and pain.

A forward-thinking psychologist might have described Annie's situation as disenfranchised grief, a kind of double-whammy trauma that occurs when a deep loss is compounded by a lack of social validation and support for the grieving process. I would agree, but add that the issue was not just lack of social validation and support but, more specifically, the lack of required community rituals. Rituals provide a highly structured and specific form of social validation and support, and when they are successful, they channel the energy of this support to shift the underlying energetic patterns of the situation back towards balance.

When Annie missed the funeral, she missed the critical healing experience of having her grief ritually validated and witnessed by her community.

A funeral ritual is not a series of empty formalities and social obligations; it's

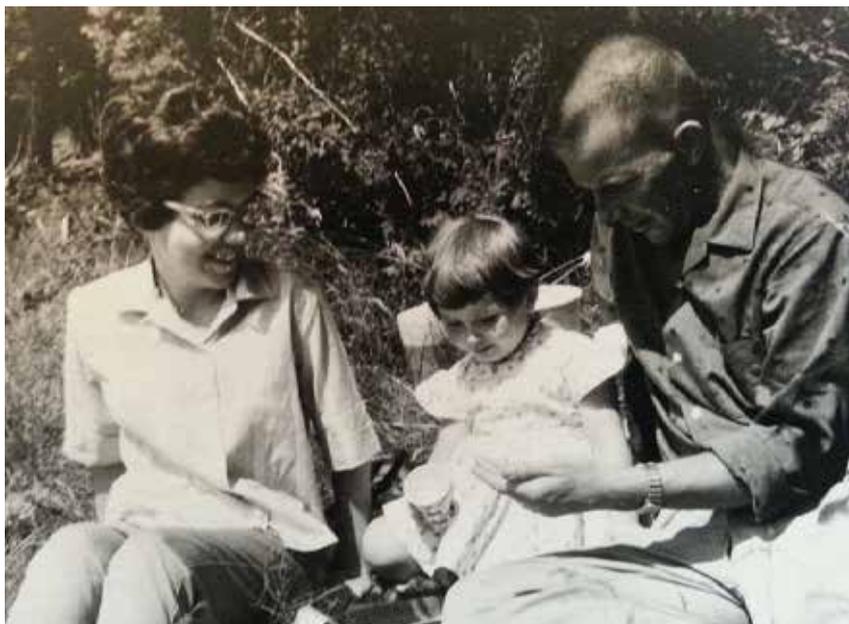
a pragmatic mechanism to facilitate re-patterning and healing—for both the living and the dead. It's an energetic experience, not an intellectual one, and even as a young child, Annie would have benefitted from being part of that process. Attending the funeral would likely have been an important first step on her healing journey. When no-one knew how to help her validate her grief (ritually or otherwise), Annie's child-self grew to believe there was something wrong with those feelings. She carried her grief with shame and, even as an adult, didn't often talk about this pivotal experience in her life. It followed the classic pattern of disenfranchised grief.

Annie's baby sister missed two important rituals. She was never properly received into the Village of the Living, and she was never dispatched to the Village of the Dead. From a spiritual perspective, she had become a soul in limbo—she was neither here nor there.

Annie suffered, her sister suffered, and the relationship between the two of them suffered. At some level, Annie didn't know how to relate to this baby whom she never met. All her life she has

longed for the intimacy of sisterhood, but was confused about how it related to her. Did she have a sister? Does she have a sister? Was she an only child in her first family?

Our identities are relational; we are woven into existence by the threads that connect us to our family and community. And those threads are very real, energetic structures that are formed and strengthened by rituals. Annie's sister





Dave Sander cocotureweddings.com

had never been formally claimed as part of the family and so the bonds of sisterhood weren't energetically established. When someone dies, we often say that we've "lost" them. In this case that's exactly what happened. Through a well-meaning act of omission, Annie's sister was lost, and she'd been lost for half a century.

Rituals happen outside of time and space. Their magic is to evoke a kind of eternal present, an ultimate moment of "now" in which past, present, and future are commingled. This ability to transcend linear time means that a ritual done today can heal a wound experienced years ago.

Over a period of a few months, Annie and I set about to perform the ritual healing that had been needed for so long. We wanted to honor and validate Annie's grief, to bring her "lost" sister back home, and to establish the bonds of sisterhood between them.

Names have power, and if Annie's sister was to be brought into existence, she needed a name. Annie remembered that her father had told her that he and her mother had planned to name the baby Sherri, though he didn't recall that now. Nevertheless, Annie made the decision to name her sister Sherri Harriet (Harriet was their mother's middle name). With her own name and a lineage name, Sherri became "somebody." And by taking the responsibility of naming her, Annie made an energetic declaration that Sherri was somebody who was loved and claimed by the Village of the Living.

Annie began developing a relationship with Sherri. She set up an altar with things that felt connected to her sister. She talked to her, and invited her to become part of her life. She used simple ritual processes to connect with her and to open herself to receiving connection back. Annie was extending an energetic hand towards Sherri, offering her a path out of limbo and into existence.

She carried her grief with shame and, even as an adult, didn't often talk about this pivotal experience in her life.

Slowly, Annie began to have unmistakable sensations of Sherri's presence—in dreams, waking visions, intuitions, and physical sensations. Most importantly, Annie began to feel what it was to have a sister.

Being in relationship with a spirit is different than being in relationship with a living person, and Annie had to learn the language of that kind of relationship—a language of intuition and feeling, of symbol, ritual, synchronicity, and correspondence. It's a language as real and as effective as any other form of communication, but it's not one that most of us have been taught to recognize or speak. It requires noticing and valuing the subtle inner sensations that we are generally taught to ignore. One of the most difficult parts of the process is overcoming the inner societal voice that

tells us these sensations aren't real.

Besides talking to Sherri, Annie began talking about her. She initiated conversations about Sherri

with her father and with one of her brothers. With both of them, Annie was able to touch more deeply into the story than ever before. Not only did this help make Sherri more real and connect her with her larger family, it also allowed Annie to share feelings that had been held back for decades, and the conversations brought the family closer together. The healing was happening on many levels.

Being dead and being in the Village of the Dead are not the same thing, and right ritual action is what makes the difference.

For the dead, a successful funeral builds and launches the death canoe, and calls forth the ancestors on the far shore to receive it. For the living, a successful funeral creates a communal space to fully feel and express the grief and anguish of loss, and to begin the process of coming to peace with it. It offers the social validation that those with disenfranchised grief (on both sides of the veil) require.

As Sherri became more present to Annie and in the world, we began planning her funeral. In order for our dead to be in right relationship with us, they need to be fully present in the Village of the Ancestors. It's similar to Jung's understanding of individuation, that we can't be fully present in a relationship with another if we are not

solidly grounded in ourselves. If Sherri and Annie were to have an ongoing relationship, we needed to help establish Sherri in her right place on the other side of the lake.

To enact the funeral, Annie gathered together a small group of close friends, explaining that she and Sherri needed their help in a very real way. She asked this group to be their “kin-net,” to serve as the village that would provide the love and ritual support needed as they each went through their own rite of passage.

For the funeral, we gathered at Annie’s and her husband Jack’s house. In a simple but energetically powerful ritual, we created the healing space that both Annie and Sherri needed. Annie had a headstone made for Sherri, literally carving her name in stone as a testimony to her existence. She had asked one person to offer a eulogy for Sherri and another to speak about what it means to have sisters and to activate the energy of sisterhood between the two of them. Both speakers took their responsibilities seriously and worked hard to prepare beautiful and powerful benedictions. Into this sacred container of love and support, Annie spoke her own grief, and she finally felt it energetically validated and received by her community.

The ritual energetically established Annie as a woman who is, and who has, a sister; it publicly marked her spiritual transformation from one whose sister is alive, to one whose sister is dead. It provided a safe space in which to reveal and release the grief she had been carrying for 50 years, a space in which that grief was welcomed and honored as necessary and healing not only for her, but for Sherri as well.

The ritual helped Sherri make her journey to the Village of the Dead. For this, we called her ancestors and our own, asking them to gather on the far shore of the lake to welcome her. We imbued the headstone with the energy of the canoe, and in a solemn procession, we followed Annie and Jack as they carried it to a consecrated spot in their garden. As they placed the stone on the

From a spiritual perspective, she had become a soul in limbo -- she was neither here nor there.

ground, we saw, with our spiritual eyes, the canoe leaving the shore and carrying Sherri towards those eagerly waiting her arrival on the other side.

Stephen Jenkinson says that the mark of a good death is that it is a “village-making event.”

In a village, we recognize that we need each other, and that we have a responsibility to each other, living and dead. By gathering their community in ritual around them, Annie and Sherri used the tragedy of death to strengthen village relationships—in this world, in the other, and between the two.

I am grateful to Annie (not her real name) for giving me permission to share this story. It is a powerful teaching gift as we remember how important healing rituals are—for both the living and the dead. 🌊



Sarah Kerr, PhD, is a Death Midwife and Ceremonialist in Calgary, Alberta. She designs and facilitates ceremonies that help her clients and their families integrate experiences of death and loss. These rituals honor the spiritual significance of what’s happening and bring healing to the living and the dead. Her website is soulpassages.ca.

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Folding the Flag for Milton

by Olivia Rosemarie Bareham

On a late December evening in 2013, Marlena called me to say that Milton, her partner of 20 years, had just transitioned after a long illness. She was devastated and wanted more time to be present with Milton's body, to attend to him personally, and honor him with a home funeral. Over the next few hours, Sacred Crossings supported Marlena through the process of preparing Milton's body: laying him in his favorite position looking out a window into the garden, surrounded by his beloved books.

Milton's body remained at home for three days, and Marlena spent many hours with him, allowing herself time to accept and integrate his death and reflect on the many wonderful times they had had together. I visited daily to help change the dry ice and to sit with Marlena, to listen to her stories, and plan the eulogy and funeral ceremony together.

Marlena spoke lovingly of Milton, of his life's work as a psychologist, his passion for vegetarianism, his contribution as an activist against animal cruelty, his volunteer work with the Green Party, and his service on the steering committee of Earth Save. I learned that Milton had joined the Navy at age 18 and had served in the South Pacific; his older brother, Harvey, was killed in Normandy in WWII at age 21. Although he was not a military man, Milton's tour of duty and the death of his brother had affected him deeply and turned him into the sensitive, caring pacifist Marlena knew and loved.

Marlena wanted to honor Milton's military service, so I explained the benefits that were available to veterans and began to figure out how to access them in the home. With the help of The Twilight Brigade (a community of over 5000 volunteers nationwide dedicated to being at the bedside of dying veterans), we were able to secure a US flag to



present to Marlena and an honor guard who stood, unflinchingly, at the bedside with Milton's body for many hours. This was a profoundly moving experience for all who witnessed it—and helped me gain a deeper understanding of what it means to sacrifice a part of one's life for the greater good of humanity.

After the three-day vigil, we gently transferred Milton's body from the honor bed into the cremation casket. Presence of Sacred Singing sang "Amazing Grace" while we ceremoniously closed the lid. Then the military guard and a Twilight Brigade volunteer, in respectful silence, draped the casket with the US flag.

I officiated the simple, yet reverent ceremony, which was held in the same room where Milton had lain during the vigil. Milton's younger brother, Burt, his wife, Marlena, and a handful of Sacred Crossings volunteers were in attendance. I opened by invoking the four directions and followed with a eulogy and a moving poem. Burt spoke about how grateful he was that Milton's military service was being honored, and how this helped him put to rest the loss of his older brother.

We carried the box outside to the van that was waiting to take Milton's body to the crematory. Here, in the driveway, the flag was meticulously folded and presented to Marlena, the culmination of a profound honoring of a veteran whose family had chosen the intimacy of a home funeral. 🌐

Photos courtesy of Sacred Crossings

Rev. Olivia Rosemarie Bareham, founder of Sacred Crossings, is an inter-faith minister, certified death midwife, home funeral guide and celebrant in Los Angeles, CA. She is a volunteer with the Twilight Brigade, which works to provide bedside support to veterans at end of life. Contact her at sacredcrossings.com.



Cross
by Tommy Bills
Watercolor

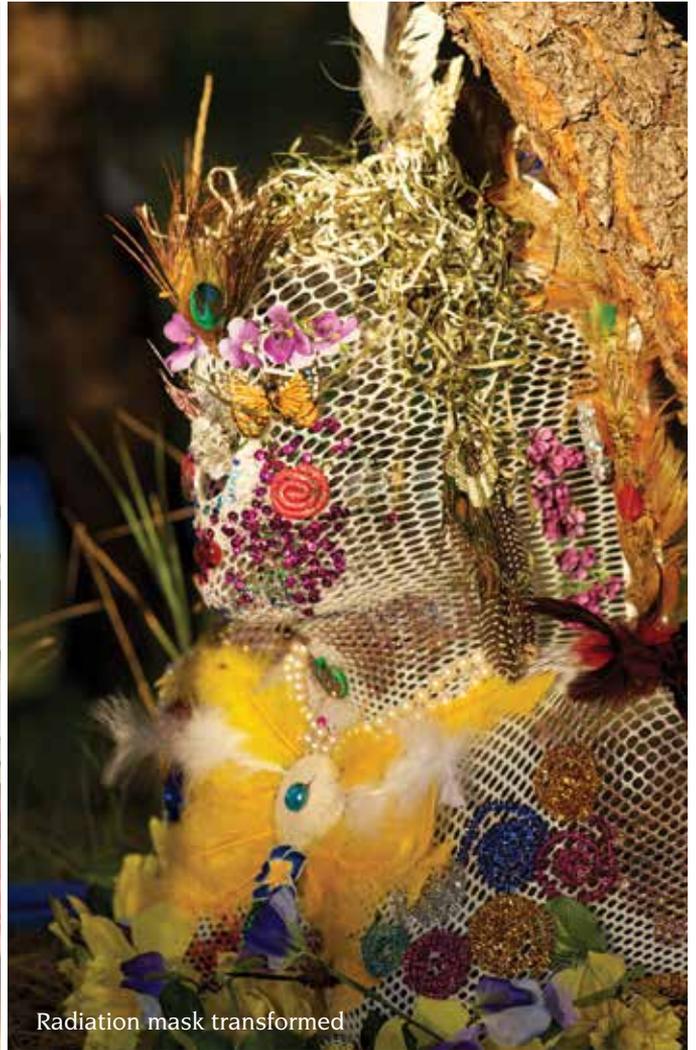
If a man kills another man
He must dig two graves:
One in the earth for the dead man
One in his heart for his own spirit
Or he will not return.

- Larry Winters

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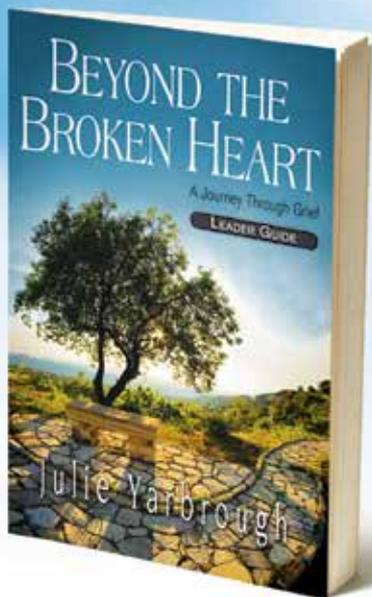
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About the author:



Julie Yarbrough. Inspired by her personal experience after the death of her husband, Dr. Leighton Farrell, senior minister at Highland Park United Methodist Church for many years, Yarbrough established a support group for widows and widowers and began writing for persons who are grieving. She is president of Yarbrough Investments and lives in Dallas, Texas.

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