



PROFESSIONAL DEVELOPMENT — SPIRITUALITY AND DEATH

Spirituality and Death: A Transformation into New Life

by Dean D. VonDras, PhD, and Jennifer L. White

“For it is in giving that we receive, in pardoning that we are pardoned, and in dying that we are born to eternal life.”

— from the Prayer of St. Francis of Assisi

Spirituality is an important aspect of life for many people. Indeed, in one poll of spiritual beliefs and religious practices, 96 percent of Americans report a belief in God, 90 percent report praying, 69 percent characterize themselves as church members, and 43 percent report having attended religious services within the past week (Princeton Religion Research Center, 1996). Noting that death is commonly characterized as a transformational event involving both physical change and spiritual fulfillment in many of the world’s religions (Houston, 1958), and that spiritual beliefs and practices may both qualitatively and quantitatively impact the dying (Koenig, 2002), in this essay we provide a brief narrative review, seeking to find deeper understanding of the following questions: How may we understand spirituality and its involvement with psychological



experience? What empirical relationships exist between spirituality and mortality? What significance may spiritual belief provide for the individuals and their family as they encounter death?

An Intertwining of Spirituality and Psychology

As St. Thomas Aquinas (1945 ed.) posits in his *Summa Theologica*, “the mode of knowledge follows the mode of the nature of the knower (p. 91).” Thus, as a construct, spirituality has many different characterizations, of which each person has his or her own unique understanding. For the purpose of this discussion, however, it is important to clarify a distinction between spirituality and religion. Thus, as put forth by Sulmasy (2002), spirituality is defined as one’s relationship with the transcendent, where there is a primary focus on making meaning of the experiences of life and death; in contrast, religion is the practice of spirituality and includes beliefs, practices and language that afford the search for the transcendent. Moreover, as Sulmasy (2002) suggests, while not everyone may

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Editor’s Note

Illene C. Noppe, PhD

Early on in the field of thanatology, psychoanalysts and existentialists acknowledged that human concerns with mortality are spiritual regardless of one’s involvement with organized religion. This issue of *The Forum* builds upon this assumption by bringing together seven authors who look at spirituality and death from a variety of perspectives. We lead with two theoretical analyses of the relationship between spirituality and death, followed by a powerful account of the devastation of New Orleans and spiritual concerns. This issue also offers a personal perspective on Hispanic spiritual connections to death, an article on caregivers’ evaluation of the spiritual needs of their clients, and ends with articles on the spiritual issues involved in parental and sudden tragic loss. These contributions hopefully offer opportunities for reflection as you continue teaching, researching, counseling, and caring for and about the dying and their survivors.

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express a religious orientation, everyone who seeks transcendent meaning can be considered to have a spirituality. Indeed, some people believe that spirituality is the lived experience (Schneiders, 2002), others that it is within each individual, a set course that one simply has to follow (Lesser, 2000). So that while expressed differently, each person's spirituality is a way of reconnecting the individual with the transcendent; "to know the life that transcends death (Campbell, 1972, p. 21)." With consideration for psychological adaptation, Koenig (2001a) posits that spirituality provides a grounding orientation that affords an opportunity to develop a meaning and purpose for one's life, as well as a sense of integrity about how one has lived his or her life. Thus a person's expression of spirituality is a way of defining conceptual life boundaries that reach beyond the spatial and temporal, and may include constructs such as prayer and a higher being (Reed, 1987). Spiritual beliefs then are noted to provide an interpretive meaning of the dying process (Sullivan, 2003), and offer comfort to the individual and family members at the end of life (Sulmasy, 2002). Yet it should be recognized that in some instances, issues of spirituality may also complicate and be sources of conflict for the dying individual (Koenig, 2002).

Empirical Relationships Between Spirituality and Mortality

In a very conservative review of the literature, Powell, Shahabi and Thoresen (2003) indicate "religion and/or spirituality may have an impact on physical health as a protective resource that prevents the development of disease in healthy people, and as a coping resource that buffers the impact of disease in patients (p. 48)." Thus with regard to mortality, research by Reed (1987) indicated that terminally ill hospital patients expressed a greater spirituality in comparison to non-terminally ill patients or healthy non-hospitalized adults. Additionally, within the terminally ill patient group a positive correlation was observed between spirituality and well-being; an effect not observed in the other groups (Reed, 1987). Similarly, other research has suggested spiritual belief to be associated with a decrease in death anxiety and an increase in psychological well-being (e.g., Ardel, 2003). Further, longitudinal research examining the practice of private religious activities such as prayer, meditation or Bible study by healthy older adults indicated an increased relative hazard of dying in non-practicing individuals (Helm et al., 2000). Moreover, as Koenig (2001b) notes, the frequency of religious attendance increases the predicted length of survival, adding as many as seven years to life. Thus it is suggested that participation in religious meetings "confers a generalized type of protection against mortality (Powell et al, 2003, p. 48)." Yet, it is important to note that given the many different types and facets of spiritual belief and practice, along with demographic characteristics and dimensions of healthfulness of subjects, these relationships are complex (Powell et al., 2003). Therefore the certain impact of spiritual beliefs on an individual's health and mortality may lie well beyond the immediate considerations of medical science. As Freedland (2004) suggests: "Even if there were solid evidence for these tenuous mechanisms, it would relegate religious beliefs to a distal node in the causal pathways ... one far removed from the dominion of the physicians, surgeons and nurses in charge of preventing and managing illness (p. 240)."

Conclusion: Providing for the Spiritual Needs of the Dying

From a historical perspective, as Sulmasy (2002) notes, "healing was a religious act ... a restoration of right relationships between people and their gods (p. 25)." Thus, noting the prevalence of spiritual beliefs and practices, and the obligation to provide a dignity-conserving style of care (Chochinov, 2002), both researchers and clinicians have emphasized the need to incorporate spirituality in end-of-life care programs (e.g., Sulmasy, 2002). As suggested by Koenig (2002), it is important to provide for the spiritual needs of the individual as well as family members so as to permit everyone the opportunity to "complete the psychological, social and spiritual tasks of dying so that they and their families can ultimately experience a good death (p. 21)." For individuals who are nonreligious, spiritual resources may include (a) finding purpose and meaning; (b) forgiving and receiving forgiveness; (c) maintaining hope; (d) saying goodbye; and, (e) coming to terms with whatever they perceive to occur after they die (Koenig, 2002, p. 23).

In summary, spiritual beliefs and practices provide an interpretation of the dying process, aid in the developmental task of transcendence, and afford comfort to dying individuals and their family members. It follows then that caregivers need to make available to dying persons and their family members opportunities to address and explore spiritual concerns. Indeed, for many individuals, spirituality may play the most important role in end-of-life care via the meaning it provides and in the hope it offers beyond the medical cure: the "hope for an afterlife, hope for salvation, hope for nirvana (Sullivan, 2003, p. 399)."

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The Roles of Religions in the Death Awareness Movement: Hidden Legacies

by Lucy Bregman, PhD

What have been the roles of religions in the contemporary death awareness movement? While recent attention has turned to spirituality, and although the terms spirituality and religions are sometimes used as near-opposites, from another perspective, religious traditions make underlying and unappreciated contributions to many professionally involved with death and bereavement (Bregman, 2003). Sometimes this takes the form of a strong religious outlook among those who perceive their care of the dying as a vocation or calling. Sometimes it is more ambiguous. Signs of this hidden legacy appear when presenters at meetings say of themselves, "I'm what used to be called a 'lapsed Catholic,'" or "I'm a recovering Baptist." Religion can also be present when theories borrow and adapt frameworks that originated in religious contexts, but that have now taken on a life within psychology, or other seemingly secular disciplines. When we think of spirituality as universal, beyond or outside of culture and history, we make such legacies invisible. Yet a great deal of residual religion remains; ADEC speakers at conferences who drew attention to their own religious pasts highlighted this ambivalent legacy.

Why is this sometimes disconcerting presence of religion important? First, because the death awareness movement and organizations like ADEC do not exist in a cultural or historical vacuum, nor a religion vacuum. A careful look at the contexts for its major themes and ideas will help us understand better the movement's successes and its limits. Not that residual religion is an evil from which everyone should be cleansed, nor is it necessarily a priceless treasure whose loss will impoverish us all. But if we move discussion into the realm of religionless spirituality, we not only risk obscuring this important dimension of the past, but continue biases and limits in our contributions.

The death awareness movement has never been hostile to religion. Chaplains and pastors have always been among its enthusiastic advocates. A fine example is Paul Irion, who revealed how comfortably *Hospice and Ministry* (1988) can go together; a much more recent study by David H. Smith *Partnership with the Dying: Where Medicine and Ministry Should Meet* (2005) makes this point too. Rather than hostility, there seems to have been discontinuity; our focus on the experiences of dying and bereavement



begins in places where traditional Christian religious themes did not go. Traditional spiritual writers saw dying exclusively in terms of preparation for divine judgment and an afterlife. These concerns are not primary for contemporary dying persons, for whom issues of isolation, control and meaning are paramount.

Where then did recent ideas such as death as "coming to terms with loss" or dying as "the final stage of growth" come from? The most immediate sources might be psychoanalytic and humanistic psychologies, and indeed the psychological focus of the movement has been a constant. Yet the language of humanistic psychology, of personal self-actualization and growth, is itself not religiously neutral or unattached. This was language forged first in the early 20th century, by liberal Protestantism, where a focus on "the dignity and worth of human personality" and individual growth became dominant themes of faith. From this context, the vocabulary was adapted by, for example, Carl Rogers, Gordon Allport and Abraham Maslow. These motifs are so pervasively mid-American by now that we can barely recognize them as specific ideas with a history at all. In this sense, the journey from liberal Protestantism, through the Human Potential Movement, and now into spirituality is a tale of continuity.

There are some interesting close connections with other specific religious traditions. When the idea of grief as a process with stages emerged, it was welcomed because it seemed to give shape to grief. While stage models are no longer the dominant paradigm, their widespread acceptance (including the famous five stages of dying model into one applicable to grieving another's death) is part of the story of the death awareness movement. Very frequently, the association was made with traditional Jewish mourning, which starts out intense, and moves in stages over the space of a year in a ritually marked sequence. Jewish mourning, in other words, provided a template from which researchers and clinicians could develop models that replicated and elaborated this pattern of "form-ful" and time-bound grief. While it has become common to validate mourning practices within Jewish contexts by citing psychologies of grief, the religiously grounded ideal of a stage-bound framework clearly came first. Here, as in the case of the "what used to be called a 'lapsed Catholic'" residual religion may play a

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large role.

Still another, and very lively connection with religion, is part of the death awareness movement. American Buddhism is not so much a residual legacy for thanatology as it is a real part of personal practice and spiritual discipline. American Buddhists have contributed to hospice and other care for the dying, and have written about it from within and beyond the thriving Buddhist publishing industry. Moreover, a specific genre of “death awareness” books seems uniquely Buddhist. Initiated by Stephen Levine’s 1982 classic *Who Dies?* this set of writings examines the experiences of the dying in terms of Buddhist themes of mindfulness, impermanence and no-self, with titles such as *Lessons from the Dying* and *Facing Death and Finding Hope*. Curiously, I have found almost no Christian equivalents, no readable books with titles such as *Facing Death with Jesus*. It is as if Buddhists—American-born, primarily psychologically oriented Buddhists—fill this literary niche.

Finally, there is the important role of “religious other,” those people “off there” who got death right. They belong to tribal cultures where death is accepted, where spirituality and medicine are not split apart, where grief is publicly acknowledged and where the sacred reality is accessible. This romanticized portrait of tribal peoples and their spiritual heritages is a vision of “others” who are whole, while we are fragmented. Most frequently Native Americans fill this role of “religious others,” willingly or not. As contemporary discussions of cultural diversity become more

sophisticated, we should all become more suspicious of this enlistment of tribal peoples and their religiousness into this pre-set role of “the people who got death right,” and who can, we hope, teach us to do so too. (See Deloria’s *Playing Indian* for a critique of this practice.)

These various roles of religion within the death awareness movement’s own ideas, images and kinds of writings are important. A turn to spirituality as is happening now, in this issue of *The Forum* is a good time to notice these, and to be alert to how they operate. Not to eliminate them altogether, but to become more aware of how they inform the dimensions of our own identities, theorizing and clinical practice. ■

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Post-Katrina New Orleans: Spiritual Transformation in the “New Normal”

by Jane Moore, EdD, FT

New Orleans has always been a city of contrasts: rich/poor, Black/White, river/lake, old/new, hedonism/spirituality. Today it is a city of new contrasts: real/surreal, toxic/safe, somewhat sane/chaotic, known/unknown. The unknown is perhaps the most troubling. “What can we do?” is asked with as much frequency as “What will they do?” and “How can we survive this?” Doka & Morgan (1993) describe self-determination in life as “perhaps the most fundamental example of the spiritual nature of the person (p. 8).” We build our spiritual reserves as we make sense out of our lives by our decisions and actions. It is difficult to make sense of much of New Orleans these days. Communication is poor, rumors are rampant and many citizens are caught in a labyrinth of red tape, confusion and limbo.

True, the physical damage occurred in August and early September, but the inner damage, the feelings of loss, of disequilibrium and of yearning are ever-present. More than one million people have been psychologically and spiritually wounded. It is important to realize that this response to disaster is occurring on the Louisiana and Mississippi Gulf Coast as well, but I know New Orleans, having lived there for 41 years and I can recognize its response best.

There are no landmarks...

We all look for familiarity, for connections to what we know and who we are. While buildings and objects are just that, they are also triggers for our memories of who we are and where we come from. So many of those triggers are in ruins. Whole neighborhoods are so damaged, so sepia-toned from flood sludge and dead vegetation that they have become difficult to navigate. The yearning for familiar sights and sounds and smells are met with destruction, bleakness and odors of mold and decay [Figure 1]. Many New Orleanians are used to spiritual communities, either centered in



houses of worship or centered in a community of believers. The former are often destroyed beyond recognition, pews found floating in fetid water; the latter are scattered across the country in the homes of friends and relatives in safer climates.

There is such loss...

The loss is overwhelming. People have lost loved ones under devastating circumstances. New Orleans' *Times-Picayune* newspaper features a column, “Katrina’s Lives Lost,” each day about those who died in the storm. On one day the paper showed a smiling elderly couple who had shared 52 years of marriage. The article, written by their son, describes how he repeatedly had telephoned his parents, urging them to join him. On the day before the hurricane was due, his mother agreed to leave, but only if her husband would as well. He refused. A week later, the son discovered his parents’ bodies trapped in their home as floodwaters rose quickly. Imagine the agony of that son and multiply it many, many times.

The analogy to the spiritual losses these people have suffered is not difficult to discern. Thousands prayed and

bargained with God before Katrina. In a weather segment on television prior to the storm, evacuation and prayer were suggested to viewers. Churches and synagogues in the area have set up discussion groups, support groups and healing services, but the wounds are deep.

The children...

Children of all ages were tucked into vehicles that crept along, or stalled on sweltering highways, listening to frantic parents as they debated whether there was enough gas to get to relative safety. Or worse yet, children played, oblivious to the fact that they would be struggling one day later to get to safety in a broiling hot attic, and watching their elderly relatives die without medication or food. Rescue came for some, but it might have required separation from their mothers or fathers or siblings and care or lack of it in a frightening dark shelter with poor sanitation and competition for food.

Even those children who were removed to faraway homes suffered loss. They were sometimes abruptly separated from parents who returned to the city to salvage what they could. They were disconnected from school and friends; these children lost control of the opportunities children have each day to assert their independence and selves. They had to live in a new place with unfamiliar landmarks and faces. Months later, children are personifying Katrina as some do death, “I had a house, but Katrina took it away.” “Katrina killed my kitty.” My niece, who teaches third

*“Churches and synagogues...
have set up support groups and
healing services,
but the wounds are deep.”*



Figure 1. A teddy bear amid the wreckage.

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grade in New Orleans, offered this quote from one of her students, "Courage is staying at your new house and wanting to go to your old house." Children, like the adults in their lives, are questioning why God let this happen.

Some residents have gone back to the city. As the New Year began, television programs and newspapers in Chicago touted the opening of Antoine's and Galatoire's restaurants, sending the world a message that normalcy was returning to the Crescent City. For some that is true. But, as news tickers on a local station run the names of grocery stores that are open and churchgoers bring folding chairs to their formerly flooded house of worship, normalcy is fleeting. Many talk about the "new normal": infrequent mail, shops closing in the early afternoon, restaurants with limited menus and limited hours, and, of course, the huge areas of the city that are uninhabitable now.

At Trinity Episcopal Church in early January, a priest preached about epiphanies. He told a story of two female evacuees in Baton Rouge (about 90 miles northwest of New Orleans) arguing about their places in a gas station line. The second of the women, angry, hot, frustrated and with two crying children, was reduced to yelling racial epithets as the other woman pumped her gas first. A man stepped out of his car and asked the distraught woman if she would be offended if he bought her a tank of gas. She calmed down somewhat and thanked him. After the gas was pumped, the man went to the woman and asked her if she was all right. She replied, "No, I'm not. I just found out that my sister is dead." What an epiphany! People's actions often mask the source of their problems. It was not about the gas line. The gas line was just a final straw in a series of terrible events for this woman. The priest then asked the congregation if any of them had had post-Katrina epiphanies. Every hand (and there were many, mostly clean, well-groomed hands) went up.

New Orleans is a city of stories and it can be a city of epiphanies, but the stories need to be told; the stressed-out, overwhelmed citizens, both in-town and transplanted, need to find space and time to tell those stories and to be heard.

Will New Orleans come back?

The largest looming question to me now is "How can New Orleans come back?" It is not about the funding or the rebuilding or the footprint, or whether Mardi Gras 2006 was a success. It is about looking at the losses and determining how these losses can become positive growth experiences for hundreds of thousands of people. Jon Donley, editor of the Web site www.NOLA.com wrote on the five-month anniversary of Katrina, "So here we live, surrounded by the brokenness and desolation of a people scattered and shattered. We have no assurance — of rescue, aid or even a future. The state of our union is grim. Tribulation indeed. But enough of us have hope, to ensure that we will not yet die (Donley, 2006)."

New Orleans today is about mental and spiritual health that is at the breaking point. Spirituality is about personal energy. People in New Orleans are exhausted. The "new normal" in New Orleans is everything taking two to three times longer than it used to. Exhausted people in New Orleans are struggling to get through each day. Spirituality is also about transformation. What exactly is it that transforms us? One could say it is an event of such power that promotes or creates a new reality for us. While such events may certainly be part of the process, I do not believe they are actually the source of a personal transformation. One could say that the interaction of our lives with such a powerful event as Katrina is the transforming power. This is partly true, because what we become is different than what we were. Story is the way we transform ourselves. It is through story that we are able to describe not only what has happened, but also how we have changed. We tell that story for others to hear, but we also tell it so that we can hear ourselves say it. Story is an important part of who we are and yet

many times we just allow our story to be told as the way things are instead of telling it as we are.

Our stories are not only about who we are, they are also about who we become. If we keep our stories to ourselves, then we are stuck in the past of our lives. Only by sharing who we are

can we come to understand who we are becoming.

Stories help us construct our *selves*, who used to be one way and are now another; stories help to make sense of, evaluate, and integrate the tensions inherent in experience, the past with the present, the fictional with the "real." Stories help us transform the present and shape the future so that it will be richer or better than the past (Dyson & Genishi, 1994, pp. 242-243).

New Orleans has and needs its stories; more importantly New Orleans needs to tell its stories and to have those stories heard. ■

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About the Author

Jane Moore, EdD, FT, is an associate professor at National-Louis University in Chicago. She teaches in the curriculum and instruction department of National College of Education. Her course, "Death in a School Context" is the first thanatology course offered by the university. Moore was recently elected to the ADEC Board. She was born and raised in New Orleans and lived there for 41 years. Her family is currently coping with the aftermath of Katrina in the city. Her e-mail address is jmoore@nl.edu.

Spiritual Assessments: Keep Them Simple, But Not Too Simple

by Douglas C. Smith, MA, MS, MDiv

In my early years in hospice, pain and symptom control seemed to be the only important issues for our terminally ill clients from their first day of hospice to their last. Recent advances in pharmacology have changed much of that. In getting their pain and symptoms under control fairly quickly, hospice clients now have found themselves traveling up Maslow's hierarchy of needs, now addressing greater concerns such as spirituality. Because of these advancements in pharmacology the terminally ill are not only now turning to clergy and chaplains, but also nurses, social workers and psychotherapists, wanting to explore spiritual things. How can we as caregivers understand our clients' spiritual perspectives and struggles? How can we assess their spirituality?

A typical spiritual assessment can often take this form: "What's the name of your faith community? What's the name of your minister? What's his/her telephone number?" End of assessment.

What has that told me? Nothing. The labels we use to describe people's beliefs and values are not very descriptive. If someone uses the broad label of "Christian" is there anything I can say I know for sure about his or her beliefs and values? I don't think so. If someone uses the less broad label of "Lutheran" is there anything I know for sure about his or her beliefs or values? I don't think so. If someone uses the even less broad label of "Missouri Synod Lutheran" is there anything I know for sure about his or her beliefs or values? I don't think so. Both Jesse Helms and Bill Clinton consider themselves to be faithful "Southern Baptists." What beliefs and values can I say they have in common?

Let me suggest the following two spiritual assessments as ways of discovering people's spiritual vocabulary. These assessments are simple, but not so simple that we get no valuable information.

The first assessment focuses upon the words *strength* and *peace*, two words often associated with people's spirituality. Focusing on these two words also allows us to get away from some God language that might be specific to only a few possible spiritual perspectives.

Spiritual Assessment: My Strength and My Peace

Concerning strength: (1) What is *strength* for you? (2) Where can you go to get it? (3) Who gives it to you? (4) How can you get more?

Concerning peace: (1) What is *peace* for you? (2) Where can you go to get it? (3) Who gives it to you? (4) How can you get more?

With this assessment I have had clients describe where they go to get peace in the following ways: (1) "I go sit by the ocean and just watch the waves." (2) "I go deep inside myself and meditate." (3) "I go to my synagogue." (4) "I go to my best friend's house and just hang out with her and talk about anything I want." (5) "I go read one of my favorite books in my favorite chair."

Given these client responses I have a basis for conversation with them, a clue as to their beliefs and values, a foundation for possi-



ble therapeutic interventions. Because of those responses I now know something about them, a lot more than if I were to know if I had only discovered that they were Southern Baptist, Conservative Jew, Tibetan Buddhist or Missouri Synod Lutheran.

Another approach I could use to get at someone's spiritual vocabulary is the following assessment. Here we would focus upon meaningful symbols in the client's life.

Spiritual Assessment: My Meaningful Symbols

A client would be asked to gather three to six objects to place on a small table in his or her home. These objects would symbolize what is most important in the person's life, what gives this person's life meaning and purpose, what this person cherishes about his/her life. The objects could also be described as the glue that holds the person's life together. Possible objects could include: (1) a book or a couple of books, (2) a photograph or a couple of photographs, (3) religious objects, (4) mementos, (5) art work, (6) materials gathered from nature, (7) a letter or letters, or other personal documents, or (8) a record, CD or tape.

After this assessment I once again have the basis for some constructive dialogue, the basis for some helpful interactions. If someone places a copy of a Christian Bible on the table, I have a point of reference for some conversation, a starting point for discovering the client's beliefs and values, an indication of where I might turn to offer some comfort to this person. If someone places a copy of an old, worn, torn copy of a Passover liturgy on the table, I know I can begin a meaningful relationship with him or her by focusing upon such concepts as family, tradition and/or ritual. If someone places a picture of the family dog on the table and tells me of that dog's unconditional love towards the family, I know what is most important to this person and I have done some important groundwork in figuring out what my care plan needs to be.

Spiritual assessments do not have to be elaborate or complicated; they can be quite simple. However, we do not want them so simple that we gather no valuable information whatsoever.

Our terminally ill clients, as well as those we work with who are grieving, are searching and struggling over spiritual things. We need to be ready for conversation, and we cannot have any conversation if we do not know what language our clients speak. The above assessments give simple, but not too simple, approaches to discovering that language so we can have those conversations. ■

About the Author

Doug Smith lives in Madison, WI. He is a full-time speaker for CMI Education Institute where he conducts workshops on terminal illness, grieving and spiritual care: see www.bereavementacademy.org. He is also the author of *The Tao Of Dying* (Caring Publishing), *Caregiving* (Wiley Publishing), and *The Complete Book of Counseling the Dying and the Grieving* (Psycho-Spiritual Publications). His e-mail address is dougsmith@juno.com.

Reflecting on Culture, Religion and Mourning

by Ligia M. Houben, MA

On November 11, 1971, the sun was shining and it was a perfect winter day in my country, Nicaragua. But, this day ended as the saddest one of my whole life. At the age of 12, I learned that my father had died.

I still remember the fear I experienced 34 years ago as, while sitting in my classroom, I saw through the window some of my relatives walking down the hall of my school. My heart started beating really fast and I knew something had happened to my Dad, who was at a hospital in Miami recovering from an illness. What could have happened? I was taken to a chapel, where I knelt down praying to God for my father's health. What I did not know was that it was too late already. My father had died of an aneurism of the aorta. The carrier of this sad news was the Mother Superior, who in an effort to console me, told me that God had taken my father away. I felt an immense pain because I felt God didn't respond to my prayers. All my beliefs were challenged. God had been my refuge every night as I prayed for my father's health while he was in the hospital, but now I was facing his death.

I didn't understand! Wasn't I a good Catholic girl? I respected my parents, went to mass every Sunday and prayed every night, but it seemed it had not been enough. I felt a great disappointment as I went home to participate, as a member of the family, in the rituals that were expected in my Hispanic culture.

Following the custom, I had to change into mourning clothes right away and be prepared for a long night of visitation and sadness. At that time, wakes were held at home. The drapes were tightened with black bows, and my house became a dark and somber place. People would come to me and whisper to my ear, "Your Dad is with God...remember that you will eventually join him." I know they meant well, especially based on our Christian beliefs that after we die we will join our beloved ones in heaven. Actually, this belief is so powerful that for most people it is a source of hope and spiritual strength (Wallace, 2005). But the thought didn't comfort me at that moment. I wanted to see my father alive!

The morning after, as I awakened, my aunts and some close friends were already at my house praying the rosary once more. Although this practice is not a requirement of a Catholic mourning rite, it is very common among Hispanics. It is based on the devotion to the Virgin Mary and it brings people together as they experience grief and sorrow (Houben, 2004). I sat next to my aunt and I actually felt comfort when I prayed the Hail Mary. I felt like the Virgin was hearing my prayers and would take care of my father's soul.

In the mid-afternoon, my father's funeral departed in a processional from my house to the church where, according to Catholic



funeral rites, a mass was offered on behalf of his soul. The words of the priest were loving and comforting. He spoke about the resurrection of the body during the last day of judgment and the assurance that my father's soul was with God.

The body was blessed with holy water and after the mass was over, the processional continued from the church to the cemetery where he was buried. Throughout the ceremony people prayed and cried. This had been a sudden death and we all felt lost as we faced our new reality. When a tragic death happens sometimes only our spirituality or religious beliefs help us to find meaning in such a terrible loss.

After the day of the funeral, we celebrated *el novenario*, which is a spiritual ritual that lasts nine days. Each day one goes to mass and prays for the deceased. After the service is over, relatives and close friends accompany the bereaved family to their home. It is a time of sorrow and praying but hope is always present due to our Christian belief in eternal life. I remember my mother saying that

it had been God's will and that we all have to die someday. This thought gave me the necessary strength to endure those first days. After *el novenario* is over, the bereaved family celebrates a mass every month on behalf of the beloved one. When the anniversary arrives a special mass is celebrated and a

card with a meaningful prayer is given to the participants. Generally throughout this year the family visits the cemetery on a regular basis to pray for the deceased and to bring flowers.

It is true that spirituality and religion have a great influence on how people express and behave concerning death and dying rituals and traditions (DeSpelder & Barrett, 1997). But the real meaning resides on the comfort it provides in dealing with the death of a beloved one and with one's own death. If we have hope in the after-life, we can find the meaning for our suffering and our mortality. ■

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About the Author

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*"I felt an immense pain because
I felt God didn't respond
to my prayers."*

When Adult Children Grieve the Death of a Parent: Spiritual Perspectives

by Rev. Richard B. Gilbert, PhD, BCC, CT

Losses of any kind can reconfigure who we are, what we believe and how we live. The spiritual dimension is for many grievors an area ripe for disappointment, unmet needs and hurt. Even the healthiest expressions of spirituality and/or religion are tested by any experience of sorrow and suffering. Many grievors come to a point of “make it or break it” for a credible spiritual and religious value or God.



The spiritual piece is often overlooked or compromised. Many care providers discourage this exploration. Many professionals skirt around spirituality because of their own discomfort or feelings of inadequacy. Others disrupt the search because of their biases or prejudices, arguing that vulnerable grievors need to be *rescued* from religious zealots and heavy doctrinal discussions. There is the risk of crushing the significant *why* questions that lead a person forward on their quest for peace.

Everyone has a spiritual component, even those who find the very word objectionable or irrelevant. We bear within us the desire to believe, trust and hope. We should be reminded that the gifts bearing these attributes may, at least for a time, appear so strangled by the pangs of loss that they become additional losses due to their ineffectiveness.

When Adults Grieve for a Parent

Many adult children frequently hear “They had a wonderful life.” “How lucky you were to have such good parents,” or “Our parents are supposed to die before us.” These may bear significant truth for many. For others they are dismissive, highlighting the denial that often accompanies the death of a parent (for adults). Since it is *accepted* or *expected*, it frequently is trivialized. Nothing could be further from the truth.

Grieving adult children are often denied access to community and societal support, including religious groups and religious leaders, simply because the death is normative and expected. It may weaken some of sorrow’s intensity, but it can easily become an isolating factor that diminishes our self-affirmation and support when most needed. It also blocks the pathway to our deepest feelings and needs around a parent’s death. Spiritual dimensions of adult parental loss might best be understood by looking at some frequent dynamics that often emerge such as feeling abandoned, needing reconciliation and finding solace in rituals.

Spirituality and the Dynamics of Adult Parental Loss

Isolation and loneliness intrude when adults grieve for a parent. The death of a parent, and, in time, the surviving parent, can create a sense of emptiness and abandonment for the surviving children. Parents are supposed to be there! Parents keep us safe, guide and bind us together as family, respond to our bruises (whether it be a scraped knee or a missed mortgage payment) because that is what parents do. Even as adults, to perceive losing that when our parents die is to experience isolation, despair and loneliness when security’s lapses accompany our grief. Some adult children, even

those in their 60s, were still treated as “the children” by their aging parents.

Some shut down religiously and/or spiritually. “When Mom died, so did God. I was taken to church as a tiny baby by my Mom. She was my faith nurturer. Just last week, and I am 58 years old (the son), she called and said, ‘And of course I will see you at church tomorrow.’” The son had lost his faith link. A Muslim man laments, “I always looked forward to going to the mosque with my father. Together we prayed. We are no longer together.”

Healthy spirituality is affirming, meets us in our sorrow and ought to be an expression of community even when family, friends, feelings or religion let us down. Spirituality is our connection with and to ourselves. Healthy spirituality is the antidote to abandonment or at least the pathway through it. Healthy spirituality acknowledges that things happen for many reasons and for no apparent reason. Life is not always fair or just. It isn’t really about rules, but relationships and relationships fractured or abused. Healthy spirituality is inviting, meeting us where we are, as we are, not where others, including religion (Oates, 1970) determine we should be. Even in the best of situations we have some unresolved *stuff* with our parents. For some the scars are so deep there will be no reconciliation. There may be healing that helps us release the burden for *us*. Spiritual pathways, in any religion and in no particularly defined religious expression, should move us from this abyss to a measure of health that redeems us regarding how we feel about ourselves, thereby facilitating healthier grieving.

Rituals are used by individuals, families, communities, even nations (as witnessed profoundly after 9/11) to give clarity and voice to what has occurred and to help in the search for meaning. Meaning is found in the stories, chores done together, and shared spiritual exercises. When my father faced brain surgery for a tumor, his dementia and confusion were very apparent. The night before his surgery his pastor commuted from Staten Island to Manhattan (two hours each way) to bring him communion. The pores of our emotions were wide open. I also was struggling with the priest vs. son role. It isn’t easy, what with pressures from others and sometimes myself. I knew what the Eucharist (Communion) could be and should be for my Dad, and yet also witnessed my father taking the conversations and actions way into the deepest corners of his memory. This was my father, the proper English gentleman, saying the most outlandish things. For all of us it was Communion.

Rituals continued to plague us and bless us. We prayed that Dad would get better while also praying that death would come quickly and quietly. Our spiritual yearning enabled us to demand answers to questions that had no answers, to release our sadness and our rage, and, with the old rituals and many new ones, to be family, to be parents and adult children. ■

Continued on page 11

Spirituality and Sudden Loss: A Personal Story

by Leana Peltier

Government statistics indicate that accidents are the number one cause of death for children, adolescents and young adults (Teague, MacKenzie, & Rosenthal, 2006). My 25-year-old brother became one of those statistics when he died in a mountain-climbing accident in Colorado seven years ago.

I remember my mother calling me and, trying to mask her concern, telling me she had not heard from Chris for some time. His birthday had come and gone and still no word. I instinctively knew something terrible had happened. I cannot explain how I knew but at that second I knew my life would never be the same. The following day I flew from New York to Colorado to search for my missing brother. I prayed on the flight. God was not so much a source of comfort at that time as he was a compass. My prayers kept me focused on the task of finding my brother. It was surreal.

The next day, my mother and I met with the deputy in charge of Chris's case. He told us how, in the previous days, helicopters and paratroopers searched the vast Colorado National Monument. There were even rescue personnel descending the side of the cliffs. I heard his next words as if they were in slow motion: "It now has been changed from search and rescue to a recovery mission." I knew they were telling us they no longer believed Chris was alive and now they were just searching for a body.

I returned to New York six days later still not knowing the whereabouts of my brother. Lying in my bed at night, I no longer prayed for Chris to be OK, even though I did hold on to some hope. I did not try to bargain with God to bring Chris back home alive. I was afraid to pray for an expectation of something I did not think I was going to get. I did pray for my family's pain and my own pain to ease and for us to receive comfort.

At that time in my life I was attending a church that had a family-like atmosphere. When I went to church that week people gave me hugs and well wishes. Their words were genuine and sincere. We opened the service with prayers and our pastor said a prayer for my family and me. The words were a comfort to me and relieved some pain.

At the end of April, my sister called to tell me that several young boys were out exploring and found Chris's body at the bottom of a cliff. And in that second, what little hope I had vanished. When we had a memorial service for Chris, all of our family and friends came. We had Chris cremated and spread his ashes in the Back Canyon. This was Chris's favorite place on Earth and forever he will be a part of it.

Batten and Oltjenbruns (1999) concluded that loss can serve as a catalyst for spiritual development. This was true for me. I turned



to my faith during this time for the comfort I could not get from others. The loneliness I felt when I first came back to New York was still pervasive. Yet it is only now as I look back, I realize the loneliness was not just because I was away from my family and other people who knew Chris, but because no one understood how I felt. My belief in God gave me comfort when I could not find it elsewhere.

A month after the funeral no one asked how I was anymore, but I was still hurting. A good friend who had lost her father a year earlier was a source of spiritual strength for me, knowing the right thing to say at the right time. I can recall her praying with me on several occasions and like a warm blanket, her words and God's words comforted me.

It is now seven years later. Chris would have turned 32 this March. I wonder what he would be like now. Would he be married? Would he have children? Chris would have made the best father. I am saddened by the reality that I will never see him grow old. Even though I am sad at the thought of not sharing a future with him I am comforted by the fact that some day I will be with him again.

According to a study published in the *British Medical Journal*, having some type of spiritual belief can help people recover from grief more quickly than those who have no spiritual beliefs (Walsh et al., 2002). I turned to my spirituality often during the months around my brother's death and the years following. I asked God for guidance, strength, comfort and wisdom. When Chris was missing I felt the very fabric of my world being frayed at all the edges. The only small escape in those painful days were the moments I was praying. The shock of Chris's death would have been unbearable if it were not for my spiritual beliefs. The day Chris died I lost a part of me and my future. But I can now tell stories about him with a smile on my face and warmth in my heart. ■

About the Author

Leana Peltier is a high school teacher in New York. She is completing a master's degree in health education at Lehman College of the City University of New York. Her e-mail address is lpeltier@tufsd.org.

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When Adult Children Grieve the Death of a Parent: Spiritual Perspectives

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About the Author

Rev. Richard B. Gilbert, PhD, BCC, CT, is the executive director of The World Pastoral Care Center, and director of chaplaincy services at Sherman Health in Elgin, IL. For extensive bibliographies on these and many other related subjects the author may be reached at dick.gilbert@shermanhospital.org. These bibliographies are also

available for ADEC Members in the members only section of the ADEC Web site at www.adec.org.

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President's Message

By Sherry R. Schacter, PhD, FT

It's hard for me to believe that my year as president is over. As I reflect back and review my term of office I am pleased with our accomplishments and the ways in which we have handled adversity. Those who know me well know that I am not one for confrontation and turmoil; I fare much better with calmness and kindness. I hope that you have found me open, communicative, responsive and attentive to your needs.

Restructuring our leadership responsibilities was a priority for the board this year. Although not completed and fully functioning, we are well on our way to achieving what I hope will be a positive outcome. We identified 10 major projects that we feel are the highest priorities for moving ADEC forward. Board members became the designated champions of projects, depending on their areas of expertise and interest. We stayed flexible and shuffled around champions and committees in an effort to increase communication and accountability, streamlining the flow of information.

The Competitors and Collaborators Task Force, under the able direction of Helen Chapple and her committee, have been working on surveying organizations with connections to thanatology. The purpose of this activity is twofold: to look over the services offered by others to people interested in this field and to understand ADEC's position and its potential more fully. The board considered next steps regarding the task force's findings at its March 2006 meeting.

We all know that even positive change can be difficult and challenging. Another accomplishment for this year's board, and in particular the Executive Board, has been creating and maintaining the *dance* between our new management firm and ADEC. We have grown together as we each learned the intricate styles of the other.



As with any new partnership, the beginning stages require patience and communication, and after completing our first year with The Sherwood Group I believe we are well on our way to a healthy cooperative partnership. I would like to thank Rick, Liz, Deb and the Sherwood crew for all their help and support this year in making what could have been a terribly bumpy ride smoother for the board and I.

I extend my thanks to the board members and committee chairs for all their invaluable help, expertise and good humor in helping to make this a year of professional growth for me as well. Special accolades to our Executive Committee: Jack LoCicero, Helen Chapple, Carolyn Hames, Stephen Connor and Madeline Lambrecht for their guidance, good judgment and tolerance. My special respect and admiration for all our past presidents for their years of wisdom and service and especially to Van Pine, Lu Redmond, Judy Stillion, Kathleen G. Moore, Madeline Lambrecht, Ben Wolfe, Gordon Thornton, David Meagher, Delpha Camp, Gene Knott and Ron Wilder who have continued their service to ADEC by volunteering to work on committees this year; that, in and of itself, speaks volumes of their commitment to ADEC.

Each and every one of you can affect where we travel in the future. I urge you to become active, join committees and get involved. If you have ideas or are frustrated, get involved to make the changes you want. We have so many areas of interest and diversity in our committees that we can accommodate *all* your needs.

It has been my privilege to serve you as your president and I look forward to a prosperous year under the able leadership of Jack LoCicero. ■

Minutes of Annual Board Meeting

By Carolyn Hames, Secretary

ADEC's Board of Directors met in Tampa, Fla., during the annual conference March 29 - April 2, 2006.

The Board of Directors met several times during the annual conference in Tampa. It was a busy few days! Highlights of the decisions made include:

- Selection of the Fairmont Le Reine Elizabeth Hotel in Montreal, Canada, for the 2008 ADEC Annual Conference (April 30-May 4, 2008).
- Work is under way to conduct a membership survey, articulate and bolster membership benefits, and design a new ADEC brochure (including an electronic version members could easily access and print). It was also decided that it is time for ADEC to have a Web site editor as well as a Forum editor, so that position was created. There are wonderful new things to come on our Web site!
- Discussion continues about new certification options. Funds were allocated for the development of an *ADEC Handbook of Thanatology*, to be edited by David Balk, that would address ADEC's Body of Knowledge. The future focus of conference sessions, workshops and professional

development courses was also discussed in relationship to the Body of Knowledge.

- We are developing a formal policy for the review, implementation and evaluation of all contracts ADEC has and will have in the future with other organizations and businesses.
- Approval was given to partially fund up to 10 students per year, assisting them to join ADEC and attend our conference.
- We agreed to fund a new \$5,000 grant to foster trans-disciplinary research. An important change was made to the mission statement of ADEC—an addition of research to our focus. A task force was established to further explore the necessity/feasibility of further changing the mission, and perhaps the name, of the organization.
- We enthusiastically approved the by-laws for our latest chapter in Northeast Florida. Furthermore, a task force was established to explore the feasibility of chapters using the national 501(c)3 status.

New Associate Editor, Review Editor Selected

The Forum is fortunate to have the approval of the Board of Directors for the appointment of Ron Wilder as its new associate editor. Wilder comes to *The Forum* with a rich history of service to ADEC, most notably as a past president (1999-2002), board member (1996-1999) and co-chair of the 1997 annual conference. His background also includes a variety of publication experiences with organizations such as the American Psychological Association and Taylor and Francis publishers. Currently Wilder is a public funding coordinator for Food & Friends. One of Wilder's letters of recommendation characterized him as "a person of high integrity as a friend and colleague." *The Forum* (and its editor) will certainly benefit from his expertise and collegiality as he moves toward becoming the editor in January 2009.

The ADEC Board of Directors has also approved the new position of review editor for *The Forum*. Michelle Linn-Gust, who recently served as guest editor of the January/February/March 2006 issue of *The Forum*, has been selected to fill this role. She is the president of the New Mexico Suicide Prevention Coalition and edits the American Association of Suicidology's *Surviving Suicide*.

RESILIENCY AFTER VIOLENT DEATH: Lessons for Caregivers



The goal of this program is to provide clinicians, social workers, clergy and caregivers engaged in long-term support with families after a violent death, helpful strategies to diminish the emotional distress of violent dying bereavement. Panelists include Dr. Ted Rynearson, Dr. Charles Figley, Dr. Alison Salloum, and Janice Harris Lord, ACSW. Instead of lectures, these experts consider

two case studies from video taped interviews with patients Dr. Ted Rynearson treated after the violent deaths of members of their families. The panel discussion is divided into three sections corresponding with three common, psychological responses to a violent death. Clips available on website.

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Develop and demonstrate your mastery of knowledge of thanatology and thanatology-related issues. The next exam will be offered **Saturday, Nov. 11, 2006**. Application Deadline: Oct. 2, 2006 [Learn more](#)

Annual Conference

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Grief due to losses, not just death, takes more time and support than is commonly realized. See ADEC's [Katrina Resources](#) for information and support.

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The ADEC Web site has a new look. Take a peek at the changes we've made:

- Easier navigation
- Fresher design
- Upgraded Members Only Section

www.adec.org

Chapters Meeting Well Attended in Tampa

The ADEC chapters annual meeting in Tampa was well attended and there was a great deal of enthusiasm from the various chapter representatives about their work at the local level. We welcome our newest provisional chapter in Jacksonville, FL, and the Skippack, PA, group about to form a chapter. Thank you, established and new chapters, for all that you do to support national ADEC through your work in your communities.

Many chapters have a newsletter and some are posted online. Why not take a minute to check out their creative work and what events they are planning? Perhaps it will spark you to join a chapter or consider forming one in your area. Two examples are the North Carolina Chapter's Web site at <http://www.ncadec.org> or the Oregon SW Washington Chapter's site at <http://www.adec-nw.org>.

If you have questions, want to write for this column, volunteer or have feedback on chapters contact Chapter Chair Celia Ryan at celiaryan@griefworks.com.

ADEC Election Results

The 2006 ADEC elections were held earlier this year. Voting was done online this year for the first time in ADEC's history. Congratulations to the following individuals on their election to the Board of Directors and LRDC:

2nd Vice President

Heather Servaty-Seib

Board of Directors

Jane Moore
Harold Ivan Smith
Carol Wogrin

LRDC Member

Louis Gamino

These newly elected individuals took office during the Annual Business Meeting, Saturday, April 1, during the 28th ADEC Annual Conference.

A special note of thanks goes to all the nominees who so willingly agreed to run and to the members of the LRDC for all their efforts.

ADEC's New Administrative Manager



Emily Boryszewski has joined ADEC Headquarters staff as the new administrative manager. She replaces Bret Beall, who has left to pursue other opportunities. Boryszewski's duties will include managing the certification program, working with the ADEC leadership, and assisting members. Her education and experience is in the area of human services. Her past experience was with nonprofit health care associations.

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Upcoming Themes

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

Topics under consideration:

- Effects of War
- Internet and Death
- Bridging Research and Practice
- International Perspectives on Death
- Addictions and Bereavement and Grief



Quality Education for Professionals Working with People who are Grieving
May - June 2006 Seminar Schedule

Bereavement Facilitator - Level I	Advanced Bereavement Fac.
June Virginia Beach, VA	June Philadelphia, PA
October Pittsburgh, PA	October San Antonio, TX
November Palm Springs, CA	November Pensacola, FL
Spiritual Counseling Facilitator	Attachment Disorders: Long-Term Effects, Loss & Grief
May Boston, MA	May OH
Grief Counseling: Cutting Edge Strategies & Clinical Interventions	June IL, MO
May OH, TN, CA	July WI, MN
June IL, NJ, OR, WA, AK	Grief & Trauma After Sudden and Violent Death
Helping Grieving Children & Teens	June VA
May CO, UT	Suicide: Insights from a Survivor
Suicide Awareness: Prevention, Intervention and Postvention	May TX, OK
May MI, IL, WI	June SD, MN, IA, SC
June NM, AZ	July CO, UT, TN
July OH, PA	Tools to Assist the Dying
Coping with Grief in a 'Get Over It and Move On' World	June VT, MA, CA
May FL, MD, DC, VA	July CA
June GA, AL, TN, LA, TX	Applied Ethics for Counseling
July MI, NY	May TX

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

By the Rev. Paul A. Metzler, DMin

Hodgson, Harriet and Lois Krahn. *Smiling Through Your Tears: Anticipating Grief*. North Charleston, SC: BookSurge, 2004. ISBN: 1-59457-392-6. Paper, 190 pages.

Hodgson and her co-author offer a useful book to companion those experiencing anticipatory grief or “early grief,” as they helpfully reframe it. The nine chapters, conclusion and two appendices provide insights and suggestions for coping with a loss as it both approaches and yet is already present. Each chapter contains and ends with a summary of “Healing Steps,” which are cognitive, affective or behavioral suggestions for active coping in anticipatory bereavement situations.

Kramer, Betty J. and Nancy R. Hooyman. *Living Through Loss: Interventions Across the Life Span*. NY: Columbia University Press, 2006. ISBN: 0-231-12246-2. Hardcover, 452 pages.

Kramer and her co-author have collaborated to offer a substantive, helpful, eloquent and comprehensive guide to social workers and other helping professionals who are confronted by pervasive loss issues in their clients (and personal lives) but inadequately prepared to respond usefully. This book provides 14 chapters covering basic theory and research with specific application to five life spans (*childhood, adolescence, young adulthood, middle age and old age*). A special feature is a separate intervention chapter for each age with special attention to evidence based interventions. A thorough bibliography (73 pages) and index make this book appropriate for students and experienced clinicians.

Lee, Marlene. *The Hero in My Pocket*. Boyds, MD: Early Light Press, 2005. ISBN: 1-4196-0152-0. Paper, 36 pages.

Lee has written a children’s grief book for a very special audience: children who have lost a parent or other significant person who died while serving in the US military. This attractively illustrated and interactional book is suitable for 6-12 year olds. It can be read aloud, even as it encourages drawing, writing, talking and other fruitful experiences to process a loss. Military families, especially children, have unique bereavement experiences that this book sensitively addresses.

Rahilly, Linda B. *The Dying Process*. Edenton, NC: Linda Rahilly (POB 323, Edenton, NC 27932), 2005. Paper, 22 pages.

Rahilly has gathered information in this booklet to teach the common signs of approaching death typical of the last weeks and days of life. This brief guide will help caregivers respond with greater confidence, as it is a time of great difficulty with many unknowns. Beginning at eight weeks before death, she addresses such topics as food and nutrition, pain, physical needs, restlessness and the like so that caregivers will know what to expect and what they can do.

Ritter, Rick. *Coping With Physical Loss and Disability*. Ann Arbor, MI: Loving Healing Press, 2006. ISBN: 1-932690-18-2. Paper, 92 pages.

Ritter has developed a practical workbook to enable those grieving in response to physical loss and disability to deepen their understanding, acceptance, coping and recovery. Himself a disabled veteran, Ritter provides six chapters and several appendices and conceptual diagrams that offer exercises and questions for those dealing with life altering disabilities. This workbook will be helpful not only to those who have personally experienced physical disability but to their families and professional caregivers as well. ■

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

The Rev. Paul A. Metzler, DMin, Director,
Public Education & Community Bereavement Services
HOSPICE CARE / Visiting Nurse Service of NY
1250 Broadway
New York, NY 10001
212/609-1900
E-mail: Paul.Metzler@vnsny.org

Contact ADEC

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

Cookbook

Morsels and Memories,

ADEC’s cookbook, makes a great gift.
Order forms can be obtained from ADEC headquarters,
from the Web site or from Sherry Schachter:
sherryrise@aol.com.



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Mark your Calendar for this upcoming ADEC Event: 29th Annual Conference Indianapolis, IN April 11-15, 2007

Call for Proposals
ADEC 29th Annual Conference
April 11 - 15, 2007
Indianapolis, Indiana USA

Concurrent Sessions
April 13 - 15, 2007
Deadline: July 28, 2006

**Transformation and Creativity in Dying,
Death and Bereavement**
The official call for proposals will be mailed in May 2006; information will be available at www.adec.org at that time. All proposals must be submitted online at www.adec.org.

Specialty Workshops
April 12, 2007
Deadline: July 28, 2006

The Specialty Workshop Committee of ADEC is accepting proposals for specialty workshops for the 2007 Annual Conference in Indianapolis, Ind. The workshops will be held on Thursday, April 12, 2007. The committee is particularly interested in topics that represent cutting-edge knowledge and skills in the field of thanatology. ADEC's Core Body of Knowledge should be a guideline for topic areas. Proposals that address issues of cultural and ethnic diversity in illness, dying, death and bereavement are also welcome. At least one of the submitters/presenters must be an ADEC member. All proposals must be submitted in electronic format. Information will be available on the ADEC Web site (www.adec.org) in May.

NOTE: All proposals must be received no later than July 28, 2006.

For more information, contact:
Salva C. Sedlak, MSSA, LISW, DCSW, FT
E-mail: sedlak20@core.com
or ADEC Headquarters (adec@adec.org)