



Natural Transitions

Volume 5 Issue 2

Conscious, holistic approaches to end of life



[After a Suicide, Something to Do](#)

[Living into Dying: Suicide](#)

[Bridge of Sorrow](#)

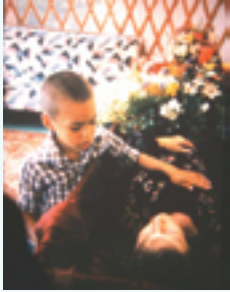
[Coming Home in Australia](#)

Suicide



FINAL PASSAGES

Institute of Conscious Dying, Home Funeral & Green Burial Education



*Transform your views of death and reframe
your relationship to living and dying*

Honoring Life's Final Passage

A three-level certificate program in Spiritual Death Midwifery
and Home Funeral Guidance with Jerrigrace Lyons & guest instructors

- 2017 Training Dates -
Levels 1 and 2: March 24-27
Annual Level 3: May 24-28
Sebastopol, CA

Please check our website for updates.

For individuals, caregivers and professionals: Final Passages' Sonoma County retreat-style workshops offer an atmosphere of intimacy, support and full immersion as we explore these teachings and much more:

- A conscious approach to dying and sharing our fears surrounding death
- Social, economic, ecological and spiritual benefits of caring for our own
- Legal, practical and spiritual components of family-directed home funerals
- Multi-cultural perspectives on funeral practices
- Practical techniques for preparing and honoring our beloveds
- Films from hundreds of personalized family-centered passages



CEUs available for Nursing Board licensees.

Please visit www.finalpassages.org for more course information



Jerrigrace Lyons, Founding Director of Final Passages, is a trailblazer in the new field of home funeral guidance. Since 1995 she has trained hundreds of students in a sacred approach to conscious dying, natural death care and family-centered funerals. Many of her graduates are now leaders in the home funeral movement. Jerrigrace is one of the founders of the National Home Funeral Alliance and now an emeritus board member. She is featured in the acclaimed PBS documentary "A Family Undertaking."

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

DEPARTMENTS

EDITORIAL

4 Well-Remembered
by Karen van Vuuren

COMMUNITY FORUM

5 The German Funeral Ladies of Berlin
by Susan Jung

A TIME TO DIE

10 Bridge of Sorrow
by Heidi Boucher

CULTURAL CONNECTIONS

12 Coming Home in Australia
by Libby Moloney

IN SPIRIT

28 A Karmic Act
by Andrew Holecek

32 Living into Dying: Suicide
by Nancy Poer

GREEN BURIAL COUNCIL

37 2016 – A Breakthrough Year
by Kate Kalanick and Ed Bixby

MEDIA

38 Seven Songs for a Long Life
Review by Mary Reilly-McNellan

LAST WORDS

39 Kindness
Naomi Shihab Nye

Hope
Watercolor by Nancy Poer

FEATURES

6 Dispelling the Misconceptions about
Suicide & Grief and Mourning
by Alan D. Wolfelt, PhD

8 Meadowlark
by Karen Wyatt

16 After a Suicide, Something to Do
by Karen van Vuuren

18 Home Funeral Guides Meeting the Needs
of Suicide Families
by Donna Belk and Lee Webster

20 Opening to the Presence of Your Loss
by Alan D. Wolfelt, PhD

22 The Culture of Bereavement
by Terri Daniel

24 Losing Julie
by Steffany Barton

27 The Suicidal Trance
by Richard Heckler

33 The Face of the Divine
by Karen Wyatt

35 Death Salons: Where Dying Is Always
in Style
by Mary Reilly-McNellan



On the Cover: "Bare Boulder Winter" by Karen van Vuuren

Last Words: Poem by permission of the author, Naomi Shihab Nye, 2016. Reprinted from Words Under the Words, Far Corner Books, Oregon

Well-Remembered

by Karen van Vuuren



Karen van Vuuren


Last year I was at a winter concert at my children's school when I got a call from a friend asking for support with an unexpected death. A father of a young child had chosen to end his life after years of struggling with depression. His wife had discovered him that morning after he'd ingested a combination of drugs and alcohol and put a bag over his head.

A year later, I met with the man's widow and heard more about her journey. Close to the anniversary, there had been a sweet remembering and scattering of his ashes. During the recent Day of the Dead, which preceded the death anniversary, she had created an altar to him in their house. It was one of the first things any visitor to the home would see. No shame, no hiding, a blatant display of love.

I also recently heard the story of how a women's group had hiked into the mountains on the anniversary of the death of one of their circle. Their fellow member had hung herself from a tree near a popular trail. Her friends chose to retrace her footsteps and gather in her name to remember her life and acknowledge her departure.

Perhaps one of the hardest things for families and friends of those who die by suicide is how to, with ease, celebrate the life of a deceased loved one. But remembering and marking the lives of those who die by their own hand is important and healing. It means revisiting the pain of their exit, and yet calls on us to look deeply at the meaning of the lives of those departed souls. In doing so, we might end up grappling with the hard but revealing question: How did their lives gift us with opportunities for growth? How did their lives shape who we are today in some positive way?

The Alliance of Hope website (www.allianceforhope.org) for survivors of suicide is a valuable resource I discovered while researching this issue. Its eclectic blog is good and informative reading, especially about memorializing the dead. I read about Martha Corey-Ochoa, a first-year college student who jumped from the 14th floor of a Columbia University building. Corey-Ochoa was a promising writer, whose poetry and prose would never reach beyond her immediate family. But her father, George Ochoa, was determined to publish her work post-mortem on a website (www.marthacorey-ochoa.com), in recognition of her talent and to share it with the world.

Our intention with this issue of NTM is to offer stories of hope and inspiration and to help create an understanding of suicide and the grief that follows in its wake. "Something to Do" addresses the helplessness felt by families and invites creative, meaningful responses to loss, with or without the body's presence. Libby Moloney of Victoria, Australia, and Heidi Boucher of California, both home funeral practitioners, share illuminating personal stories. Author and hospice physician, Karen Wyatt, speaks candidly about the impact of her veteran father's suicide. (At least 22 veterans a day take their own lives because of unresolved trauma.) And we leave you with Naomi Shihab Nye's "Kindness," balm for the soul and one of the most moving poems ever printed on our Last Words page. 

The German Funeral Ladies of Berlin

by Susan Jung, green funeral director, Berlin, Germany




Dear Natural Transitions,

Many thanks for your very interesting magazine! Regarding burials in Germany, I wanted to inform your readers that in contrast to the US, our burials have remained quite green. We put bodies into the ground (without vaults) and bury again after 20 years have passed. There are walls for the placement of urns that are in great demand because people do not want to be bothered any more with caring for a grave. In Germany, it is still the case that relatives of the deceased must maintain a grave site or must pay if someone has to come and do it for them. The current trend here is for cemeteries to offer grave sites that no longer require any maintenance.

Another change is happening in the manufacturing of funeral products, albeit slowly. Caskets are being produced in lighter colors and finished with natural oils rather than toxic varnishes and other harmful chemicals. The interiors of caskets are also becoming more environmentally friendly; there is a move towards simple cotton and away from ruffles and fancy finishings. Woven, basket-like caskets are not yet permitted in Germany because they are not considered leak-proof.

I have written a book about my work, *Live Better with Death* which encourages Germans to once again engage with death. The washing and laying out of the dead at home, home vigils, and wakes—these are uncommon in most parts of Germany. Most Germans are not aware that they can do these things themselves. Our work with families who engage in hands-on death care has been very positive. Families who care for their own experience a remembering that this feels “right.”

With regard to memorial services, these are still largely traditional, but even here, things are changing, and they are fueled by the free spirit of the younger generation; as a society, Germans are still influenced by the ways and views of the post-war generation.

The book, *The Funeral Lady* by California celebrant Pam Vetter, inspired me to start my own funeral business in Berlin. You can contact me to find out more about my work by emailing me at sjung@funeralladies.de. 

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.



Natural Transitions

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

3980 North Broadway
Suite #103-171
Boulder, CO 80304
(720) 432-2296
mag@naturaltransitions.org
<http://naturaltransitions.org>

© 2011 Natural Transitions Magazine
Opinions expressed in Natural Transitions Magazine
are not necessarily those of Natural Transitions or
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

EXECUTIVE EDITOR Karen van Vuuren

ASSISTANT TO THE EDITOR Mary Reilly McNellan

COPY EDITOR / PROOFREADER Margaret Pevec

DESIGN Sean Doyle doylegraphics.com

LAYOUT Ann Erwin

ILLUSTRATOR Christina Lewis

ADVERTISING DIRECTOR Marcie Cole
magads@naturaltransitions.org

When Someone You Love Completes Suicide: Dispelling the Misconceptions about Suicide &

by Alan D. Wolfelt, PhD

Misconception: A misconception is a mistaken notion you might have about something—in other words, something you believe to be true that is not true. Misconceptions about grief are common in our society because we tend not to openly mourn or talk about grief and mourning. You can see how we'd have misconceptions about something as “in the closet” as suicide grief.

As you journey through the wilderness of your suicide grief, if you mourn openly and authentically, you will come to find a path that feels right for you. But beware—others may try to pull you off this path. They may try to make you believe that the path you have chosen is wrong—even crazy—and that their way is better.

They have internalized some common misconceptions about suicide grief and mourning. And the misconceptions, in essence, deny you your right to hurt and authentically express your grief.

As you read about this important touchstone, you may discover that you yourself have believed in some of the misconceptions and that some may be embraced by people around you. Don't condemn yourself or others for having believed in them. Simply make use of any new insights to help you open your heart to your work of mourning in ways that restore your soul.

Misconception: Grief and mourning are the same thing.

Perhaps you have noticed that people tend to use the words “grieving” and “mourning” interchangeably. There is an important distinction, however. Grief

Reprinted with permission. *When Someone You Love Completes Suicide* by Dr. Alan D. Wolfelt. For more information on grief and healing and to order Dr. Wolfelt's books, visit www.centerforloss.com.

is the constellation of internal thoughts and feelings we have when someone we love dies. Mourning is when you take the grief you have on the inside and express it outside of yourself. Over time and with the support of others, to mourn is to heal.

WARNING: After someone you love has completed suicide, your friends may encourage you to keep your grief to yourself. A catalyst for healing, however, can only be created when you develop the courage to mourn publicly, in the presence of understanding, compassionate people who will not judge you.

Misconception: Grief following a suicide death always results in “complicated” or “pathological” mourning.

Research indicates that survivors of suicide integrate grief at about the same pace as those who experience any kind of unanticipated death. Obviously, there can be some natural challenges, such as the combination of sudden shock, the natural question of “why,” the trauma of witnessing or discovering the suicide, the lack of support from family and friends, and the potential of “secondary victimization” that results from cruel, judgmental, or insensitive comments, but do not let this misconception become a self-fulfilling prophecy. Do your work of mourning, and you will come out of the dark and into the light.

Misconception: Grief and mourning progress in predictable, orderly stages.

The concept of stages of grief was popularized in 1969 with the publication of Elisabeth Kübler-Ross's landmark text *On Death and Dying*. However, Dr. Kübler-Ross never intended for her stages to be interpreted as a rigid, linear sequence to be followed by all mourners.

As a grieving person, you will probably encounter others who have adopted a rigid system of beliefs about what you should experience in your grief journey. And if you have internalized this misconception, you may also find yourself trying to prescribe your grief experience as well.

Everyone mourns in different ways. Personal experience is your best teacher about where you are in your grief journey. Don't think your goal is to move through prescribed stages of grief.

Misconception: We can always determine the “whys” of a suicide death.

Why the person took his or her own life can be a painful yet natural question to explore, yet it's a question for which there is often no clear, satisfactory answer. My experience with many survivors suggests that you may, very slowly, with no rewards for speed, discover that it is possible to live with the uncertainty of never fully knowing the answer to “why?”

Misconception: All suicide survivors feel guilty.

The sad reality is that some people will actually say directly to you, “I bet you feel guilty” or pose the question, “Do you feel guilty?” This is one of the most prescribed responses for survivors of suicide. In reality, as a survivor, you may or may not feel guilty. Besides, assuming you feel guilt is the opposite of my belief that you are the expert of your own experience and therefore you must teach me what you feel; I must not prescribe what you should feel.

Misconception: Only certain kinds of people complete suicide.

This is a simple misconception to dispel. The reality is that suicide is a stranger to no race, creed, religion, age group,

Grief and Mourning

or socioeconomic level. All kinds of people have completed suicide since the beginning of recorded history.

Misconception: Only a crazy person completes suicide.

While the person you loved who completed suicide may have been depressed, anxious, or hopeless, to be sure, most of us survivors don't find comfort when people try to tell us the person was crazy. Not all people who complete suicide meet some formal criteria for mental illness, and even when they do, we don't need to hear that they were crazy.

Misconception: It is a sin to complete suicide, and the person who does goes directly to hell.

As one Catholic priest observed about suicide, "When its victims wake on the other side, they are met by a gentle Christ who stands right inside of their huddled fear and says, 'Peace be with you!' As we see in the gospels, God can go through locked doors, breathe out peace in places where we cannot get in, and write straight with even the most crooked of lines."

Personally, I believe there are no limits to God's compassion. God mourns with us. If God's nature is one of steadfast mercy and love, then this is a misconception we need to keep educating the world about.

Misconception: Suicide is an inherited trait and runs in the family.

Be alert for uninformed people who may project to you that because someone in your family completed suicide, you may have the same fate. This projection is not supported by the facts. Scientific research has not at this time confirmed a genetic basis for suicide risk.


Misconception: Tears of grief are a sign of weakness.

Tears of grief are often associated with personal inadequacy and weakness. The worst thing you can do, however, is to allow this judgment to prevent you from crying.

Sometimes, the people who care about you may, directly or indirectly, try to prevent your tears out of a desire to protect you (and them) from pain. You may hear comments like, "Tears won't bring him back" or "He wouldn't want you to cry." Yet crying is nature's way of releasing internal tension in your body, and it allows you to communicate a need to be comforted.

Misconception: Being upset and openly mourning means you are being weak in your faith.

Watch out for those who think that having faith and openly mourning are mutually exclusive. If you are mad at God, be mad at God. Similarly, if you

need a time-out from regular worship, don't shame yourself. When and if you are ready, attending a church, synagogue, or other place of worship, reading scripture, and praying are only a few ways you might want to express your faith. Or, you may be open to less conventional ways, such as meditating or spending time alone in nature. 



Alan D. Wolfelt, PhD, is a noted author, educator, and grief counselor. He serves as Director of the Center for Loss

and Life Transition in Fort Collins, CO, and is on the faculty at the University of Colorado Medical School Department of Family Medicine. Dr. Wolfelt is known for his compassionate philosophy of "companioning" versus "treating" mourners. This article is excerpted from his book The Wilderness of Suicide Grief: Finding Your Way, available at bookstores and www.centerforloss.com.

Realistic Expectations for Grief and Mourning

Now that we've reviewed the common misconceptions of grief, let's wrap up this article by listing some of the "conceptions." These are some realities you can hold onto as you journey toward healing.

You will naturally grieve, but you will probably have to make a conscious effort to mourn.

Your grief and mourning will involve a wide variety of different thoughts and feelings.

Your grief and mourning will impact you in all five realms of experience: physical, emotional, cognitive, social, and spiritual.

You need to feel it to heal it.

Your grief will probably hurt more before it hurts less.

Your grief will be unpredictable and will not likely progress in an orderly fashion.

You don't "get over" grief; you learn to live with it.

You need other people to help you through your grief.

You will not always feel this bad.

Meadowlark

by Karen Wyatt

For months the words would echo through my head and haunt my fitful, troubled sleep. Countless times a day I would relive that moment: holding the telephone receiver to my ear and hearing my brother say the words that changed my life in an instant: “Dad died today.” Upon that first hearing I was frozen ... numb ... dizzy ...with a buzzing in my head like that emitted by a fading fluorescent light. I heard pieces of the story ... “a gun” ... “the garage” ... “blood” ... “Mom screaming” ... “the neighbors” ... “the police” ... But the entire time my brother spoke, I concentrated on trying to wake up—to feel the warmth of my comforter over my shoulders, the softness of my pillow cradling my head; those familiar reassurances that this was only a dream. But the tears in my husband’s eyes, the somber and concerned faces of my staff, the hushed and suspended activity of the normally bustling office, all served to jar me to reality.

Dad was gone. He took his own life with a .357 Magnum pistol from his gun collection while Mom was out shopping. He chose the dark, overstuffed, dingy garage, full of boxes and boxes of our family memories, as the place to come to an end. Every moment of his entire life—every tear, every smile, every sunrise, every held hand, every raindrop, every breeze, every leaf—had conspired together to bring him to that final moment: that last breath, last blink of an eye, last swallow of saliva, last twitch of a thumb. Everything terminated with the motion of the steel firing pin and the propulsion of a single bullet through flesh, bone, space, time. Silence. Everything at an end.

And then the rain came. For three days we rushed under umbrellas—to the church, the mortuary, homes of friends and relatives—dodging lightning bolts which slashed the black sky, mixing our tears with raindrops until we were



soaked with our grief. Wringing out over and over again the water of the sky, of his life, of our sadness; we were never dry. The sky burst open. Heaven wept. He was gone. Mourners huddled under eaves with hoods covering their heads. Umbrellas dotted the cemetery with bright spots of color. Howling winds rivaled the minister’s voice for our attention. We were battered, spent, emptied by the storm of grief.

But, the day after his body was laid in the ground—after dirt was shoveled over the casket that held his pieced-together remains—that day, the storm subsided. The rain stopped. A shy sun lingered behind high cirrus clouds, radiating lavish light and faint warmth on those of us below. Peace. Relief. We sighed collectively with the earth, revering the power of Nature, grateful for this release from the storm’s assault.

I visited Dad’s grave that day with my four-month-old baby daughter sleeping in my arms, peacefully unaware of storms and grief. Dad was buried on a hillside overlooking the Platte River, surrounded by fields of grey-green

sagebrush and prickly cactus. The wind, the perpetual Wyoming wind, blew the grasses into diagonal rows and the trees into a slanted stance, like a line of soldiers all tilting to salute the sky. Dad loved the wind. “It blows the bad weather away!” he would say. I dug my fingers into the freshly turned dirt. I grabbed a handful of purple lupine and yellow coreopsis from the funeral arrangement that shrouded his grave and pressed them to my face. The fragrance carried me to our cabin in the Bighorn Mountains—Dad’s special sanctuary he had built with his own hands. I wept. Over and over I sobbed my mantra, “I’m sorry, Daddy. I’m sorry, Daddy.” Sorry for all of the unspoken words, the unbaked sour cream raisin pies, the undiscovered trails, the unobserved sunsets. This was my private rite of mourning in honor of those moments known only to the two of us. “I’m sorry I couldn’t save you, Daddy. I’m sorry. I’m sorry.” The tears and the words erupted from the deepest place inside of me. I couldn’t stop them. I poured out my sorrow over his grave in such a torrent that it seemed to me the tears might tumble down the hillside and overflow the banks of the Platte. I did not know when it would end.

Grief following a suicide death is particularly poignant, accompanied by overwhelming guilt and the never-ending search for a reason why. Everyone close to the departed wonders if something could or should have been done to prevent this. Each survivor asks difficult questions about the tragedy and feels somehow to blame for not intervening or recognizing the signs or saying just the right thing. I was especially devastated by guilt because I am a physician and I routinely treat depression. I am supposed to save lives—that was the purpose for all my years of training and hard work. How could I fail to save the life of someone who mattered so much to me? How could I go on living

knowing that I had failed my father? How could I ever practice medicine again? I would not know that day on the hillside overlooking the Platte River, just how long the pain of grief would last, just how many times I would review the same questions over the next years of my life, and just how much my own future would be shaped by the oppressive anguish that had overtaken my soul. For I was only at the beginning of a dark and dangerous journey. This flood of tears would wash me away to drift for a seeming eternity on a sea without a shore, under a night sky without stars.

But on that day, when it seemed there could be no end to my crying, unexpectedly, my sobs were interrupted by a sound—a sound that I realized had actually been present since my arrival at the grave site. A sound that beckoned my memory and demanded my attention. It was the song of a meadowlark. And there he sat, perched on a barbed wire fence directly in front of me. His bright yellow breast glistening in the sun, head raised to the sky, singing his song over and over and over again. The song was at once a requiem for my father, a lullaby for my baby daughter, and a reveille for my mournful soul.

You see, meadowlarks abound in the shared memories of my father and me. The meadowlark is the state bird of Wyoming and, like my father, loves wide-open spaces, which are common in our state. Irrigating pastures on the farm, horseback riding in the corral, fly-fishing at Spring Creek, picnicking on Casper Mountain, wading in Alcova Lake, relaxing on the deck of the cabin—all these activities were accompanied by the sweet, melodious voice of the meadowlark. Dad loved the meadowlark's song and always pointed it out to me whenever one of the birds was nearby. Ornithologists use phonetics to mimic bird songs and help them remember the pitch, melody, and rhythm of each bird species' unique vocalizations. Some experts have described the lilting song of the



Karen and her father on her wedding day



meadowlark as saying: “Oh, yes, I am a pretty little bird...” But that day, in the cemetery, the meadowlark’s persistent song spoke to me: “Hold on, everything will be all right; everything will be all right.”

Now, this meadowlark, such a powerful symbol of my relationship with my father, attended me in my sorrow, harmonizing with my cry of lament, transporting me through time. He stayed with me throughout my graveside ritual that lasted much of the afternoon. Though I stared at him and moved closer to his perch on the fence, he did not move. There was never once a pause in his singing. As my tears gradually ceased and peace began to fill the drained reservoirs of my soul, he continued to sing, inspiring me with his steadfastness and perseverance. “Hold on, everything will be all right.” Eventually, I was able to say goodbye to my father that day, and turn to leave the cemetery, clutching a handful of lupine as a keepsake, with the meadowlark’s song fading into the distance.

A few months later, I made the 90-mile drive over dusty, rutted roads through the Bighorn Mountains to return to Dad’s cabin. It was my first trip there since his death, and I was hesitant to plunge back into the pain I knew I would feel there. But as I stepped from the deck of the cabin to the lupine meadow out back, my heart soared. A smile graced my lips when I heard the song, “Hold on, everything will be all right.” A meadowlark perched on the fence. Singing my father’s melody in the land of his heart. He is not gone. We will not forget.

The memory of that song, and the bird that stood by me so faithfully on that difficult day, would become a lifeline for me during the years I drifted on the sea of grief. When washed overboard by a deluge of sorrow, I would grab hold and somehow stay afloat. When marooned by loneliness and isolation, I would hoist myself hand over hand, back to safer

waters. I had questioned on that day whether I could continue to be a doctor after this devastation. The answer was, “No.” I could not continue to be the same doctor I had been before my father’s death. Nothing would ever be the same again once I began that uncharted voyage of loss. But a transformation was occurring that I could not predict on that day in the cemetery. Shattered by my father’s death, my heart would become capable of absorbing pain as great as the ocean I floundered upon; and my vision would be sharpened to pierce the darkness and see the tiny flickering light of a lost soul in the distance. I was becoming a doctor who could ask a patient, “Why you?” and who could see the Divine inside every person, no matter how distressing the disguise. Most importantly, I was learning to impart, with steadfastness and perseverance, the simple guidance that had salvaged me: “Hold on, everything will be all right; everything will be all right.”



*Dr. Karen Wyatt is a family physician who has spent much of her 25-year career as a hospice medical director caring for dying patients in their homes. The author of *A Matter of Life & Death: Stories to Heal Loss & Grief and What Really Matters: 7 Lessons for Living from the Stories of the Dying*, Dr. Wyatt is the recipient of numerous awards for her volunteer work and the compassionate care she has provided to her patients.*

Bridge of Sorrow

by Heidi Boucher

I can't look at the Golden Gate Bridge without my heart aching. That's the downside of doing this work sometimes. Regardless of how sacred and special caring for the dead is, it can still take a toll on one's emotional wellbeing. But I have very little to complain about compared to the pain and suffering families go through when dealing with a suicide, particularly when it involves a young person entering the prime of their life.

A friend called the afternoon of September 20, 2013. Kyle, 18, three weeks into his senior year, had skipped school. He drove his truck from Sacramento to San Francisco's Golden Gate Bridge, stopped in the middle of traffic, and leapt to his death. A seemingly happy student, athletic, and with many friends, his death sent a ripple out into the community that is still felt today, several years later. There were no signs of anything wrong.

The family, in a state of shock, was unaware of what all was involved with caring for a loved one at home after death, although they had heard of it being done. Supportive community members arranged for us to meet to explain the process, leaving them in freedom to decide what was best for them. After talking, Kyle's mother and father decided that bringing him back to the house for a three-day vigil would be the right thing for them, his siblings, and the community, particularly his classmates and friends.

This was not my first suicide, but the tragic and dramatic way that it happened was immensely overwhelming.

Time began to speed up as my body seemed to be operating in slow motion. The first thing to do was to call for logistical support from a local funeral director I worked with. Many questions were flying through my head: How soon can the body get back to Sacramento? What condition can we expect the body to be in? Will there be an autopsy?

Since time was of the essence, the funeral director, an avid home funeral supporter and friend, got on the phone to help facilitate getting Kyle's body back as quickly as possible. Twenty-four hours later he was in our care, having just an external exam without the autopsy. Under the circumstances, I requested that Kyle's body be brought to the funeral home before taking him

to the family residence for a couple of reasons: the home was small without adequate space to maneuver, and I wasn't sure how intact the body would be after plummeting 220 feet to the water. I felt the need to see and assess the situation before I could confidently support his parents in the process of caring for him. Even after 33 years of doing this work and seeing all sorts of intense things, each death is different. Protecting myself by understanding what shape the deceased is in, in order to assist others in dealing with their loved ones, is crucial.

His mom met me at the funeral home where they gave us total privacy and space to bathe and dress his body. He was in surprisingly good shape considering how he had died. Nothing out of the ordinary was noticeable except for a long abrasion on his right forearm. But he was freezing cold... not just cold from refrigeration, but from the frigid waters that had engulfed him. Still covered in "goose bumps" and smelling faintly of salt water, his mother and I quietly washed and clothed him in one of his favorite T-shirts, pants, and socks. He looked relaxed, as if he were just taking a youthful nap, his mouth slightly open.

After casketing him at the mortuary, he was driven back to his modest home where a large crowd of people had gathered outside. Cars, quietly sobbing teenagers, food, flowers—it was packed. The cozy living room had been cleared out and rearranged in order to fit his casket. I had stopped at the grocery store on the way to pick up the dry ice. The bagger, around the same age as Kyle, asked what



all the ice was for. Feeling open in the moment, I shared the story and briefly explained the process. He was moved and thanked me for sharing this concept of home funerals. He was going to pass along the idea to his grandmother.


For three days the scene was the same: kids, food, flowers, family. The living room became smaller as more and more flowers, cards, and candles encircled Kyle's casket. While the family and community tried to process this tragic event, I found myself struggling with the intense outpouring of grief coming towards me. Home funeral guides often become the people others turn to for comfort and guidance if no one else is available. The delicate balance of listening and supporting can be a burden if one is not equipped to deal with it. As a mother of two sons and a daughter, I find the cases of parents burying their children the most challenging to navigate. It can be agonizing to watch a mother, father, brother, sister, grandparents and all the rest of the extended family suffer through the unknown. How could such a bright and well-loved human being make such a choice? Remaining centered, focused, and listening to others without input, helped me to connect, yet stay grounded.

At the end of the vigil, a packed service was held in Sacramento. A few days later, the family drove Kyle to Montana for burial.

Since Kyle's death, his parents have been relentless in their efforts to install a suicide barrier on the Golden Gate Bridge. With the design and \$76 million dollars approved for the construction of the net, they may be close to victory. I often wonder how families fare after the completion of such things. Does grief re-emerge?

I have assisted families with suicides by hanging and gunshots to the head. I've dealt with drug overdoses, car and motorcycle accidents, and recently, the tragic drowning of my beloved brother and niece. I have handled roughly sewn, autopsied bodies where torso and skull have been violated. All these experiences have impacted my heart and emotional well-being on some level. How can they not? And yet, I wouldn't have it any other way.

My life here and now is in service to families who want to care for their dead loved ones at home. By helping

to bring beauty, guidance, and support to families whose loved ones have chosen suicide, perhaps I can help those left behind who feel so bereft and shattered. 

Heidi Boucher has been a Home Funeral Guide in California and Oregon for over 30 years in addition to working in film production for over 20. As a quiet pioneer, educator and advocate of home funerals, Boucher recently produced the award winning documentary In The Parlor: The Final Goodbye www.intheparlordoc.com.

| ADVERTISEMENT |



Dying Wish
A dying doctor's decision to stop eating and drinking and die with grace.

A WorldWise Production

An extraordinary, beautifully made film of a courageous physician facing his final days with the help of a loving family and supportive hospice team. It is thought provoking and reassuring. Highly recommended!

Porter Story MD, Author, Executive Vice President, American Academy of Hospice and Palliative Medicine

Dying Wish has featured at the **National Hospice and Palliative Care Organization's** annual clinical conferences and film festivals.

A valuable tool for facilitating difficult conversations about voluntary stopping of eating and drinking at end of life.

VIEW THE TRAILER/find out more @ www.dyingwishmedia.com

Coming Home in Australia

by Libby Moloney

People suffering grief upon the suicide of a loved one can feel a strong sense of their not having been enough: they didn't do enough, say enough, intervene enough, guide enough, even love enough. They feel guilt at not preventing the death.

Home-based or family-led death care can ease this. Effective post-suicide support from an experienced doula, home funeral advocate, or holistic funeral director provides families with a safe, calm, private, organized space that allows them to care for the person who has died. In short, we provide the conditions for carers to reclaim their relationship with the deceased, to become enough.

Carers can clean and comfort and cuddle their person as much as they need to in order to reconnect with them. Post-suicide, connection is vital because, invariably with death by suicide, family and friends have endured a horrible limbo of up to a week or ten days while the body is with the coroner. Often this delays the family's realizing the truth of the situation; when the body is returned they might have to start at the beginning; viewing, touching, smelling,

and grieving with the body present is their first opportunity to accept that their loved one has truly died.

Experienced home-friendly funeral directors can hold the space for the deceased person's family and friends to support the transition towards healing. One of my favorite examples is of James and his family.

James left for work one day and never came home. Post-suicide, a huge clash began between his wife and his family of origin. James's wife Hayley wanted to bring him home and care for the body herself. His family of origin were mortified by this idea. The ensuing arguments were raw, ugly and all-but-physical. Eventually I said to James's father, "He went to work one day and never came home. He needs to come home to his wife and children and then leave this house with dignity." James's father melted. Tears of recognition poured down his face.

During the next few days one of the most uniting events was the crossing-the-threshold ceremony held in James and Hayley's back yard. Below soaring gum trees and to the tune of birds at

dusk, close friends and family read prayers and poems by candlelight. Then James was escorted from the house with rituals that meant something to him and his loved ones. He left the house with dignity.

Later, James's father was heard to have said that this ceremony was the most beautiful thing he had ever seen. During that week, and culminating in a meaningful ceremony in familiar and cherished surroundings, family and friends were able to reclaim and release James.

Reclaiming the body is a vital first step towards healing after suicide. Depending on the method of suicide, often the physical body is in good condition; there is no wasting, dehydration, or deterioration as in palliative care. With skill, a home-funeral practitioner will cover any wound damage and autopsy scarring without erasing all evidence. It's important not to cover everything up. For some people the only way they will ever be able to breathe again is by exploring, caressing, kissing, or at least viewing every part of their loved one's body. Everyone's grief is different, but I have found that many people, especially those in the medical or veterinarian fields, tend to be more hands on.

A home-funeral friendly practitioner organizes sufficient time and space for loved ones to grieve safely in the privacy of their own home or an adopted home, such as a holistic funeral sanctuary. From this grounded and familiar place, sadness can be shared, joy felt, and other unimaginable feelings expressed, to the extent that the living can raise the strength to provide after-death care as well as to organize a public commemoration.

In the case of suicide, one of the gifts of home-based care is in supporting the family to go back to the start and care for



Indigenous smoke ceremony at funeral

Natural Grace

the deceased as though the death were expected.

No death is easy, but at least with an expected death, family and friends have time to prepare physically, emotionally, and financially. With suicide, after the body is returned from the coroner, home-friendly funeral directors emphasize that it no longer belongs to the police. It belongs to the family. Effective after-death care provides a safe, private, nurturing space with sufficient time to wash, anoint, and tend their person; to bring them home to love and to say goodbye.

This re-grounding starts to guide those left behind towards a better emotional place. People currently choosing home-based death care are generally resilient and self-aware, so by allowing them



Libby with indigenous elders

sufficient time and a safe place, they are able to tap into their own innate wisdom, even during this terrible period. They become aware of and start to understand their own reactions, and can work out what is best for them and the person they have loved. They are more able to answer myriad questions that come up, like: What kind of funeral is appropriate for our person? How do we honor them

properly? What/who should be included and excluded from the ceremony? How will we word our public statement about this death?

By keeping these discussions close to home, familiar objects, smells, foods, rooms, pictures, and activities prompt ideas about how to send off their person honorably and meaningfully. If the

At a glance: Home-based death care in Victoria, Australia

There is no legal requirement for a funeral.

A funeral can be held anywhere with the owner's permission.

No law requires that families use a funeral director.

The law allows for bodies to be kept at home and there is no time limit for this.

Anyone can be a celebrant.

The only laws are the following: a medical practitioner must issue a death certificate, the body must be buried or cremated in a registered cemetery, and the death must be registered with The Office of Births, Deaths and Marriages. All of this can be done by families themselves.

The individual can be cremated or buried in a homemade coffin or shroud.

Families may use their own vehicle to transport the body.

Natural burial grounds are becoming more popular and available to the Australian population.

Families choosing home-based funerals are supported by the Natural Death Advocacy Network, Inc., <http://www.ndan.com.au>.

Home-based care of the body

In Australia, we need to be aware of the heat and how this affects the health and presentation of dead bodies. With the right equipment, it's a lot easier than people think. This is how we do it at Natural Grace:

We wash the body using only natural products, including warm water, essential oils, and other organic

products, like shampoos and soaps. No chemically-based treatments are used.

Cleaning of bodily fluids and purging are consistent with natural practices globally.

We don't embalm bodies, unless they need to be repatriated overseas.


We use a cooling blanket to preserve the condition of the body to a mortuary standard, without having to use dry ice.

Family and friends then hold vigil with the person and can comfortably and safely touch, kiss, and hold the body without concern.

deceased is in the home, people can come and go from the room or be in another area of the house while still holding the space. Music and meals can be shared. Stories can be told. Healing can begin.

And something remarkable happens. Because those closest to the deceased person have cared for and farewelled him or her in an intimate and private space, come funeral day, they are generally ready to willingly return their

person to nature and to proudly host the public event honoring their loved one's life.

Experienced home-funeral guides empower loved ones to see the beauty in the deceased after suicide. This is a sacred gift. Done well, home-based, family-led death care can change the rest of people's lives, and this Aussie holistic funeral director sees it happen time and again. 



As a holistic funeral director with Natural Grace in the Australian state of Victoria, Libby Moloney provides culturally sensitive,

home-based, family-led, natural death care. Contact Libby at naturalgrace.com.au and <http://www.ndan.com.au>.

| ADVERTISEMENT |

National Home Funeral Alliance

Live monthly teleconferences, local support, instruction, help directories and more.

Become a member today and keep home funerals ALIVE!



Photo courtesy of Marion Spadone

Mourning Dove Studio presents

cardboard coffins

simple, biodegradable, recycled cardboard in an old style design

by *Bury Me Naturally*

You can make end-of-life choices that follow the same values that guide your life.

Environmentally

Biodegradable coffins are one of the three essential components defining Natural Burial



Emotionally

Personally-meaningful, hands-on expressions of love can help us to honor and grieve our loved ones.



Sensibly

- economical
- also suitable for cremation



Beautiful as is



3 components of natural burial

- no embalming
- no vault/grave liner
- biodegradable coffin/casket or shroud

Mourning Dove Studio

Down to earth burial products

For Wholesale inquiries:

Boston, MA: Ruth Faas

(781) 290-7356

Ruth@MourningDoveStudio.com

Asheville, NC: Carol Motley

(828) 776-7464

Carol@MourningDoveStudio.com

MourningDoveStudio.com

After a Suicide, Something to Do

by Karen van Vuuren

The phone rang early that morning and when I answered, I heard the faint voice of a young-sounding person. "Hi, it's Jill. I'm hoping you can help me. My brother died last night." I knew Jill had a brother, and I knew that he had been mentally ill. But I wasn't aware that he'd been facing any kind of potentially terminal illness.

I tend not to come out with the rote "I'm sorry" statement when people inform me of a death of a relative or friend. I'll express kindness and care in the tone of my voice, but I suppose I choose to wait until I am inspired to say something that, for me, is more authentic and original. My approach is to first open myself to understanding the other person's pain, meeting it with compassionate action if possible. "I'm sorry" just does not feel like the most helpful first words, somehow. "That sucks" (which I wouldn't say, of course, at least, in quite that way) might not be very elegant, but it is probably more fitting.

I guess I was shocked when Jill told me of her brother's death. I allowed a few pregnant moments to elapse, as a cue for Jill to fill me in further. "I found him last night in our barn. He shot himself." I knew Jill as one of the sweetest, kindest young women I had ever met. I could not imagine how she was holding it together.

In the US, suicide is the tenth leading cause of death, according to 2012-2014 data from the National Center for Health Statistics, Centers for Disease Control. Nationally, suicide is most prevalent among white middle-aged men. Firearms are used in 50 percent of suicides and when a gun is chosen as the method of choice, it usually results in death. Men more than women are likely to use a gun to kill themselves. Women are most likely to choose a route such as poisoning or a drug overdose, which does not end their life but instead results in hospitalization. Most people who die by suicide have experienced depression.

I suppose that isn't much of a surprise. Jill's brother, Ben had struggled with it for years. He was in his mid-twenties and Jill was older by a couple of years.

"I saw a light on in his room in the barn late last night. I was wondering why Ben was still up," Jill told me. "Something felt wrong, I decided to check on him and knocked on the door. There was no answer, so I went in. Karen, I sat there and held him for hours. I knew that when I called 911, they'd take his body and I wouldn't be able to be there with him. I had to take that time."

I saw an apparition of Jill sitting in a blood-bathed room, tenderly holding her brother's broken body, her head bowed, heavy with grief. I was glad she got those precious hours with Ben.

I went to Jill's home with two other home funeral guides. The scenario called for a multi-person approach. We didn't know what the family wanted. We weren't sure how to help. Ben and Jill's mother had already engaged a funeral home to embalm and arrange an open casket memorial service. Although Jill would have welcomed her brother's body home once the coroner had completed the autopsy, the wheels were clearly already in motion to follow a more hands-off conventional funeral. There had been no time, no space to talk through options with the family.

Jill invited us to visit the room where Ben had chosen to end his life. Looking at the utter chaos within those four walls was like looking into Ben's mind. Papers, books, trash, and then, still in its cardboard tube, we discovered what Ben had been craving. There it was, a vision of peace, a giant poster of a vast, tranquil ocean. We set to work transforming that room into a sacred space for meditation, prayer, and the simple sending of love to Ben's soul.

It happened with few words, this process of clearing and re-configuring

that room. Order replaced disorder. Beeswax candles, images of Ben and his family during happy times in the past were placed on an altar. The poster of the ocean went on the wall. It would immediately draw the attention of anyone entering that room.

Even more than sadness, Jill had been overwhelmed by a sense of helplessness. Her brother's body was at the coroner's, to be passed on to the funeral directors who would embalm, dress, and cosmetize him for an open casket viewing at a memorial service. I don't know if Jill felt the guilt that often paralyzes families who survive the suicide of a loved one. But I do know that she had begged for guidance about what to do.

Jill was Christian, but open to the wisdom of other faith traditions. We talked about her beliefs about Ben's journey now that he had dispensed with his physical self. She felt that Ben could still receive her thoughts from his place in the spiritual realm. So we offered her various texts from our library of books that she could read at the altar we had created in that barn room; Buddhist and Christian prayers and practices to relieve suffering were balm for this family's souls. Even Ben's mother, who had been unable to enter the barn room at first, joined her other children in entering that room, now greeted by a calming expanse of ocean.


Since Ben's death, I have witnessed other circumstances that have prevented families from stepping in to do hands-on care of the body and ritual after death by suicide. I always ask the question, "Do you believe in a spiritual connection? Do you believe we can still reach the dead?" If the answer is yes, I counsel that there is much to do to offer comfort, strength, and love to those who could not stay. There is much solace in the performing of those practices for your dead.

As a postscript, I will share that a couple of days after our visit to the barn, Jill called me with a request. She wanted me to accompany her and her mother to the funeral home to view Ben's body, now that the undertakers had finished their work. She was anxious and feared it would not go well. I agreed to go and on that chilly, fall evening, we were met at that funeral establishment by a solemn, unsmiling director. He ushered us into one of their viewing rooms, with—and I

remember this clearly—a framed picture of a forgettable landscape hanging crookedly on the wall.

I had never met Ben, so I did not know whether the strange, powdered, and rather puffy-looking rectangular face in that casket bore any resemblance to the Ben of life. Ben's mother clearly did not think it did. The face in the casket was so foreign to her that she kept her distance from it. "It doesn't look anything like

him," she stated. "I'm going to tell them to cremate him and bring the ashes to the memorial." Moments later, we were leaving.

I know that the memorial for Ben encouraged a sharing of sweet memories. But I believe that the most significant step to healing happened in that barn room, where family members sat in prayer at Ben's altar, beholding a vast, expanse of ocean that invited peace. 



Meeting the Needs of Suicide Families

by Donna Belk and Lee Webster

As home funeral guides, we are often invited into family situations for which we do not have all the facts or the background story of events. Often, because we are human, we arrive with preset opinions or assumptions about a given situation.

We also bring hope that we will be able to encourage family direction and participation in the face of what may be a roller coaster of complicated emotions—ineffable grief, shock, anger, control issues, imagining the worst for their loved ones, guilt and shame over their inability to protect their loved one, feelings of abandonment, rejection, failure, embarrassment, survivor's guilt...the list goes on.

So what must home funeral guides do to assist with deaths where the cause is suicide? What do we, as home funeral guides, have to offer after a suicide, and how must we comport ourselves to provide assistance with integrity and openness of heart and spirit?

No form of dying seems to carry with it more conflicting emotions than suicide. Like it or not, we are culturally, generationally, and often spiritually predisposed to disapprove of a person's choice to end their own life to some degree. Many end-of-life practitioners, including home funeral guides, are familiar with and even advocate for physician assisted suicide (PAS, also referred to as death with dignity) and voluntary stopping of eating and drinking (VSED), and yet may harbor feelings of ambivalence about the taking of one's own life, whatever the supporting reasons.

Our job as home funeral guides is to step in and educate the family about what is possible, not to interrupt the family process or take it off in directions that we think are right. We need to be of assistance with as little of our own baggage as possible.

This makes the need to enter the space without judgment critically important. Very often our judgments may show on our faces, or in the things we leave unsaid, not necessarily in what we *do* say. An abrupt response, a tightening of the mouth, difficulty making eye contact—there are so many ways that we express “out loud” those things that we believe are tucked away inside.

That is why it is important to think about potential situations beforehand—so we can explore our thoughts about uncomfortable circumstances and perhaps learn to see it in a different, more inclusive way. Drilling down into the lava layer of our own feelings around suicide may yield some valuable insights into what we bring with us—and what we must strive to leave behind.

Steven Levine's thoughts on suicide are helpful to prompt an exploration of our own attitudes about death. He writes: “Death is not the worst thing; the worst thing is unmitigated suffering or the closed heart. It is not death, but lack of control that we fear. I don't think anyone would have taken birth if they hadn't been absolutely assured beforehand that if the going got too tough they could get out.

“When a person's at the end of their physical rope, it is not our job to judge them. This Judeo-Christian idea that we're punished for killing ourselves...if you feel that God tortures the tortured, that's not a God who loves. Taking away a person's ability to kill themselves is the highest form of fascism. What right do we have to force another person to stay in unmitigated suffering?” (*Who Dies* by Stephen and Ondrea Levine, Random House, 2012)

Language plays a significant role in how we negotiate suicides. People tend to place weighted meaning on things the deceased may have said or done in the past—consider the importance of the

suicide note. The taboo nature of suicide in our culture also keeps us from naming precisely what has happened and how we feel about it. This is especially true inside the larger framework of death that is already filled with euphemisms and avoidance language.

Sarah York, Unitarian Universalist minister and author of *Remembering Well: Rituals for Celebrating Life and Mourning Death* says in her book, “The first time I conducted a memorial for a person who chose death, I became aware of how important it is to name the circumstances of suicide and make space for the feelings that accompany them.” (Apollo Ranch Institute Press, 2012, p. 86. <http://www.sarahyork.com/sarah/sarah-york-books>)

York goes on to say, “The power of the unmentionable subject to tinge both the living and the dead with subtle shame is defused when it can be named.” The language home funeral guides use, as well as by speaking with gentle sensitivity, honesty, and purpose, could demonstrate by example to family and friends that it is safe to acknowledge what has occurred.

Families will be looking to their guide for practical assistance with what might be challenging physical conditions. The particular requirements of caring for the body in whatever form it is in will provide ample opportunity to confront in a nonthreatening, normalizing manner, the realities that present themselves.

The fact that a home funeral has been chosen assumes that the family has faith or curiosity or some other motive, and that their home funeral experience will answer unasked questions. Home funeral guides who are well prepared may be able to assist the family in answering their questions for themselves while walking them through the steps of care with assurance and confidence.

Some suggestions for preparing to serve families of suicide

If you know you are going into a home funeral situation where suicide is the case, discover what support systems and materials are available in your area before you meet with the family. There are frequently special bereavement groups offered by hospices that are especially designed for suicide survivors.

Research suicide hotlines and the resources they use to be in alignment with their language and approach.

Role play potential responses to prepare for a wide variety of situations.

Practice phrases that carry the messages you are there to deliver with compassion and neutrality.


Intentionally clear your mind of conflict around the issues to free yourself to listen more acutely, and respond more authentically, to what arises.

Self-care prior to (and after) working with suicide families is especially important for home funeral guides. Ritual, prayer, cleansing—whatever works for you, to bring equilibrium and purpose to an arena fraught with uncertainty.

Search out people and resources who have experience and knowledge of suicide and its aftermath as a way of tempering your response while seeking your own personal insight.

Music may also be a tool for opening doors for yourself and for other people. *Before Their Time* (<http://www.beforetheirtime.org/ordering.html>) is a three-volume series of memorial songs and music conceived to provide comfort for those in mourning for loved ones who have taken their own lives.

If your practice includes ritual assistance, research celebrant texts for suicide-specific language with which to address those present. (See “Opening Words for a Suicide” in *Remembering Well: Rituals for Celebrating Life and Mourning Death* <http://www.sarahyork.com/sarah/sarah-york-books>)

For more information specifically geared to supporting home funeral guides, go to the National Home Funeral Alliance <http://homefuneralalliance.org/resources/for-home-funeral-guides>. 



Donna Belk lives in Austin, TX, where she assists families and individuals with conversations about death, dying, and after-death care. She

serves on the board of the National Home Funeral Alliance, and is co-author of the book, Home Funeral Ceremonies. She offers an online course, BeyondHospice.com, for those interested in learning about being home funeral or end-of-life guides. She regularly offers home funeral workshops in the Austin area.



Lee Webster writes from the foothills of New Hampshire's White Mountains. She is the current President of the National Home

Funeral Alliance, Director of New Hampshire Funeral Resources, Education & Advocacy, and on the Board of Directors of the Green Burial Council. A writer, researcher, hospice volunteer, home funeral guide, and conservationist, she is also a frequent speaker on the role of home funerals and green burials in the wider context of funeral reform.

| ADVERTISEMENT |

Opening to the Presence of Your Loss

by Alan D. Wolfelt, PhD

In every heart there is an inner room, where we can hold our greatest treasures and our deepest pain. — Marianne Williamson

Someone you love has completed suicide. In your heart, you have come to know your deepest pain. To be “bereaved” literally means “to be torn apart.” You have a broken heart and your life has been turned upside down.

While it is instinctive to want to run as far away as possible from the overwhelming pain that comes with this loss, you have probably already discovered that even if you try to hide, deny, or self-treat your pain, it is still within you, demanding your attention. In acknowledging the inevitability of the pain and raw suffering that comes with this grief, in coming to understand the need to gently embrace the pain, you, in effect, honor the pain.

The word honor literally means recognizing the value of and respecting. It is not instinctive to see grief that erupts following a suicide death and the need to mourn as something to honor. But I hope you discover, as I have, that to honor your grief is not self-destructive or harmful; it is self-sustaining and life-giving.

You have probably been taught that pain is an indication that something is wrong and that you should find a way to alleviate the pain. In our culture, the role of pain and suffering is misunderstood. This is particularly true with suicide grief. Because of the stigma and taboo surrounding suicide, many people think you shouldn't talk about it, let alone honor your pain by openly mourning.

In part, this article will encourage you to be present to your multitude of thoughts and feelings, to “be with” them, for they contain the truth you are searching for,

the energy you may be lacking, and the unfolding of your eventual healing.

Setting Your Intention to Heal

It takes a true commitment to heal in your grief. Yes, you are wounded, but with commitment and intention you can and will become whole again. Intention is defined as being conscious of what you want to experience. A close cousin to “affirmation,” it is using the power of positive thought to produce a desired result.

When you set your intention to heal, you make a true commitment to positively influence the course of your journey. You probably know the cliché: “Time heals all wounds.” Yet, time alone does not heal the wounds of grief that come with suicide. I like to remind myself and other survivors that healing waits on welcome, not on time! Healing and integrating this loss into your life demands that you engage actively in the grief journey.

A Vital Distinction: Shock Versus Denial

Shock along with elements of denial is a temporary, healthy response that essentially says, “The reality of the suicide death of someone dear to me is too painful to acknowledge right now. Therefore I refuse to believe it.” While this is a natural initial reaction to suicide, you will hinder your eventual healing if you stay in long-term denial.

There are various forms of denial that, as a survivor, you must work to break through:

Conscious Denial: This is where you hide the fact that the death was suicide. You may tell people it was a heart attack, murder, or an unexplained sudden death.

Innocent Denial: This is where you hold onto the hope that the findings that ruled the death a suicide were a mistake and will be changed at a later date.

Blame as Denial: This is where you blame someone else for the suicide, thereby denying the choice someone made to take his or her own life.

Pretense and Denial: This is where the unwritten family rule is that you never talk about the death or use the word suicide at any time.

The motivations for these types of denial are multiple and complex. Often, people don't even realize they are in denial. So, if you discover you have gone beyond shock into some form of prolonged denial, do not shame or ridicule yourself.

But here is the problem: By staying in denial, you miss the opportunity to do the grief work related to your feelings. Until you break through the denial and the pain is experienced, you are on hold and authentic mourning cannot take place.

Face Any Inappropriate Expectations

You are at risk for having inappropriate expectations about this death. These expectations result from common societal messages that tell you to “be strong” in the face of life losses. Invariably, some well-intentioned people around you will urge you to “move on,” “let go,” “keep your chin up,” and “keep busy.” Actually, you need to give yourself as much time as you need to mourn, and these kinds of comments hurt you, not help you.

Society often makes mourners feel shame or embarrassment about our feelings of grief, particularly suicide grief. It implies that if you, as a grieving person, openly express your feeling of

grief, you are being immature. If your feelings are fairly intense, you may be labeled overly emotional or needy. If your feelings are extremely intense, you may even be referred to as crazy or a “pathological mourner.”

As a professional grief counselor, I assure you that you are not immature, overly emotional, or crazy. But the societal messages surrounding grief that you may receive are!

If you fear emotions and see them as negative, you will be at risk for crying alone and in private. Yet, being secretive with your emotions doesn't integrate your painful feelings of loss; it complicates them. Then even more pain comes from trying to keep the pain secret. You cannot hide your feelings and find renewed meaning in your life. If you are dishonest about your pain, you stay in pain.

Grief Is Not a Disease

You have probably already discovered that no quick fix exists for the pain you are enduring. Grief following a suicide is naturally complex, and it is easy to feel overwhelmed. But I promise you that if you can think, feel, and see yourself as an active participant in your healing, you will slowly but surely experience a renewed sense of meaning and purpose in your life.

Grief is not a disease. To be human means coming to know loss as part of your life. While the grief that accompanies suicide is a powerful, life-changing experience, so, too, is your ability to help facilitate your own healing.

I invite you to gently confront the pain of your grief. Be open to the miracle of healing. Integrating the grief that comes with a suicide death requires your willingness. You must have willingness



or you would not have picked up this article. Follow your willingness, and allow it to bless you.

In large part, healing from a suicide death is anchored in a decision to not judge yourself but to love yourself. Grief is a call for love. So, if you are judging yourself and where you are in this journey, STOP! When you stop judging the multitude of emotions that come with your grief, you are left with acceptance, and when you have acceptance (or surrender), you have love. Love will lead you into and through the wilderness, to a place where you will come out of the dark and into the light. 🌞

Alan D. Wolfelt, PhD, is a noted author, educator, and grief counselor. He serves as Director of the Center for Loss and Life Transition in Fort Collins, CO, and is on the faculty at the University of Colorado Medical School Department of Family Medicine. Dr. Wolfelt is known for his compassionate philosophy of “companioning” versus “treating” mourners. This article is excerpted from his book The Wilderness of Suicide Grief: Finding Your Way, available at bookstores and www.centerforloss.com.

Natural Transitions Magazine

- WRITE for us
- SHARE your stories
- SPREAD the word

SUBSCRIBE!

Print and E-Subs Available
www.naturaltransitions.org

The Culture of Bereavement

by Terri Daniel

Excerpted from *Embracing Death: A New Look at Grief, Gratitude and God*, © 2008

I'm normally an outgoing, verbal person who is comfortable with emotional exposure. But during the first two years after my son Danny's death, I went into radio silence in terms of sharing my true feelings with people. I'd moved to a new town and made new friends, but they knew a different *me*... the A.D. (After Danny) version of *me*. And I barely knew that person myself.

I could talk to them about my divorce or the other dramas in my life, all of which were safe topics to which anybody could relate. But the subject of my son's death and the black hole in the middle of my heart was something so taboo and unspeakable that I barely mentioned it. People were comfortable as long as they felt that I was doing fine and putting the tragic event behind me.

In deep grief we suffer alone. Death is so untouchable in our culture that the bereaved themselves become untouchable, and bereaved people are frequently shunned by their social groups, family members, and colleagues soon after a death occurs. Our society is sorely lacking in etiquette guidelines for dealing with death and bereavement, so the preferred method is usually to sweep it aside as quickly as possible. The standard for bereavement leave in American companies is only three days, after which we're expected to get back to work and back to normal. While friends, colleagues, and family members may gather to bring food, help with funeral arrangements, and offer condolences for the first days or weeks after a death, many of the bereaved find that after the calls and cards stop coming, nobody speaks of the event again.

In our culture, the less attention drawn to our grief the better, because our grief makes other people uncomfortable. Yet one of the greatest gifts we can give to someone who's lost a loved one is to stay in touch and speak of the departed a

year later, two years later, five years later, and beyond. Even though I published a book about my son's life and death, there are members of my own family—people who knew and loved him—who have not read my book because they're unable to touch the core of their own grief. Sadly, for most bereaved individuals, within a month or two our grief is neatly filed away and forgotten by the people who love us.

In Judeo Christian America, we are taught, as children, how to behave in a museum, at a birthday party, or in a classroom. We're taught how to speak respectfully to our elders, how to say *please* and *thank you*, and how to act appropriately in various social situations. But nobody teaches us how to behave around death.

I once had a client with whom I worked for several years. He became a dear friend and spent a lot of time with my family, frequently joining us for holiday dinners and backyard barbecues. He was like an uncle to Danny, but didn't come to Danny's funeral and never said a word to me about Danny's death. We just carried on our business relationship as if nothing had happened. In the same vein, a widow once told me that her husband died of a heart attack while playing golf with a friend. The traumatized friend didn't come to Danny's funeral and was not heard from until more than a year later. Similarly, many bereaved parents find themselves ignored on Mothers Day, Fathers Day, or the child's birthday, even though they would cherish some support and acknowledgment on these important milestones. It's also common for the friends and family of bereaved parents to avoid talking about their own children for fear of triggering grief, pain, and envy in the parent who has lost a child. But all this does is isolate the bereaved person even more. It does NOT help to avoid the truth. None of us has the right to deprive another of reality.

It's understandable that we would be uncomfortable about the death of a child or someone who dies tragically, because it brings home the reality that none of us is ever truly safe from harm and we're all potentially vulnerable to such a fate. But why shy away from the death of an elderly person who was seriously ill, for whom death was a natural, expected event?

In my 80-year-old mother's social circle of elderly widows, it's not unusual for their married friends to stop socializing with them once their spouses die. The widows form their own social networks and become excellent support for one another, but they're acutely aware that they've been shut out by the couples who were once their closest friends.

I hear stories like this all the time. Is this a behavior peculiar to modern America? Is it different in Australia or England? Is it human nature, or is it culturally programmed? Does it vary among different social structures or communities? Do African Americans deal with death differently than European Americans? Do Catholics behave differently than Jews? Do poor people respond to death differently than rich people?

My friend Mukesh Chaturvedi is a writer and attorney in India who recently wrote this fascinating description of how death is handled by traditional Hindus:

Helping a family when a death occurs is both a spiritual and social duty. There are no professional undertakers here, so it is the family's task to care for the body and the cremation. For the first 13 days there are continuous ceremonies. The responsible family member, usually the eldest son, performs the last rites, which includes lighting the pyre, and during those 13 days he will be somewhat of a hermit while relatives care for the rest

of the family. Women cry a lot, and are encouraged to do so. On the 13th day, there is a feast, and religious ceremonies can continue for up to a year. Many marriages are arranged during this period because the community is so tightly massed together.

The death of very old people is always celebrated, and people start planning the feast immediately. Death is accepted, understood and honored here. Lots of what people say on such occasions reflects the philosophy of the Bhagavad Gita [sacred Hindu scriptures]. They say, “He is not dead, he has only left his earthly body behind.”

Perhaps you know of this Islamic tradition... if you meet a *janaza* (a funeral procession with people carrying a coffin), you are supposed to walk alongside it or help carry it for at least 40 steps.

What a beautiful tradition! Not only are Muslims required to stop what they’re doing to honor the passing coffin, they are required to walk alongside it, to be part of it, and allow it to be part of them. It’s an excellent way to personally and publicly embrace death without fear or repulsion.

Odani Keiko, a Japanese journalist, says that dying in Japan has been increasingly handled quietly and covertly in hospitals, but there are still strict social conventions related to honoring the dead, attending funerals, and maintaining relationships after a death. It would be unthinkable to avoid a funeral or leave a social circle just because somebody has died.


“The Japanese are not burdened with guilt about facing God, so perhaps this makes the concept of an afterlife easier to accept,” Odani says. “It’s believed that human souls still live after death and come visit the family in mid-summer.

I still remember the old days when people made animals out of cucumbers, eggplants, and sticks and put them on streets to greet the return of the dead. The dead are clearly more loved than feared.”

George Bonano, a professor of clinical psychology at Columbia University, whose work focuses on coping with grief and trauma, recently conducted a study comparing grief processing in the US and China. Bonano noted that the focus of grief in Western countries is mainly on accepting the finality of death, so western grieving is very much about breaking bonds with the loved one. By contrast, in China it is believed that the person isn’t really gone and there are rituals and behaviors designed to acknowledge the continued presence of the departed.

“They have a responsibility to help the dead person on his journey,” Dr. Bonano says. “Because of this belief, the sense of loss isn’t as important as working with the dead to help them find their way. This task helps people feel connected, so grief is much easier to deal with. Some of these practices include cleaning the grave regularly, bringing offerings of food, and burning paper replicas of everyday objects that the dead might need in the afterlife, such as shoes or pots. The most common paper offering is paper money. In cemeteries and ancestral halls, the Chinese literally burn bags of paper money, which they send as offerings to deceased loved ones.”

While most of us can’t imagine burning bags of money, the idea of “afterlife care” links the world of the dead with the world of the living in a way that blurs the boundaries between us and expands our view of existence. Can you imagine how different bereavement would be if our culture supported us in maintaining an after-death connection? And if we could learn how to be consciously and

fearlessly involved in the dying process—for ourselves and for others—the whole circle of birth, death, dying, and the afterlife could be approached with eyes and hearts wide open. 



Rev. Terri Daniel, MA, CT, is an interfaith minister, clinical chaplain, certified thanatologist, and author of three books

on death and the afterlife: A Swan in Heaven: Conversations Between Two Worlds; Embracing Death: A New Look at Grief, Gratitude and God; and Turning the Corner on Grief Street: How Trauma and Loss Can Transform Us. She is also the founder and president of the Afterlife Education Foundation and producer of the annual Afterlife Awareness Conference: www.afterlifeconference.com.

Losing Julie

by Steffany Barton

Excerpt from her book, *Facing Darkness, Finding Light – Life After Suicide*

I COULD NOT WAIT. I had to see her. Despite the imminent ho-ho-holiday, with upcoming, out-of-town travel, three kids for whom to play Santa, a presentation to deliver, a newsletter to circulate, and a festooned house long overdue for a cleaning, I put on hold the hustle and bustle and headed to her home. I could not wait.

I wanted to see her.

Julie came to me quite by accident, but for a higher purpose. Although I had known of her for nearly a decade, I never met her face-to-face until one crisp November afternoon when she rang my doorbell. I knew it was she only because, moments before her arrival, I received a text from the babysitter, “*Can’t make it today. Sending a sub...Julie. You’ll luv her. Thx.*”

Opening the door, I took in the unexpected guest. She appeared younger than I, with a full face and ruddy cheeks. Her jawline looked somewhat heavy because of her blunt, bobbed haircut colored in a deep red to orange. Cloaking her upper body was an open woolen sweater of various colors in a pattern that reminded me of the American Southwest. I noticed that, although she had no children, she wore a white turtleneck sweater tucked tightly into her “mom” jeans, which seemed oddly paired with her knee-high, black, military-style boots. She looked at me with a twinkling eye paired with a mercurial smile and said, in an alto voice, “Hi. I’m Julie. I’m babysitting your kids.”

Motioning her in, I wondered how this would unfold. All considerations were cut short, however, as my children, delighted with a new visitor to entertain, began sharing stories and chatting it

up with her like she was an old friend. She laughed, listened, and looked fairly relaxed, so I, too, eased into the moment. This would be fine. Julie seemed okay.

But Julie was not okay. Julie was terminally ill and dying a slow, painful death. No test could indicate it, and no lab values were off, but she was diseased, distressed, depressed, and done with an existence that seemed marked by a string of misspent opportunities and relationships gone horribly wrong. Julie wanted out. She had hurt too badly for far too long.

Still, she held on.

For three consecutive afternoons, Julie appeared on my front porch as the special “guest babysitter.” In those hours spent with her, my children and I grew to love the woman. Her devotion to animals won over the heart of my son: she fearlessly reached into our terrarium and gleefully allowed five, fire-bellied toads free rein of her arms, trunk, neck, and face. She sculpted a tea set of Play-doh, crafted a duct tape wallet, read aloud from *King Arthur*, and learned how to properly dress a Barbie doll. She colored her nails, and the kids’ nails, too, with permanent marker, and she applied some rub-on tattoos. She loved to draw and made a picture of a singing and dancing cat that filled my eldest daughter with delight.

As my work week ended, we all agreed that her career as a babysitter was a resounding success, and we decided to call upon her in the future should the need arise.

I handed Julie a check for the week’s pay. She looked at me— seemed to look into me— then, breathing, she asked, “Steffany, will you help me?”

“Of course. You know I will. Helping is what I do best,” I replied cheerily. I did not expect what happened next.

“I don’t know that I want to be here anymore, you know?” she said, looking at the ground and rocking back and forth on her feet.

“Yeah, I know. Kansas is sometimes stifling. Have you thought about moving?” I offered, noticing she was very, very quiet, and now stood still.

“I mean, I don’t know that I want to be here. *Here*. The pain cuts me like a knife, sometimes. I don’t know...” She trailed off.

Calmly, I formulated a few thoughts into gentle words. “Could I say a prayer for you? Maybe we could look at this from a spiritual angle?”

“Please help me. I just don’t know...” Silently, she looked into my eyes once again. I could see a mix of fear, uncertainty, weariness, and pain in her face. “I’ve got to go. The dogs will be so mad if I don’t let them out. Thanks.”

She stuffed the check into her bag, turned around, and walked with determination in her knee-high, black, military-style boots toward her van.

A little over two weeks from that day, I learned she was in ICU, being transferred to a psych unit. She had attempted suicide at the family home. She was discovered and taken immediately to the ER. No permanent damage was sustained, save a deep wound to the neck. The knifelike pain she had described to me had become literal. After a short stint in the psych unit, she received a discharge to stay with family.



So on that cold December night I had to see her.

As she opened the door, I glanced at her. She wore a cream-color funnel-neck pullover, deep green sweatpants, and stark white athletic socks. Her eyes looked hollow, with dark circles under the lids; no twinkle, no glimmer, not even a gleam could be seen as she looked past me. She smiled pleasantly but distantly; she seemed subdued, almost vacant. As I stood in the cold outside, I prayed that my visit would warm up her heart a bit.

We spoke quietly and covered conversational topics from the weather to the holidays. We talked about eggnog, cats, Colorado, snow, mittens or gloves, and our favorite blankets. She seemed so far away, even though I sat right beside her. I could touch her, but I could not seem to reach her. I could see her, but it felt as if she wasn't really there. Finally, I spoke. "Julie, can I just send some compassion and love to you while I sit at your feet?"

"Sure," she said. "That would be nice."

I positioned myself on the hardwood floor, wedged between the couch and a coffee table. The draftiness invited me to keep my coat wrapped around me; I felt grateful for my scarf. I took a deep breath and imagined a beautiful light surrounding Julie and me, then glanced up at her. She had closed her eyes and looked a bit more relaxed. I closed my eyes, too, then softly placed my hands on her ankles to share a simple human touch, a physical connection, a kind gesture. I wanted her to feel nurtured and to know that I cared.

We sat in silence for a moment, me on the floor, her in the chair, when I heard her yell out at me, "*Let me go!*"

This startled me, and I looked up. She sat, serene-looking now, eyes closed, lips in a near smile. I wondered if I had imagined her words. Closing my eyes again, I placed my hands on her knees and imagined more light and love surrounding her. The peaceful silence was broken once again by her loud announcement, "*Stop trying to fix me! Love me, and let me go!*"

I knew I could not have imagined this—I heard the words as clear as any. My eyes flew open to see her position unchanged save for the full smile now spread across her face. "What did you say?" I whispered.

Her eyes still closed, she answered, "Nothing. I am just sitting here."

"Oh, sorry," I replied. I closed my eyes again and heard,

"Don't judge me. Love me! Now!"

I pulled my hands back as my eyes opened. No longer comfortable on the floor, I got up and returned to the seat beside her. She sat still. I could see that she had relaxed.

"Julie, I don't judge you. I just don't understand. But I do love you," I replied aloud to her silent shouts.

This time she opened her eyes and looked at me, the sadness returning, her smile slipping away. "I know you don't judge me. I am glad we finally met. I am a bit tired now." I understood this as a cue to leave.

Respecting her request, I prepared to go. She walked me to the entryway and thanked me for coming.

"I want to talk to you again soon. May I come back?" I asked as she opened the door and stepped outside with me.

"We'll talk," she called to me as I hustled to the car. "We'll talk."

Getting into my Honda CRV, breath visible and hands shaking, I started the engine, backed slowly into the street, and drove toward home. I watched as the darkness swallowed up Julie. I shuddered, but not because of the cold.

Driving home, I felt completely disoriented. The experience with Julie left me teetering on the edge, questioning what I thought I knew. If her words were true, if part of her believed that loving meant accepting and that accepting meant allowing and allowing meant letting her go, then...

Then what? Was death the answer? Did she need to go? Was something calling her?

If I were to be authentic in my acceptance and genuine in my love, I would have to choose to authentically accept and genuinely love her, no matter what.

Hours later, head still spinning, in the darkness of the midnight hour, I grabbed my coat and stepped outside. I walked and thought and thought and walked, oblivious to the weather or traffic going by, completely lost in tumbling, crumbling beliefs that were now and forever changed.

I thought I was a healer, a helper. I thought I could heal her, help her.

I thought that life was always the right course, that staying was morally superior to going. But I could not hold on to those thoughts. Never again! Leaving me forever changed, Julie had released such a charge in my heart and detonated such a blast in my mind that I had to engineer a new construct of beliefs and a new structure for understanding.

In time, I arrived home. I crossed the threshold, tossed my coat aside, and grabbed my phone. Heart thumping, palms sweating, mind clear, spirit strong, I messaged her: *“I choose to love you, no matter what!”*

She did not respond.

Three weeks later, my eldest daughter hosted a party at our home, and Julie

received one of the first invitations. With no RSVP received, I was uncertain as to whether or not she would be able to come.

When the party was in full swing, I decided to offer cake and refreshments to our jovial guests. Carrying a tray into the living room, I stopped short. For an instant, in what felt like an endless moment in time, I saw Julie sitting on the end of the couch, turtleneck sweater, mom jeans, and knee-high black, military-style boots, looking at me with a twinkle in her eye and a mercurial smile. She looked at me, then into me. I blinked, and she was gone.

Julie was gone.

That night after the guests were safely home, the dishwasher loaded fully, and the counter tops cleared, I got the call. Julie had committed suicide. She had found her way home.

On hearing the news, a flood of emotions poured through me. Tremendous sadness, a deep ache, waves of guilt, and then a powerful, still calm. A feeling buried inside came to the surface of my heart. Perhaps loosened by the vision I had had earlier that afternoon, or unearthed by the experience when she silently screamed, I felt an overwhelming sense of her relief. Rather than sensing a harsh ending, I had a glimpse of her rebirth. Like an unstoppable, bright, and fiery sunrise, she had become the light emerging, chasing back the darkness, heralding a new dawn.


I sank further into this feeling, dipping my heart into a healing pool of hope. Beyond the human loss of her body, I felt an enormous, eternal gain for Julie’s spirit—a free, unencumbered, unbounded soul now dancing in the light.

I experienced a glimpse of Julie, this amazing woman, this friend in life and teacher in death, awakened in joy. While

I grieved her loss, I also felt something more: The death of her body was liberation for her soul. No more pain, no more hurt, no more missing home. Julie died so that she could live free. Through tears I smiled, and between sobs I laughed.

*Julie wasn’t lost.
Julie had found her way home.*

As Julie’s sweet soul was delivered into the light, something birthed in me that evening. I determined to disarm my heart and cleanse my mind from any preconceived notions about suicide. I decided to immerse myself, a willing student and apt pupil, into the twilight class held between life and death. I dared listen to Julie’s wisdom and heed her advice: Don’t judge. Love.

I dedicate this book to Julie—not because of her tragic end, but because she showed me a new beginning. 



Steffany Barton, RN, is a medium, Reiki healer, and speaker. She works passionately to connect those

in the spirit world with loved ones on the physical plane. Her religion is kindness, and she practices love. www.steffanybarton.com

| ADVERTISEMENT |

Coma Communication

**FOLLOWING & CHERISHING
THE SPIRIT IN DEMENTIA
DELIRIUM • COMA • END OF LIFE**



*Someone is always home...
Communication is always possible...*

**CONSULTATION & TRAINING
FOR FAMILY, VOLUNTEER +
PROFESSIONAL CAREGIVERS
~ 25 YEARS EXPERIENCE ~**

**Ann Jacob, B.Ed
Stan Tomandl, MA, PWD**

**250.383.5677
comacommunication.com
phone | Skype | in person**

The Suicidal Trance

by Richard Heckler

Richard A. Heckler, PhD, is the author of an illuminating study of people who survive suicide attempts. In his book, *Waking Up, Alive*, he describes the descent to suicide. The following passages are excerpts from his book, reprinted here with his permission.

“As these stories unfold, we can identify critical components of the decline toward suicide. The stages of the descent are these: Pain and suffering remain unaddressed. ...The person then withdraws behind a façade designed to protect himself or herself from further hurt and to cloak the suffering underneath. However, the façade only intensifies the slide toward a suicidal trance. Ultimately the trance narrows the person’s perspective until the only inner voices that can be heard are those that enjoin him or her to die.

“... Early in the withdrawal phase, people still make some effort to stay in touch with the world and hope for at least some promise of better things. But when hope finally dies, people no longer see or hear anything outside their own minds—the tight spiral of thought that tells them to die. While this shift may occur just moments before a suicide attempt, it can be months or years in the making. A colleague of mine from Louisiana, an experienced therapist for many years, contemplated suicide for over a decade. She described this mental state as ‘an almost totally separate reality, in which your world may not look or feel so limited and painful to anyone else, but it does to you. You enter a very powerful trance.’

“During the latter stages of the descent, people lose faith that their predicament will ever change. Their strength is depleted and they are deeply stressed. Some people are never able to leave their chronically destructive surroundings. In other cases, there is just no one able or willing to push past their façades. In yet

other instances, people are no longer able to recognize support when it is, in fact, available.

“... The trance is a state of mind and body that receives only the kind of input that reinforces the pain and corroborates the person’s conviction that the only way out is through death. The trance marks the moment at which the world becomes devoid of all possibilities except one: suicide.

“... Despite differences in detail, everyone who attempts suicide enters the suicidal trance.

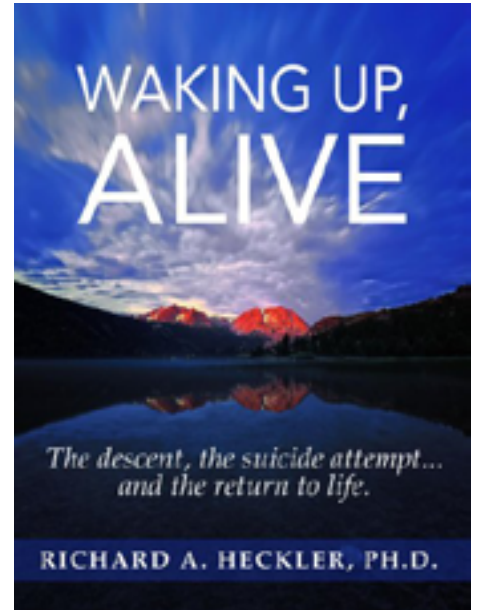
“Suicidal trances can be identified by certain common characteristics.

“They appear extremely logical, with a premise and a rational series of arguments that encourage suicide as a reasonable response to pain. These arguments are powerful, especially when created by someone who has become emotionally deadened—whose reservoirs of faith, trust, and hope have run dry.

“Suicidal trances appear as resignation, in which a person stops caring at all about the state of his or her life. They are frustrating and frightening to family and friends; it seems as if there is no force strong enough to persuade the person to act on his or her own behalf.

“Suicidal trances ‘beckon.’ As the trance intensifies, it becomes more insistent that the person finally complete the act. These urgings most often take the form of voices entreating him or her to take the final step, or of images presenting a picture of the final act.

“Finally, this type of trance includes a particular vision of the future: an illusion of eternity in which the future is projected as an endless repetition of the present pain and disappointment, never-ending and hopeless.”



Richard A. Heckler, PhD, is the director of the Hakomi Institute of San Francisco, and a trainer for the Institute throughout the US. He is an Associate Professor of Counseling Psychology at JFK University (Orinda, CA) and is on faculty at CIIS (San Francisco) and the Union Graduate School. Richard is the author of Waking Up, Alive and Crossings: A New Psychology of the Unexpected.

A Karmic Act

by Andrew Holecek

The suicide of a loved one is one of the most painful events imaginable.¹ Even if we believe in reincarnation, the traditional Tibetan view concerning suicide doesn't comfort those left behind.² It's mainly in Pure Land Buddhism, especially the Japanese schools, that the Tibetan stance is softened. This is probably due to the theistic view of exoteric Pure Land doctrine. In this view, it's okay to leave a hellish experience on earth if we're heading to a heavenly Pure Land. This is another example of how one's view of the afterlife influences the actions we take during life—including the conscious termination of it.

Carl Becker, speaking in terms of the Japanese schools, writes:

There is nothing intrinsically wrong with taking one's own life, if not done in hate, anger, or fear. Equanimity or preparedness of mind is the main issue. The important consideration here is not whether the body lives or dies, but whether the mind can remain at peace and in harmony with itself. ...[T]he early Buddhist texts include many cases of suicide that the Buddha himself accepted or condoned.... suicide is never condemned per se; it is the state of mind which determines the rightness or wrongness of the suicide situation.

Matthieu Ricard, speaking on behalf of the Tibetan approach, offers this different view:

By committing suicide, you destroy the possibility you have, in this life, of realizing the potential for transformation that you have within you. You succumb to an intense attack of discouragement, which, as we've seen, is a weakness, a form of laziness. By saying to yourself, "What's the point in living?" you deprive yourself of the inner transformation that would have been possible. To overcome an obstacle is to transform it into an aid to your progress. People who've overcome a major trial in their lives often draw from

it a teaching and a powerful inspiration on the spiritual path. Suicide solves nothing at all, it only shifts the problem to another state of consciousness.

Scholar Damien Keown adds, "A person who opts for death believing it to be a solution to suffering has fundamentally misunderstood the First Noble Truth. The First Noble Truth teaches that death is the problem, not the solution... What is significant is that through the affirmation of death he has, in his heart, embraced Mara"³

To reconcile disparate teachings, and to address questions about the karmic implications of suicide, it helps to understand the four aspects of a fully established karma. What is a karmic action made of? How are the consequences of an act established? Even though the topic of karma has entered the public domain, it is perhaps the most complex topic in Buddhism. Only a fully enlightened Buddha can understand karma. We will limit our discussion to how karma can help us relate to suicide. Understanding the aspects of a fully constituted karma also helps us relate to any action and its karmic implications. What is it that packs the karmic punch? How can I soften the blow?

In order for an action to have complete karmic repercussions, four components must be fully present. The first is the object, or target, of the action. If we take the extreme example of killing, the object would be the thing we're planning to kill. If the object is really clear—be it an insect, an animal, or a person—the first component is complete and the karmic impact is loaded.

The second component is our motivation, which is the most important. If we want to kill something out of malice, then that aspect of karma is clear and complete. If we kill with the intent to feed our starving family or ourselves, or to save other sentient

beings, then the karma is softened. Because motivation is so critical, it is helpful, revealing, and tempering, to ask yourself before you do anything: what's my motivation? Why am I really doing this? This reality check can save you lots of trouble—and future lives.

The third constituent is the act itself. This is the clearest aspect. We either do it or we don't. Unlike the other three, this aspect is usually black or white, yes or no. We either step on the bug or not.

The fourth constituent is having no regret or rejoicing in the act. We look back upon what we did without remorse. If we're glad we stepped on the spider, we're in karmic trouble. But if we feel deep regret, and vow not to repeat such an act, we have lightened the karmic debt.

If each of these four constituents is complete, then the karma around the act is heavy. If we want to kill something out of anger, the thing we want to kill is clear, and we celebrate the act of killing, then karma is fully loaded.

If we take these four aspects and apply them to suicide, or euthanasia, we can better understand the reality of such acts. If we want to kill ourselves, the first constituent is often unclear. Are we really trying to kill ourselves, or simply trying to kill the pain? Most suicide victims are terribly confused, and therefore the target of the act is not clear. The first constituent isn't complete, and the karmic implications aren't as heavy.⁴

The second aspect, our motivation, is also not clear. The motivation of most suicide victims is to remove suffering, which isn't a bad motivation. Sometimes people kill themselves to hurt others. In this case the second constituent would be complete, and the karma correspondingly heavier. But a fuzzy intention softens the karmic impact.

Many suicide victims, because of the intensity of their suffering, simply don't know what they're doing. It's almost as if they're drugged or stunned by the intensity of their pain. If you've ever been shocked with overwhelming bad news, or immense trauma, you know the bewilderment that accompanies such a blow. You just can't think clearly.

The third constituent, the act of suicide, is complete. We either kill ourselves or we don't. There's nothing fuzzy here. This is where the karmic repercussions mostly arise. The fourth constituent, having no regret, or even rejoicing, is completely absent. There's nobody to rejoice in the act. Our action has cut off the last component.

Of the four aspects of a fully constituted karma, only the third is clear and complete. Two of the other three are hazy and incomplete, and the fourth doesn't exist. Does this mean it's therefore okay to commit suicide? No, the Tibetan tradition is clear on this. Understanding these four components is to comfort those left behind, not to instill a justification for suicide. There's a reason why the tradition speaks of dreadful karmic consequences. We should heed these warnings.

There are extraordinary stories of lamas in Tibet being led to execution by the Chinese. Some of these lamas would eject their consciousness (*phowa*) before the execution, an act that would normally be considered suicide. Some masters have said that these lamas were doing *phowa* as a way to prevent their executioners from accruing the enormous negative karma of murder. In these exceptional cases, which only high lamas are even capable of performing, "suicide" is the best karmic act.⁵ For the rest of us, no matter how we try to rationalize it, suicide is a negative act. Unless you are a realized being, whose every breath is taken to benefit others, you cannot kill yourself in a positive state of mind.

Buddhism cannot put the fear of God into us because it's a non-theistic tradition. There is no creator principle, no God in Buddhism, and therefore no one to judge our actions.⁶ But Buddhism



can put the fear of karma into us. This is wholesome fear, the recognition of the karmic implications of our actions.⁷

Suicide is a serious karmic act. But for those left behind, understanding the four aspects of a fully constituted karma can soften the pain, and shed some light on a very dark event.

NOTES:

[1] About 2300 suicides occur every day (18.4 suicides per 100,000 people). Suicide is often in the top ten causes of death. Michelle Linn-Gust, president of the American Association of Suicidology, offers this word of advice: "When someone dies like that, all anyone can think about is how the person died. Let go of how that person died and remember how they were in life. A life shouldn't be defined by a suicide." In other words, don't reify the event, making it the defining moment of a person's life.

Parents Surviving Suicide, a support group, recommends the following books.

I list all these books to show that suicide survivors are not alone: *My Son ... My Son ...* by Iris Bolton; *Touched by Suicide: Hope and Healing After Loss* by Michael F. Myers and Carle Fine; *Life After Suicide: A Ray of Hope for Those Left Behind* by E. Betsy Ross; *Night Falls Fast*, by Kay Redfield Jamison; *Why Suicide?* by Eric Marcus; *Do They Have Bad Days in Heaven?* by Michelle Linn-Gust; *Survivors of Suicide* by Rita Robinson; *When Nothing Matters Anymore: A Survival Guide for Depressed Teens* by Bev Cobain; *Healing After the Suicide of a Loved One* by Ann Smolin and John Guinan; *Suicide: The Forever Decision* by Paul Quinnett; *No Time to Say Goodbye* by Carla Fine; *After Suicide Loss: Coping With Your Grief* by Bob Baugher; *Recovering From Your Child's Suicide* by Mort Schrag; *The Power to Prevent Suicide* by Richard E. Nelson and Judith C. Galas; *The Silent Cry: Teen Suicide and Self-Destructive Behaviors* by Joan Esherick.

[2] Khenpo Karthar Rinpoche says that a person who commits suicide will spend all the time they would have naturally lived (had they not committed suicide)

in the bardo, and that during this time they will re-experience their suicide 500 times each day. His Holiness Khyentse Rinpoche says: “When a person commits suicide, the consciousness has no choice but to follow its negative karma, and it may well happen that a harmful spirit will seize and possess its life force. In the case of suicide, a powerful master must perform special kinds of practices, such as fire ceremonies and other rituals, in order to free the dead person’s consciousness.” See the sections on the practice of *dur* that deals with these harmful spirits.

Bokar Rinpoche said: “Buddha said that suicide is an extremely negative act ...it is said that committing suicide is far more serious than killing another person. Committing suicide means killing the deities that are the essence of our body. That which motivates a person to commit suicide, and consequently to kill his or her own deities, is karmically more serious than the motivation leading to killing someone else.”

Question (to Bokar Rinpoche): “Is it not said that a person who commits suicide will do it again five hundred times in future lives?”

Answer: “Yes, that is correct, and yet this does not happen systematically.”

Lama Lodo says: “It is impossible for beings to kill themselves while in a positive state of mind. This is a contradiction in terms.... Buddhas never kill themselves.” Karma Lekshe Tsomo says, “To die with a bad conscience is karmically lethal.”

[3] See “Buddhism and Suicide—the Case of Channa,” by Damien Keown, *Journal of Buddhist Ethics*, Volume 3, 1996. This article is notable for its many references on the topic. Recall that *mrtyu-mara* (The Lord of Death) is the second of the four *maras*.

[4] It is beyond our scope to explore the complex reasons why people commit suicide. A close study would suggest it is largely because of a highly inappropriate relationship to the contents of one’s mind. The heart of inappropriate relationship is taking thoughts and

emotions to be truly existent. In other words, reification is the root problem. If you take your thoughts and emotions to be real, you will act upon that imputed reality.

But look closely at your mind, which is what meditation invites, and you will discover the empty nature of whatever arises within it. You will no longer be so affected by thought and emotion. Meditation teaches you to relate *to* your mind instead of *from* it, as Stephen Levine put it. This simple maxim has enormous implications for relieving suffering and ending karma. It summarizes the fundamental difference between samsara and nirvana. This is the essence of enlightenment. (This is also a reason why people drink or take drugs—to alter (soften) the relationship to the contents of their mind.)

Dilgo Khyentse Rinpoche says, “Once you have the View, although the delusory perceptions of samsara may arise in your mind, you will be like the sky; when a rainbow appears in front of it, it’s not particularly flattered, and when the clouds appear it’s not particularly disappointed either. There is a deep sense of contentment. You chuckle from inside as you see the facade of samsara and nirvana; the View will keep you constantly amused, with a little inner smile bubbling away all the time.”

Patrul Rinpoche says, “The practitioner of self-liberation is like an ordinary person as far as the way in which the thoughts of pleasure and pain, hope and fear, manifest themselves as creative energy. However, the ordinary person, taking these really seriously and judging them as acceptable or rejecting them, continues to get caught up in situations and becomes conditioned by attachment and aversion. Not doing this, a practitioner, when such thoughts arise, experiences freedom: initially, by recognizing the thought for what it is, it is freed...”

Longchenpa says, “[F]reeing or liberating thought does not mean ignoring, letting go of, being indifferent to, observing, or even not having thoughts. It means being present in hope and fear, pain

and pleasure, not as objects before us, but as the radiant clarity of our natural state. Thus anger, for example, when experienced dualistically, is an irritation which we may indulge in or reject, depending on our conditioning. Either way we are caught up in it and act out of it. But when aware of anger as a manifestation of clarity, its energy is a very fresh awareness of the particulars of the situation. However, these particulars are no longer irritating.”

[5] See Tsomo, *Into the Jaws of Yama, Lord of Death*, p. 139 for other instances of religious suicide (the self-immolation of Vietnamese monks in protest of the war), and related issues.

[6] According to the teachings on emptiness, there are no “things” in reality. Because there is no-thing to be created, there is no need for a creator of these things.

[7] The teaching on the *trishiksha*, or three trainings, empowers the value of good karma. These three trainings are *shila* (discipline, morality, conduct, character), *samadhi* (meditative absorption, stability) and *prajna* (insight, wisdom). Each training builds on its predecessor. So without the ground of good actions, meditative stability and then wisdom, will not arise. Without these trainings, enlightenment is not possible. Morality, ethics, and good conduct (karma) are the basis out of which the entire path evolves. 🌐



Andrew Holecek is an author and Buddhist spiritual teacher who presents from a contemporary perspective, blending the ancient wisdom of the East with

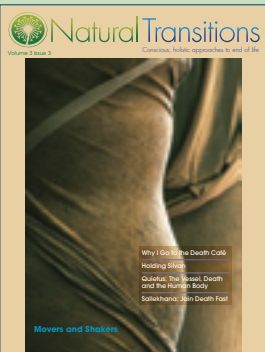
modern knowledge from the West. He teaches on the opportunities that exist in obstacles, helping people with hardship and pain, death and dying, and problems in meditation. He is an expert on lucid dreaming and the Tibetan yogas of sleep and dream. Find out more about his work at www.andrewholecek.com

CCALS

COMPASSIONATE CARE ALS

LEADING A NEW VISION IN ALS CARE SINCE 1998

WWW.CCALS.ORG



REACH YOUR KIND OF PEOPLE

Tell our readers about your green, holistic products & services, and events through AFFORDABLE ADVERTISING in and, at the same time, help to keep the magazine going and support the non-profit's work.

Natural Transitions
MAGAZINE

AD SIZES (WxH)	1x	2x	AD SIZES (WxH)	1x	2x	AD SIZES (WxH)	1x	2x
ONE quarter column 2 ³ / ₈ " x 2 ¹ / ₄ "	\$40	\$60	THREE quarter-cols 7 ¹ / ₂ " x 2 ¹ / ₄ "	\$60	\$95	Inside front cover	\$205	\$335
One half column 2 ³ / ₈ " x 4 ⁷ / ₈ "	\$55	\$85	Three half-columns 7 ¹ / ₂ " x 4 ⁷ / ₈ "	\$100	\$180	Inside back cover	\$190	\$320
One full column 2 ³ / ₈ " x 10"	\$75	\$120	FULL page - no bleed 7 ¹ / ₂ " x 10"	\$170	\$285	Back cover	\$250	\$410
TWO quarter-cols 5" x 2 ¹ / ₄ "	\$55	\$85	Full page - bleed 8 ¹ / ₂ " x 11" (trim size 8 ¹ / ₄ " x 10 ³ / ₄ ")	\$180	\$300			
Two half-columns 5" x 4 ⁷ / ₈ "	\$75	\$120						
Two full-columns 5" x 10"	\$125	\$215						

mag@naturaltransitions.org
720-432-2296

Living into Dying: Suicide

by Nancy Poer

One of the most poignant and difficult issues in human life is suicide. The reverberating pain that can echo from this deed is one of the most monumental sufferings in human existence. This can be the experience of those who are left, as well as for the one who has died. We can have empathy with someone facing a seemingly impossible situation. No one in good conscience can advocate impossible suffering. But the ending of life through euthanasia or suicide is clouded with problems.

The whole realm of suicide is a gray area. What is a true suicide? Often we don't know the inner soul condition of the one who has died. Was the individual "out of him- or herself"? Was the person "beside him- or herself?" The very language tells us that the spirit, the higher self, may not have been in command of their actions. Certainly disorientation through drugs and alcohol is a common component in suicides. We can understand someone driven to despair through depression, pain, or blindly following others (i.e., epidemics of adolescent suicide). Therefore, we can aid those who have died in this way by holding them with the most positive thoughts possible, including the benefit of a doubt regarding their decisions.

The tragedy of suicide is the belief that it will end all the problems and pain. This is the materialistic view, that we cease to exist, we "get out." But this is far from the spiritual reality. You can kill the body, but you can't kill the soul and spirit. That is just the point! Soul and spirit go on. But how? The soul that continues beyond death still holds all the untransformed passions, addictions, sufferings, instincts, urges, hopes, ideals, and desires that it had in earthly life. With the elimination of the body, there is no possible way to satisfy those urges and passions, or to transform them. The soul is tormented with desires that cannot be fulfilled, for there is no body to fulfill them. A "purification" is

needed. This is spoken of in all religious traditions. The experience of the soul through this intense process will take time.

Interestingly enough, the one who commits suicide is often more attached to the body than others, and wanting more from life than they feel they are receiving. They are often caught up inside the walls of their own negative perceptions of life. The threat to the physical body of disease, pain, or age (such as in the case of Ernest Hemingway) can hardly be tolerated. Yet in taking their life, they find they have eliminated a part of their being to which they were actually deeply attached and then must make an enormous adjustment on the other side. For this reason, it may be helpful if the body of a person who has committed suicide not be cremated. In a natural death, the body has been preparing for the separation of body, soul, and spirit. With suicide, this preparation has not taken place. The person is suddenly thrown into another existence. It helps to have the body remain longer as a point of reference on the earthly plane as the individual adjusts to a new existence.

The person committing suicide has rejected the gift of life and entered the spiritual realm prematurely, out of season. The desolation of being in limbo for a time can be one of great loneliness. In reports of near-death experiences, often those who attempted suicide and returned to life have not had the uplifting, light-filled meetings that are reported by the majority of those with near-death experiences. Some have reported great darkness and lower beings, and most will never try it again. It is a view held by many who hold reincarnation as a world-view that only once in all lifetimes might an individual seek this type of death. Many who have tried suicide out of despair and been brought back to life can, through this

threshold experience, find new resolves and a deeper meaning for living.

Everyone has known someone who has made a choice for suicide. In modern life, it can seem at times that it is not worth going on living. But we have opportunities for transformation here on earth as in no place else in the universe. So the situation of suicide calls for the greatest love, compassion, and forgiveness that we can summon. Life will go on here and beyond. It is good to hold that person as objectively and clearly as possible, so the restless soul of the suicide does not impact our lives unduly. We need to give unconditional warmth and support to ourselves as well as to those who have died by suicide. We could not alter their choices and need to release them to their journey of learning. The raising of Lazarus is a helpful Gospel reading for a soul who has died this way, as well as all books and prayers of a spiritual nature. Ultimately, when the lessons are learned, they will move on to another realm of existence. They are cared for by loving spiritual helpers. Though at first so blinded with loneliness that they cannot perceive such loving help, eventually they will realize the goodness in the universe and can once again make a heartfelt choice for life. 🌍



Nancy Jewel Poer, lecturer, author, and artist, is producer of an award-winning documentary on conscious dying, The Most Excellent Dying of Theodore Jack

Heckelman, and the classic book, Living into Dying: Spiritual and Practical Deathcare for Family and Community. She has also written a children's book, The Tear: A Story of Transformation and Hope When a Loved One Dies. Find out more at www.nancyjewelpoer.com.

The Face of the Divine

by Karen Wyatt

Excerpt from her book, *What Really Matters: 7 Lessons for Living from the Stories of the Dying*

When I first learned that Andy was being admitted to our hospice service, I placed a phone call to a medical school classmate of mine who was by then a cancer specialist. Andy's diagnosis of advanced squamous cell carcinoma of the face was a condition I had never seen before, and I wanted some expert advice before I went to visit him for the first time. My friend told me that this is a disease that is often brought on by years of smoking, alcohol abuse, neglect, and self-loathing. Warning me that he has found these patients to be the most difficult to care for in his practice, he described the insurmountable issues they experience: severe pain, isolation, and low self-esteem due to the disfigurement of the face caused by the spreading cancer. Before we hung up he added, "About twenty-five percent of these patients take their own lives during the course of treatment, so be prepared for that."

All of my fears were confirmed by that phone call. I was going to be taking on a huge challenge with Andy as a patient and I wasn't sure I had enough experience or confidence to be his doctor. In addition, I was still healing from my father's suicide and wondered if I could withstand the potential of losing a patient to this same fate. However, I had to acknowledge that this is what had unfolded for Andy, our staff, and for me. For some reason we were being brought together and I needed to be open and ready for all possibilities.

As I stood on Andy's front step, knocking on his door for the first of many visits, I noticed an odd combination of decorations visible on the outside of the house. There were Christmas lights hanging from the eaves and a cardboard Halloween jack-o'-lantern in the window. This was notable for the fact that it was the month of May and tulips were blooming in a planter near the steps. But this confusing array was not really surprising, for time, seasons, and

holidays are often awry in a home where someone is dying. I could surmise that Andy's condition had taken a turn for the worse sometime around the previous November, exhausting his energy and interest in tending to superficial things such as holiday decorations.

I swallowed my fears and entered the house as Andy called out to me that the door was open. It took a moment for my eyes to adjust to the darkness inside the living room where the window shades had been pulled tightly closed. When I could see more clearly, I found Andy sitting in a rocking chair near the door with an unfolded square of four-inch gauze carefully taped over the left side of his face. He greeted me warmly and offered a handshake, apologizing for the darkness that was necessary because the cancer had invaded his eyes and caused light to be excruciatingly painful for him. As I gathered myself and found a seat on the couch facing Andy, I noticed that the TV set was tuned to CNN with the volume at a low murmur.

My mind was racing, trying to decide what questions to ask and how to begin, when Andy spoke first, "So tell me about your work with hospice—how did you get interested in it? What do you like best about this type of medicine?" Just like that, Andy and I were chatting away as if we were two old friends discussing life, our children, and the presidential election that was coming up in the fall.

Suddenly I recognized that I felt completely comfortable and at home sitting here with a man whom I had expected to be my most difficult patient. Andy had completely disarmed me with his pleasant and outgoing nature and his concern for my comfort and wellbeing rather than his own. I learned that he was divorced and had two pre-adolescent children who lived with their mother but stayed with him two nights a week. He was an adoring and proud father, directing me to a bulletin board

in the kitchen where I could see pictures of the children, their artwork, and special notes they had written to him. I was moved by his deep and visible love for his offspring and imagined the gentle and supportive care he must provide to them.

Returning to the living room, I realized that Andy and I had not yet discussed his medical condition: the cancer that had ravaged his appearance. It had destroyed his nose, left cheek, and part of his mouth, leaving him with a gaping hole in the middle of his face. Somehow, I thought, Andy had purposely directed the conversation to other, easier topics until we both felt safe with one another and could handle the discomfort of this subject. In a straightforward manner, Andy told me the history of his cancer, the failed surgeries and treatments, and the eventual realization that nothing was going to stop the progression of this deadly disease. He had lost the ability to chew and was limited to a liquid diet, though swallowing even a milkshake was becoming difficult. His cancer doctors expected him to live only four to six months, but he was determined, despite the pain and horror of his disfigurement, to live as many days as he could manage. Seeing his children grow and providing them with as much love as possible was the motivation for his every action and the justification for carrying on despite his suffering.

I was stunned by Andy's selflessness and calm determination. There was not a trace of bitterness in his heart as he coped with his devastating condition and painstakingly cleaned his wound in front of the mirror every day, struggled to take in enough liquid calories to keep from wasting away, and balanced his pain medications to remain totally lucid and alert for his children. In his presence that day, I felt I had encountered a rare individual, a spiritual master of sorts who devoted his entire existence to the good of others. However, I would

eventually learn that the previous decades of Andy's life had been quite a different story.

By his description, Andy had been an angry, self-destructive man in his earlier years, drinking too much, too often, and ignoring his general health. His out-of-control behavior had led to the demise of his marriage while his children were still very young. Deep inside, he despised himself and his life and cared little about anything or anyone. But sometime after being diagnosed with cancer, everything changed. As his face became increasingly disfigured, he spent more and more time alone, eventually holing up inside his house and never going out in public. With hour after hour of time available to him for contemplation, he was forced to look at himself and life in general. Watching the news on CNN became one of his favorite pastimes, and as he took in the stories of tragedies and struggles around the world, something inside of him began to shift. He saw himself as part of a larger picture, a piece of the puzzle of life. He recognized that suffering of one form or another came to every person, of every race and ethnicity, in every part of the world. His tragedy was just a fraction of the tragedy of the whole planet. But at the same time, he witnessed all the beautiful ways in which suffering was overcome by people helping one another, reaching out and sharing from whatever portion they had been given in order to enrich others. Over time, Andy had been profoundly changed by both his own suffering and his immersion in the suffering of the planet. He awakened from those years of contemplation with the knowledge that giving his love to his children—for however many days he could hang on—was the only thing that really mattered for his life.

Andy managed to keep himself alive for another year after becoming our patient, and I had the privilege of visiting him on many occasions. Always ready to discuss current events, such as the recent crash of an airliner in the East, or the then-current conflict in Africa, or the competition for gold medals in the Olympics, Andy enabled me to see both the tragic and glorious moments

of our existence through his eyes that were sharpened and enlightened by suffering. Each time we met, I marveled at his equanimity, his total acceptance of his life circumstances. Though he fought with every breath to remain alive, he was fully at peace with the knowledge that death could come at any moment. He never questioned why he had this disease but understood that this is just the path his life had taken. His ability to surrender to the events of life as they unfolded created an aura of calm wisdom and clarity about him that was profoundly tangible to those in his presence. Andy was my teacher and guide during that year as I learned about suffering, purpose, paradise, and surrender through his life and death.

One day near the end of Andy's life, I helped him change the gauze that covered the wound on his face since his arms and hands were now too weak to perform that task. As I cleaned away some drainage and dead skin from the

side of his face he said, "I'm so sorry that you have to look at my ugliness."

Bursting into tears, I hugged him as I cried, "Oh, my God, Andy. You are the most beautiful person I've ever seen."

He whispered, "Thank you," as tears silently trickled down his right cheek.

In the end, I recognized that Andy, in his simple and straightforward manner, had allowed me to look at myself in the mirror, to have the courage to behold my own ugliness. And he had taught me how to live with my wounded and damaged parts, slowly incorporating them into my awareness, gradually increasing my compassion toward myself and letting go of my expectations for my life. In Andy's face I could see the truth that life, no matter how it unfolds, is perfect in its own mysterious and fascinating way, and being awake enough to witness that unfolding is all that really matters. 🌐

|ADVERTISEMENT|

"A film that raises the consciousness of a nation."
Kandyce Powell
Chair,
National Veterans'
Advisory Board

1 in 4 of the people who die in the US is a veteran.

How do you care for vets with PTSD?

www.goinpeacefilm.org

Death Salons: Where Dying Is Always in Style

by Mary Reilly-McNellan

Death. It is the monster under the bed that terrifies, yet fascinates us. It permeates our news, novels, and nightmares. We don't like to talk about it, and yet we can't seem to get enough of it. The Grim Reaper has been so banished from our collective consciousness that we rarely permit this unwanted intruder in our homes, opting instead to spend billions of dollars annually to have our loved ones' remains incinerated, or pumped full of toxic fluids and buried in unnecessary, resource-wasting containers. There's no getting around it: Death is still not considered a fit topic for cocktail party discussion, in spite of its overarching presence.

When embalming made its American debut during the Civil War in the 1860s, the process was touted as an innovative way to temporarily keep decomposition at bay so the dead might be transported home for proper burial. Instead of family and friends, professional undertakers began handling all arrangements: from cleaning the body, to digging the grave, to closing the coffin. Once death care was taken out of the home and commercialized, the industry mushroomed and became the multi-billion dollar business that exists today. Squeamish about the various natural processes that accompany death? No problem. A funeral professional will be happy to whisk away all audible, visible, and olfactory evidence of your loved one's demise. In a few days, you will be invited to view a refurbished version of your dear one that has been emptied of fluids, pumped, plumped, and prettied. And you will no doubt find comfort in the fact that he/she received the best send-off you could afford, all while keeping you at a safe distance from the distasteful realities of death.

And yet, we are grieving longer and harder, and we continue to live our lives

as though death will never reach out and touch us.

Thankfully, the times they are a-changing, and death seems to finally be making its way out from the dank darkness and into the light of day. One group that is working hard to reintroduce this hushed topic back into the mainstream is the Order of the Good Death (OOTGD), headed up by founder and Los Angeles mortician, Caitlin Doughty. Named for a Brazilian order of Catholic nuns committed to providing proper funerals for the deceased, the Order began in 2011 as a group of funeral industry professionals, academics, and artists, all hoping to reassure our culture that death is a perfectly respectable—and even engaging—topic for conversation and study. By 2013, Doughty and University of Southern California medical librarian, Megan Rosenbloom, had cofounded the “Death Salon” (DS), an event branch of the Order that encourages larger conversations on mortality, mourning, and their resonating effects on our culture and history. Following in the tradition of the eighteenth century *salon*, in which Europeans met socially to discuss myriad topics, annual DS gatherings seek to “bring death acceptance to the masses” by offering a collegial venue for members to creatively honor their inner cadaver. Conferences, public events, and online community participation all serve to increase discussion of this often taboo subject, and self-described death geeks attend DS to stare down their own mortality and its associated anxieties. Salons range from historical and medical discussions to musical performances—all sharing the common denominator of death.

Doughty and Rosenbloom note that the goal of DS is to encourage people to talk about death in healthy, smart, and creative ways. The Order's first Salon was a weekend event held in

Los Angeles in 2013, featuring formal lectures, musical performances, readings, and aptly themed foods. It was a way to bring together people who don't mind talking about death and dying, and all topics and points of view were welcome. Subsequent Salons were held in London, San Francisco, Los Angeles (again), Philadelphia, and Houston, and future ones are planned in 2017 and 2018 in Seattle and Boston, respectively. Rosenbloom wants to eventually publish a book of essay versions of the best DS talks over the years, but mostly hopes to keep exploring new topics and voices, while keeping the Salon events themselves “feeling personal.”

When asked to cite some memorable and impactful DS presentations, Rosenbloom said, “That's a really tough call, but I think the ones where people mixed powerful personal experiences with a greater cultural or historical context are the ones that really resonate for a long time. [The Order's executive director] Sarah Troop's talk called ‘Los Angelitos: The Rituals and Art of Child Death in Mexico’ gave a great historical/cultural background of her culture's practices and how she turned to them in her time of loss. There wasn't a dry eye in the house.”


Rosenbloom doesn't think that it's morbid to face one's mortality; rather, it is practical, thoughtful, and can help us to live fuller, richer lives. And she sees our culture moving—slowly but surely—towards death acceptance. “I think the ‘death positive’ movement [in which people are open to exploring their thoughts, feelings, and fears about mortality] wouldn't be able to exist if people weren't starting to see that death denial is a real problem that can have real effects on people's lives and their experiences surrounding death,” she says. “There are so many people advocating for death acceptance in so many realms now, and their messages

are being heard and seen as important and beneficial more than ever before. That said, whenever there is a cultural shift towards something, there will always be groups that fight against it. The trans-humanists, for instance, advocate for finding a technological solution to immortality, a notion I find absurd and psychologically damaging. I don't expect death denial to disappear overnight, but I do think we're moving in the right direction as a society in this arena."

Death Salons are one more course in the smorgasbord of available end-of-life social franchises—like Death Cafes, "Death Over Dinner," and The Conversation Project—all intended to bring people together to stimulate discussion and planning about what is still a fairly off-color subject for

most. It should be noted, too, that the gatherings are not intended to replace grief counseling, but rather to offer an opportunity to gracefully and knowledgeably make peace with the idea of our eventual demise.

"For most people, death will always be scary," says Rosenbloom. "But I think what the [Death Salon] movement does is provide safe spaces for people to engage with this scary topic so they can face it and make important decisions that will make things better for themselves and their families instead of denying the inevitable."

Perhaps we would all benefit from a visit to the Death Salon—it may even recolor how we look at dying. 

For more information, please visit www.deathsalon.org.



Mary Reilly-McNellan has been a volunteer editorial assistant with NTM for the past four years. Her interest in environmental conservation has led to a new-found passion for promoting green burial, and she is currently working with a local team of volunteers to bring this sustainable tradition to Boulder.

|ADVERTISEMENT|

GREEN BURIAL COUNCIL



bringing meaning and sustainability to the end of life
through public education efforts and certification of
green burial cemeteries, providers, and manufacturers
888-966-3330

2016 – A Breakthrough Year

from Kate Kalanick, GBC Executive Director
and Ed Bixby, GBC Board President



2016 has been a busy year for the Green Burial Council (GBC) and the natural burial movement. Forming new partnerships within the funeral industry—with the National Funeral Directors Association; the International Cemetery, Cremation and Funeral Association; and the National Home Funeral Association—has given the GBC critical leverage to create the right public educational opportunities. The increased acceptance by the members of these conventional deathcare industry organizations has improved the viability of this third burial option. The industry's embrace has also allowed new partnerships to form with groups like the Funeral Consumers' Alliance, which has worked to promote better public understanding of the funeral industry's role in the natural burial movement.

The raised visibility of the GBC through our speaking engagements with these various groups has expanded our opportunities in the public arena. In 2017 the GBC will have a platform at the Green Festival Expo, the largest and longest-running sustainability and green living event in the US. We will be presenting in Los Angeles, San Francisco, New York, and Washington, DC. One thing we have seen consistently across the US is that the public is ready for the deathcare sector to change. People want options and are concerned about how deathcare choices affect our planet.

This demand for choices and the desire to be more involved with deathcare is highly visible in our baby boomer population. This generation is one of consciousness and passion, driving change in many arenas, but most profoundly in the environmental sector. They have a passion for our earth. Boomers have fought for clean air, water and soil, access to and development of alternative energy, and the promotion of recycling. And now, as 80 million boomers consider their end-of-life options, there is a desire to tread as lightly out of this world as they trod while here. They want options that resonate with the way they have lived their lives, and conventional burial and cremation do not fit the bill.

This year, as never before, we saw many incredible funeral directors and cemeterians embrace green alternatives to conventional deathcare. In many ways, 2016 was a breakout year for both green burial advocates and the funeral industry itself. We expect the momentum to continue in 2017. 🌱

Seven Songs for a Long Life

Review by Mary Reilly-McNellan

Terminal illness is not usually associated with gaiety and frivolity, but then, Strathcarron Hospice in central Scotland is not your average facility. Laughter, music, and sheer exhilaration are found in abundance in the recently released documentary, *Seven Songs for a Long Life* by SDI Productions Ltd – UK. From the moment we meet Tosh O'Donnell, a delightful, fedora sporting gentleman who croons “I Left My Heart in San Francisco,” it is clear that this is no ordinary end-of-life documentary. There are tears, yes, but mostly we are elated by the music of life—and death. As filmmaker in residence, director Amy Hardie spent three years sharing the hearts and souls of patients in the day care ward of one of the country's largest free palliative care hospices. And although they were initially hesitant to speak with Hardie, the patients eventually find their voices. Oh, do they ever.

Music has always been a fundamental element of Scottish culture, so perhaps it is not surprising that Strathcarron boasts so many gifted vocalists and dancers. We are enchanted by patient Dorene as she sings, “Wouldn't It Be Lovely?” while doing physical therapy for her myeloma. Initially uncomfortable about sharing her gift of song, Dorene quickly loses her self-consciousness as the melody carries her—and the viewer—to a place that transcends the knowledge that life will be over in perhaps a day, a


week, six months, or hopefully longer. But as hospice nurse Mandy Malcomson reminds us, “They are all still living to me.” And she shares their gift of song, harmonizing with her charges as we learn the moving and deeply personal stories of a handful of Strathcarron patients.

There is Iain, a music lover and former motorcycle racer with multiple sclerosis who is determined to stay on his feet as long as possible. “I'm ill, I've got lots of problems, but I'm still alive,” he says in his lilting Scottish dialect. Another patient, Julie, methodically works on the decoupage memory box that she is creating for her family, not wanting to complete it. And we are swept away with her as she joyfully dances and roller skates with her daughter in spite of her Hodgkin's lymphoma, determined to enjoy what time she has left. “I try to hold onto time,” she says. “But each day just gets quicker and quicker.” We are enchanted by white-haired Alicia as she sings “Will You Go, Lassie?” with a twinkle in her eye, laughing as she reminisces about her late husband and former career as a midwife. “I've had a really gorgeous life,” she bubbles, in spite of her cancer.



(or perhaps because of) the knowledge that life is fleeting.

There are moments of sorrow as well. Wheelchair-bound Nicola suffers tremendously from pain and loss of independence. “She's finding strength from somewhere—I'm not sure where,” notes nurse Malcomson. Yet she and Nicola transcend her pain as they harmonize to an REM song [“Hold On”] that reminds us that everyone hurts sometimes. Nowhere is this more evident than at Strathcarron Hospice, and we become intimately entwined in the patients' struggles and challenges as they navigate the course of their illnesses. But the patients prefer to sing a different song that they share together—one of joy, love, and presence in their individual journeys. And Dorene sums it up beautifully as she shares Sting's “Fields of Gold.”

As the film's website notes, “Just as it takes a village to raise a child, it takes a community to help face your own mortality, making the process of dying itself safe, individual, and as gentle as possible.” 

For more information about this uplifting documentary, please see www.sevensongsfilm.com.



A highlight of the film is experiencing the sheer joy of the patients as they toe-tap, dance, and bop to the beat of Agnes's “Release Me” while getting their hair done and hands massaged—cheerful in spite of



Kindness

Before you know what kindness really is
you must lose things,
feel the future dissolve in a moment
like salt in a weakened broth.
What you held in your hand,
what you counted and carefully saved,
all this must go so you know
how desolate the landscape can be
between the regions of kindness.
How you ride and ride
thinking the bus will never stop,
the passengers eating maize and chicken
will stare out the window forever.
Before you learn the tender gravity of kindness,
you must travel where the Indian in a white poncho
lies dead by the side of the road.
You must see how this could be you,
how he too was someone
who journeyed through the night with plans
and the simple breath that kept him alive.
Before you know kindness as the deepest thing inside,
you must know sorrow as the other deepest thing.
You must wake up with sorrow.
You must speak to it till your voice
catches the thread of all sorrows
and you see the size of the cloth.
Then it is only kindness that makes sense anymore,
only kindness that ties your shoes
and sends you out into the day to mail letters
and purchase bread,
only kindness that raises its head
from the crowd of the world to say
it is I you have been looking for,
and then goes with you everywhere
like a shadow or a friend.

– Naomi Shihab Nye, 2016



Last Respects Consulting

**Counseling, Needs Assessments
Community Education, Referrals
Natural Deathcare Advocacy
Integral Thanatology Institute**



**Holly Blue Hawkins
PO Box 2094
Aptos CA 95001
831/588-3040**

hollyblue@LastRespectsConsulting.com

He came to Earth
just long enough to burn away
some deep, ancestral madness,
learn his big lessons, teach his big lessons
and leave a legacy in the hearts of those who knew and loved him

He came to Earth
just long enough to become something
excruciatingly perfect, in his way;
to climb upon the Leviathan of Life
and ride the great wave like a master, once;
with his lean, young, masculine body and
his tattoos and his rakish stubble of a beard

He came to Earth
just long enough to slice through our consensus reality,
Hotdogging on a snowboard to the stars...

©hollybluehawkins