



ADEC Forum:

The quarterly publication of the Association for Death Education and Counseling®

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The Thanatology Association®

May 2015

Soldiers at Sunset



By Scott Janssen, MA, MSW, LCSW

You can see the pain in Nick's face. For two weeks he's been having crippling

headaches for which the physician and hospice nurse can find no organic cause. We've gone through more than a dozen medications trying to find something to get him comfortable and nothing is working. Concurrent with the onset of the headaches are fierce nightmares the content of which Nick refuses to discuss. Both began shortly after a worsening in the symptoms of his COPD which left him weaker and in need of increased assistance with personal care. Like the rest of his hospice team, I'm wondering if the headaches are a somatic

expression of underlying anxiety or undisclosed emotional, psychological or spiritual pain. "So Nick," I ask, "if you woke up tomorrow and the headaches were gone, what do you imagine you'd be thinking about?"

"Guess I'd be thinking about the past," he presses his thumbs hard into his temples. "About things I've done."

"What kind of things?"

He buries his head in his hands. Silence stretches out for a full minute, maybe two. Slowly, I lean toward him and clear my throat so he'll know that I'm with him. I whisper, "What is it Nick?" His response is almost inaudible, "The war."

Decades ago psychiatrist Robert Butler identified a natural impulse for those at the end of life to look back, formulate

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President's Message



By Christopher Hall, BEd, MA

In May 1986, the then ADEC President, John Stephenson, writing on the 10th anniversary of the establishment of ADEC provided a developmental view of ADEC from an analogous perspective—comparing the growth and development of ADEC to that of a child. On January 21st 2016 ADEC will

celebrate the 40th anniversary of its formation. Named at its birth as *The Forum for Death Education and Counseling*, it was ten years later renamed The Association for Death Education and Counseling. The name of this publication, *ADEC Forum*, pays homage to those early beginnings. Over those 40 years much has changed both throughout the world and within ADEC.

From its early beginnings ADEC has grown into a vibrant international community characterized by the diversity of

its membership and a commitment to the interdisciplinary engagement in the field of dying, death and bereavement. With a membership of nearly 2,000 members drawn from diverse backgrounds of psychology, counseling, social work, education, research, hospice, clergy and volunteers there is no question that ADEC has grown into a healthy adult who is living fully in the world.

As a member driven organization,

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ADEC Welcomes New Editors



Brad DeFord,
PhD, MDiv

ADEC is pleased to announce the formation of its new editorial staff for *ADEC Forum*.

Editor

Brad DeFord, PhD, MDiv, has been a member of ADEC since 2010—not a long

time, in ADEC-years! But he has been attentive to ending-of-life issues since 1971–72, when he did his first quarter of Clinical Pastoral Education at Memorial Sloan-Kettering’s pediatric unit. Eventually, he achieved 8 CPE quarters, along with an MDiv (Union Theological Seminary, NYC) and an MA/PhD (the Divinity School, the University of Chicago). He served 13 years as a pastor; 10 years as a hospice chaplain and 6 years as Spiritual Caregiver Section Leader for the National Council of Hospice and Palliative Professionals (NCHPP). He is currently among the adjunct faculty of the Thanatology Program at Marian University.

Associate Editor

Ana Bendaña, BHSc, RN, is working toward her Masters in Science of Thanatology from Marian University. She is

licensed as a Registered Nurse, with a background in labor and delivery, oncology and hospice and palliative care. Currently, Ana works for a hospice organization where she works primarily with Spanish-speaking patients and families. She presented at ADEC’s 37th Annual Conference, and is honored to serve as Associate Editor of *ADEC Forum*!

Associate Editor

Regan Saoirse, BS, MDiv, is ordained in the United Church of Christ and has worked as a hospice chaplain and bereavement coordinator for more than 7 years. She has completed her second year of the PhD program in Pastoral Theology and Pastoral Care from Brite Divinity School. Regan will serve as an Associate Editor of *ADEC Forum*.



Ana Bendaña,
BHSc, RN



Regan Saoirse,
BS, MDiv

Outgoing President’s Message

By Jane V. Bissler, PhD, LPCCS, FT

As my last official duty as ADEC president, I want to thank each of you. It has been my pleasure to serve as your president during this past year. Your warm thoughts, positive regard and willingness to have open communication with me have assured me that ADEC is and will always be my professional home.

Your Board has accomplished much during this past year and has faithfully

followed the strategic action plan. You have been active participants in these endeavors and I hope you will continue to be so. ADEC’s elected Board members work hard to serve you and do so to the best of their abilities.



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ADEC’s Mission

The Association for Death Education and Counseling® is an international, professional organization dedicated to promoting excellence and recognizing diversity in death education, care of the dying, grief counseling and research in thanatology. Based on quality research, theory and practice, the association provides information, support and resources to its international, multicultural, multidisciplinary membership and to the public.

Soldiers at Sunset

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and tell, if only to one's self, the stories which have come to define that life. (Butler, 1974) He called this process "life review" and much has been written in the ensuing years validating his original insight. Helping patients tease out the meaning, significance and legacy of their lives, as well as gain perspective, acceptance or forgiveness in those places where they have struggled is something with which hospice teams can be especially helpful.

Though many patients engage this process with enthusiasm, for those who have experienced the savagery and moral confusion of war it can be difficult and painful. Like many who fought in the Second World War, Nick never spoke about what he'd seen. Veterans who did speak often sanitized their accounts, stripping away any mention of the cataclysmic violence they had witnessed, carefully packaging more palatable stories for friends and family members, leaving other stories and memories hidden but not forgotten.

Pressures to remain silent about the horrific truths of war have multiple sources. Some are internal—a desire to protect loved ones, idealized notions of masculinity, fear of judgement, appearing weak or of surfacing painful emotions, shame, distrust or a desire to "put things behind" them. Other pressures are external. Returning vets often got the message—directly and indirectly—that others were uncomfortable with such conversations and not prepared to listen. Family and friends usually avoided asking serious questions about the personal impact of the war, afraid of being invasive or upsetting their loved one. Often there was no room for honest reflection and sharing within larger cultural and social narratives about the meaning of the war.

Men of Nick's generation, for example, were lauded for having defeated fascism. They would become the "greatest generation" whose "service" won the "good war." They were encouraged to internalize this narrative, denying any intimation that many also came back carrying complicated grief, anxiety, remorse, anger, guilt and trauma.

Denying such experiences doesn't dissipate the psychic and emotional charge and it doesn't mean veterans have forgotten. As death approaches, many terminally ill veterans find themselves caught between pressures and inclinations to remain silent or minimize combat experiences on one hand, and impulses to integrate these memories into the larger fabric of their life story by sharing them with others.

Though such memories may emerge in the form of stories, for vets afraid of being misunderstood or whose life reviews are occurring internally they may be communicated indirectly in atypical gestures, momentary expressions of emotion, seemingly spontaneous reflections or a sudden interest in those old photos that have been packed away since returning from the war.

Families in which transactional and communication patterns have excluded such conversations may miss cues that a veteran wants to talk, or they may become resistant or uncertain how to respond. Hospice staff who are alert to signals that a veteran is searching for ways to share and integrate such experiences are in a unique position to serve these vets and their families.

The impulse to review one's life is certainly one factor driving some terminally ill combat veterans to begin sharing these hidden stories. Other factors include a desire to honor friends who were killed or with whom there was an especially close bond and to transmit these stories to the next generation. Some want to share pivotal moments and formative experiences. Others may want to process and heal personal or interpersonal wounds. Some may simply want to be more fully known before they die or to find empathy for their twenty-year-old self who long ago felt fear and terror, trying his or her best to do their duty and survive.

In addition, long days in a hospital bed without the distraction of familiar roles and responsibilities, and the way terminal illness can focus one's awareness on mortality, questions of meaning and forces beyond one's control may trigger memories of war. (Janssen, 2011; 2014)

Such stories may be filled with grief for friends who were killed, and even grief for the life a patient might have lived if the war had not forever altered its course. There may

be guilt about having survived when others did not. Sometimes there are troubling questions about one's identity, right versus wrong, what it all meant. (Janssen, 2012; 2013)

Such conversations can be difficult and, when laden with trauma, very complex. This is one of the reasons hospice teams include social workers and chaplains trained in clinical or pastoral counseling. Traumatic memories are not like ordinary memories. They are often fragmentary, apt to generate an intense nervous system response and may be associated with multiple unconscious triggers across a range of experiences—emotional, physiological, sensory, cognitive, behavioral and relational.

When working with combat veterans it's important to respect their right to remain silent. If we do not respect their boundaries and try to push past them we undermine trust and run the risk of overwhelming, even potentially re-traumatizing a patient. When previously undisclosed war material begins to come up, it's critical to move slowly, allowing the vet to take the material in small bits and to move away from it as often as is necessary.

Nick's head is lowered.

"There's no pressure Nick. If you don't want to answer, it's okay." I take a deep, audible breath, conveying

When hospice professionals serving combat veterans transmit messages of care, respect and acceptance they help foster a space in which pressures to remain silent are removed and in which it is safe to speak if a vet chooses to do so.

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that we can take things slowly, this is important. "When you say you'd be thinking about the war, do you mean the war generally or are you talking about something specific?"

He raises his head and without making eye contact says, "I've seen bad things. I've done bad things."

I open my hand without extending it, nonverbally inviting him to grip it if he wants the connection. Instead, he crosses his arms in front of his chest and starts rocking up and down. The rocking seems to have a soothing quality so I encourage him to feel the rocking motion, slow it down slightly and become aware of his feet on the floor. After several minutes he is visibly less anxious.

"What kind of things, Nick?"

One of the paradoxical things about being a hospice social worker inviting vets to share what has long been carried in isolation is that you sometimes hear things that, at least part of you, would rather not have heard. Inwardly dissociating, resorting to platitudes, excuse-making or changing the subject can instantly shut things down. It's important to send the message that you are prepared to listen without judging, dismissing or needing protection, no matter what they tell you. Sue Johnson calls this being prepared to "face the dragon." (Johnson, 2002)

In Nick's case the dragon which had long been tormenting him was a storm of guilt and the belief that he was a "bad person" because he had killed other human beings. At the heart of this storm was acute moral trauma—the painful impact not of what was done to him or his friends, but of what he and his friends did to others.

The potential for moral trauma is an intrinsic aspect of any war regardless of its sanction by society and whatever compelling explanatory cultural narratives are deployed in its justification. War, at its heart, involves massive killing by men and women raised in the belief that taking a human life is immoral and, in most cases, criminal.

Edward Tick contends that the kind of moral pain that Nick was experiencing "is a root cause of PTSD" in combat veterans, noting that "impossible moral dilemmas are built into the nature of warfare." (Tick, 2005) Jonathan Shay cites the innate moral tension of combat as a principle factor in "the undoing of character" and the shattering of one's sense of self and moral identity that can happen during war. (Shay, 1994)

Nick's generation which fought the Second World War and Korean Wars is almost gone. Increasingly hospices around the country are serving aging veterans of the Vietnam War. Some are patients; others are caregivers for spouses or parents. In the coming years these veterans will appear frequently on hospice caseloads.

It is imperative that hospice teams familiarize themselves with the dynamics not only of the tension between pressures toward silence and impulses toward life review and life

integration, but also with the social context in which the Vietnam War was fought and the challenges faced on the ground where the enemy was often difficult, if not impossible, to identify and in which the terms of victory were understood as a direct function of "the body count."

In the aftermath of the Vietnam War Peter Marin interviewed combat veterans and argued that a primary source of these vets' psychological, emotional and spiritual pain was the "profound moral distress arising from what they saw and sometimes did in war." (Marin, 1995) Such pain, though it can be suppressed, does not disappear simply with the passage of time. It remains, often driving beliefs or patterns of behavior which negatively affect one's life and relationships and with which one may struggle as life nears an end.

Despite the scars left in the wake of combat, it would be wrong to suggest that all vets have suppressed memories or silently struggle with undisclosed pain, trauma and grief. Many are able to draw out positive aspects of their time in the military such as close bonds forged with others, the value of duty, honor, shared commitment or a sense of having participated in something important. Some even speak of positive ways in which their lives were transformed.

But even among those for whom this is true it is often the case that as a veteran's relationship with his or her hospice team develops, there are layers of sadness and regret that emerge related to memories of war. Sometimes there are existential and ontological questions about identity, meaning, responsibility or spiritual belief.

As the end of life approaches, impulses toward life review may bring hidden memories of war to the surface. As lives are looked back on, some will search for opportunities to escape the isolation in which they've carried these memories and search for ways to share them.

When hospice professionals serving combat veterans transmit messages of care, respect and acceptance they help foster a space in which pressures to remain silent are removed and in which it is safe to speak if a vet chooses to do so. When we are prepared to listen without judging or recoiling from what we hear, we create opportunities for connection with those seeking, however tentatively or indirectly, to share from the internal archives of their hidden self, and finally speak that which has been unspoken.

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About the Author

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President's Message

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ADEC is reliant upon, and very grateful for, all its volunteers. The generosity and expertise of volunteers are the foundation of all of our successes. It is a special honor and a privilege to begin my term as president of ADEC. Our outgoing president, Jane Bissler, deserves an enormous vote of thanks—for guiding the association so ably and playing a pivotal role in the implementation of our strategic plan. I also want to express my appreciation of my board colleagues who bring their considerable skill and attention to their responsibilities as board members. Their sense of responsibility, love and respect for ADEC and all that it stands for is a palpable feature of this commitment.

Staff from the Kellen Company, our association management company, ably supports ADEC. Kellen Company is a global leader in association management, conference planning, communications, regulatory and public affairs. I am excited about the wealth of talent and professionalism that this combination of volunteers and association management staff brings to ADEC.

My last three years on the board have been an important preparation for my presidency. This has provided me with a chance to learn first-hand about many of the important activities in which ADEC is currently involved. Thanks to the work of our board and all of our committees ADEC is in very good shape.

A continuing focus for our board and my presidency will be the achievement of the goals articulated within the [ADEC Strategic Plan 2014–17](#). If you have not yet had an opportunity to read

this plan I would encourage you to do so. The plan has six key goals that address (i) the identity of ADEC (ii) conferences (iii) governance (iv) visibility (v) business development and (vi) advancement of professionals in the field. These goals can be summed up in ADEC both finding new strengths and the envisioning of a more inclusive future.

As the first non-North American President in ADEC's 40-year history one of my personal goals for the next year is to see ADEC strengthen and grow its membership more widely in the world. ADEC has much to offer thanatologists throughout the world and at the same time is enriched by enhanced international and cultural diversity. Being elected president is a special honor for me, and I will do my best to serve you, our members, during my term. Thank you for your continued support and please don't hesitate to let me know what you think will make ADEC even better. Please contact me directly with any comments or questions at c.hall@grief.org.au.

ADEC wishes to thank Tashel C. Bordere, PhD, CT, Mary Alice Varga, MEd, PhD, and Patti A. Anewalt, PhD, LPC, FT for their assistance and contributions to this issue of *ADEC Forum*.

Ambiguous Loss and Children: Implications for School Counselors



Kelly Guidry, MEd,
LPC-S

*By Kelly Guidry, MEd, LPC-S and
Chris Simpson, PhD, LPC-S*

School counselors have the unique opportunity to build relationships and touch the lives of hundreds of children, adolescents, and their respective families throughout the course of the school year. This unique opportunity allows the school counselor to experience many different life events alongside the children and adolescents in their care.



Chris Simpson, PhD,
LPC-S

These life events can be joyful, such as births of siblings and graduations, or challenging, such as divorce, incarceration, or the death of a loved one. Typically, the role of the school counselor during these challenging events is to provide support to the student and his or her family as they transition through the event. However, some

events are ambiguous in nature, and are not necessarily recognized as an event in which a student may need support. These events can be identified as ambiguous losses.

Ambiguous loss is defined as the “physical or psychological experience of families that are not as concrete or identifiable as traditional as that of death” (Betz & Thorngren, 2006, p. 359). Boss (1999) coined the term ambiguous loss to define this type of confusing and often unrecognized loss, and maintains that there are two types of ambiguous loss. One is related to the physical absence but psychological presence of the individual or relationship, such as in a miscarriage or stillbirth of a sibling, a missing person, or abandonment. The other type is the psychological absence but physical presence of an individual or relationship, such as a parent with a debilitating illness or a parent who works long hours (Betz & Thorngren, 2006).

Some examples of ambiguous loss related to death in a school setting could be a miscarriage or stillbirth of a sibling, the death of a significant family member before the student was born, and a family member simply missing from the child’s life. Grief from an ambiguous loss may not always be related to death; it may also come from divorce, abandonment, incarceration, moving, illness, or even an absentee parent working many hours.

In speaking with students in individual counseling, classroom guidance, small groups, or even while walking in the halls or eating lunch together, counselors may find that students will report an ambiguous loss simply in passing. Some examples

of ambiguous loss stories may include about divorced parents never contacting a child, an adoption plan being made for a sibling, siblings moving away to college or out of the house, a mother experiencing a miscarriage, the death or loss of a beloved pet, a sudden move to another city, and a parent experiencing a debilitating illness.

In all of these cases, students’ presenting problems typically are academic difficulties, behavioral acting out, or reporting feelings of depression, sadness, loneliness, or anxiety. Because the loss is an ambiguous one, the presenting problem was never attributed to the actual loss. Giving a name to the loss, and empathizing with the student about the loss can be beneficial to helping the student heal.

A case example finds a young student whose sibling had died before he was born. The child approached his school counselor and shared that his longing for his sibling, whom he had never met. However, his parents talked about his older sibling frequently and there were pictures of his sibling displayed throughout their home.

The student was confused about his role in the family, and was missing the relationship that might have been (Schwab, 1997). In this and many other cases of ambiguous loss, the loss is not recognized for this child because his parents and adults around him did not recognize that this child was grieving.

In another situation, a student’s behavior and attitude suddenly changed both at home and school. As the school counselor was meeting with the parent to discuss and problem-solve, it was disclosed that an older sibling who served as a role model to the student recently left the home for college. For

the family, it was a happy event; however, for the student, it was an ambiguous loss. The student missed having the older sibling around, and was grieving the loss of their close relationship.

Implications for School Counselors

School counselors can help those students experiencing ambiguous loss in several different ways. First, it is of the utmost importance to build relationships with students and provide a warm, positive, and safe environment so they feel comfortable visiting the counselor’s office. When a student shares feelings related to a possible ambiguous loss, the school counselor must be comfortable addressing and validating feelings surrounding the loss.

Empathizing with the student, validating the loss, and providing a name to the loss is an important step in the process of understanding and healing (Boss, Roos, & Harris, 2011). Educating both the student and the parent, and helping them

Ambiguous loss is just that, a loss that is not easily or readily understood or recognized. Helping school counselors and other mental health professionals to recognize and address this type of loss is of vital importance to our children and adolescents within the school setting.

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Ambiguous Loss and Children: Implications for School Counselors

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recognize the loss can lead to acceptance and consequently alleviation of symptoms. Education, recognition, and validation of the loss can lead the student and family through the important grief tasks of making meaning and memorializing (Boss, Roos, & Harris, 2011; Boss, 2002)

Another role of the school counselor is that of educating school personnel in ambiguous loss. In a school setting, students often share personal information with a trusted teacher or other personnel, and providing staff the information about ambiguous loss can help them gain a better understanding of causes of student behaviors and academic struggles, as well as help them to understand and empathize with students when a loss of any kind is disclosed.

Ambiguous loss is just that, a loss that is not easily or readily understood or recognized. Helping school counselors and other mental health professionals to recognize and address this type of loss is of vital importance to our children and adolescents within the school setting.

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Chris Simpson, PhD, LPC-S, is an associate professor of counseling at Texas A&M University—Commerce. For the past 15 years, Chris has served as a therapist for Camp El Tesoro de la Vida, a camp for children 6–17 grieving the death of a loved one. Email: chris.simpson@tamuc.edu.

Outgoing President's Message

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Like you, they want the best for ADEC and have stepped up to study the issues and work through the details of the decisions that must be made for ADEC to grow, expand and continue to provide its members with educational opportunities and incredible conferences like the most recent in San Antonio, Texas.

I ask each of you to answer the call for assistance when a committee chair or Board member asks for your participation. ADEC's membership is incredibly diverse and can provide expertise in so many areas.

Thank you, ADEC Board members, for your support during the past year. We made a great team and I'm honored to have served with you.

I leave the presidency with excitement and comfort knowing that ADEC is now in the capable hands of Chris Hall as president. Chris brings a great deal of knowledge and experience to the office. He has wonderful ideas, tremendous energy, an open heart, positive attitude, fabulous sense of humor and a love for ADEC that will nurture its strong existence into the future. Those of you that already know Chris will agree, I'm sure, that his even temperament, sweet disposition and keen mind are just what ADEC

needs at this time. It's been my pleasure to work with Chris for three years and I'm eager to support him in all endeavors moving forward. ADEC is lucky to have Chris at the helm.

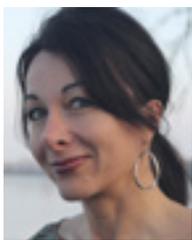
Finally, I would like to thank our staff at Kellen. Rick Koepke, our chief staff officer, and Emily Burch, our administrator, have worked tirelessly for ADEC. It's really been eye opening, as president, to understand the scope of what they do for us. Some might say, "Well it's their job," and that's true. But trust me when I say that if they worked for my practice they would definitely be voted employees of the year! Thank you Rick, Emily and everyone on the ADEC staff for helping make ADEC what it is today.

More important than the work of this organization is the work that each of you do. Those that you serve are so fortunate. The expertise and commitment with which you serve the grieving is heartwarming and humbling. I have spoken with many of you and the work you describe is memorable and so needed. Your communities are fortunate to have you.

I wish all of you well and great energy in continuing to provide services to those who are grieving.

Jane

Experiencing Death as a College Student: Are Professors Empathetic and Accommodating?



By Amy S. Hedman, PhD

As a professor, I've read about the "dead grandmother problem," and "death inflation" occurring on college campuses nationwide. Are students really that callous about matters as serious as death? Research shows up to 30 percent of college students will experience the death of a close loved one during their academic careers (Balk, 1997). With limited grief experience, academic pressure, feelings of isolation, and immature psychosocial development, bereaving students may have a difficult time coping with death (Taub & Servaty-Seib, 2008). Bereavement may place students at risk of poor academic performance (Servaty-Seib & Hamilton, 2006) and possibly dropping out of college (Balk, 2001).

Recognizing that grief is a common, and oftentimes devastating, experience for many of my students, I became interested in learning more about professors' empathy and their likelihood to provide accommodations to grieving students (excusing an absence for attending funeral, providing an extension for an assignment, and rescheduling an exam). I surveyed my colleagues ($n=123$) at a mid-sized Midwestern university and found that nearly 90 percent of professors ($n=110$) reported they were empathetic, with a mean score of 3.76/5.00, using Caruso and Mayer's (1998) Measure of Emotional Empathy for Adolescents and Adults. Over 90 percent agreed with the statement "I understand how grief could impair students' academic performance."

Professors reported greater likelihood to provide an extension to an assignment the week of death (90 percent; $n=110$) rather than the month (65 percent; $n=79$) or semester (43 percent; $n=52$) of the death. Interestingly, professors reported their likelihood to excuse an absence for attending funeral services differed based on the students' relationship with the deceased; 95 percent of professors stated they would likely excuse the absence for an immediate family member's funeral service. In contrast, when asked about excusing the absence for a non-family member's service, 80 percent indicated it was likely. Regarding missed exams, 93 percent ($n=114$) of professors reported it would be likely or very likely they would reschedule an exam originally scheduled for the week of the death. Rescheduling was less likely to occur for an exam scheduled during the month of death (65 percent, $n=79$) or semester of death (43 percent; $n=52$) (Hedman, 2012b).

Do professors believe students will reach out to them in times of personal difficulty, such as difficulties coping with loss? My study results showed nearly 90 percent of professors believed their students would inform them of a love one's death, yet only 35 percent stated their students would inform them if experiencing difficulty in coping.

To view the students' perspectives on this topic, I surveyed them ($n=371$) next. Nearly 33 percent ($n=124$) of students reported experiencing at least one loved one's death in the past 12 months. Sadly, one in three students stated they did not know of at least one professor they would feel comfortable talking to if experiencing difficulty dealing with grief, and only 24 percent stated they would contact their professor if having difficulty coping with the loss.

Although 90 percent of professors surveyed stated they were empathetic (Hedman, 2012b), only 42 percent ($n=154$) of students believed their professors were empathetic. Less than 7 percent of students reported they would dishonestly use death as a reason for missing class; in comparison, 28 percent ($n=35$) of professors believed this to be likely (Hedman, 2012b). Students believed professors would provide accommodations soon after the time of death rather than weeks or months later.

Although 80 percent of professors reported they would likely excuse a students' absence to attend the funeral service of a non-family member, only 43 percent ($n=158$) of students believed their professors would excuse this type of absence. Nearly 50 percent ($n=182$) of students believed it was not appropriate for professors to require students to submit death documentation (Hedman, 2012a).

"Professor Hedman I have been struggling immensely with my mental health. I truly want to finish my degree and do so effectively, but currently I feel incapable of doing so while focusing on recovery from depression/traumatic stress related to my sister's suicide."

The above text is from a former student who began her academic career with straight A's. The death of her sister was devastating emotionally, physically, and mentally. Her email message includes intention to withdraw from courses and take a break from school. Her mental state was very concerning, consequently so were her grades. I'm grateful she felt

In order to influence students' perceptions towards their professors in a more helpful manner, professors should be educated on: the potential impact grief can have on students' performance, how to create a trusting and safe environment for students, and how to be sources of referral for grief-related support services.

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Experiencing Death as a College Student: Are Professors Empathetic and Accommodating?

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comfortable expressing her struggles to me. Knowing her situation enabled me to respond with compassion and do what I could to support her in continuing her studies while seeking mental health treatment.

The results of my research found 90 percent of professors believed they were empathetic, in contrast, only 42 percent of students reported their professors had this quality. Just one in four students indicated they would contact their professors if having difficulty coping with grief. In order to influence students' perceptions towards their professors in a more helpful manner, professors should be educated on: the potential impact grief can have on students' performance, how to create a trusting and safe environment for students, and how to be sources of referral for grief-related support services.

Such education may help to improve students' perceptions towards their professors, and hopefully increase the likelihood that those in need would reach out to their professors when struggling to deal with one of life's hardest events.

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A Collaborative Campus Approach to Student Grief



Alicia Caudill, PhD

*By Alicia Caudill, PhD and
Lisa Adams, PhD*

On a rainy Tuesday morning in November 2013, the Dean of Students at the University of West Georgia received a phone call that no person wants to receive. The University police had just learned from local county police that a 19-year old female student had been killed in a traffic accident on a slippery back road. At the time of the call, the police had not yet made contact with the student's family.

As with any call like this, the regular work-day stops. Within 30 minutes, the Dean of Students had called together the collaborative team at the University to determine how the rest of this day would unfold. Key members of this collaborative team included the Dean of Students, the Director of

the Counseling Center, the Associate Director of Residence Life, the University Police Chief, and a staff member from University Communications and Marketing.

Each member began researching the student to determine as much about her connections on campus as possible. We determined her classes and meeting times, her residential community and roommates, and communicated with our Student Involvement Office to determine any extra-curricular connections. This team works together often for any type of student crisis. The key to the work of this team is compassion and empathy for all who may be touched by the grief of this loss.

In this first meeting, the team focused on an ethic of care for the family, roommates, and classmates. We also discussed other students, like Residence Assistants (RAs), who would need to be prepared to support this young woman's friends. As soon as we received word the family had been notified, we began our plan of action and support.

The Dean of Students and a senior counselor made contact with the student's roommates and asked for a meeting in their room. In this meeting, we gently informed the students of the tragic loss of their friend. In this situation, the combination of the Dean of Students and Counselor sharing this information was very intentional. The Dean of Students could deliver the news and make clear the support role of the counselor. This allowed the roommates different places to express the variety of emotions experienced when receiving such shocking

news. The Dean of Students, Housing and Residence Life Staff, and Counseling staff then met with the RAs in the hall and ultimately held a hall-wide meeting in the evening. Again, the emphasis on the counselor roll for support and the Dean of Students roll in information sharing was important.

In death and grief situations on college campuses things can quickly get out of hand, with rumors flying, and students emotions becoming less manageable each time the story is told. Most residential college students are under classmen, and are therefore still quite susceptible to suggestion, and can be more emotionally fragile, because of the plasticity of their brains (Jensen, 2015).

It is very important that administrators communicate what happened consistently and calmly to each affected group, answer student's questions honestly and understand that there will be a wide variety of responses from students. In this case, the roommates did not seem to feel extremely upset until later in the evening, and this is a common pattern as news of this kind is shocking.

The UWG Counseling Center keeps a hand out printed and ready for distribution about grief and what students may expect, what is normal, and how and when to reach out for help. Many students will have experienced no important loss up to this point in their lives, and have few resources to draw upon in coping with the range of emotions that come when someone dies.

This information is important in helping students assist one another, and in moving through grief. Counselors offer support and assistance to all of the student's groups, professors and friends. We offer support in broad ways, such as through the web site, or in more personal ways, by calling individuals identified as being close to the deceased student. No one is required to use counseling services, rather we encourage them to find

us so that we may offer assistance. We simply do a welfare check and offer support.

The Dean of Students also communicated with the faculty of the courses with the Counselors attending classes to offer support to her classmates. Many faculty are relieved to have us come to class, as a student death can often be a very difficult time for faculty, and they do not feel up to facilitating a discussion, or may need help doing so. Three or four counselors would typically attend a class, with one being the primary facilitator, and the others available to check on distressed students and pull them aside if appropriate to better ascertain their needs.

Each student's situation around grief is different. Our underlying values of care, thoughtfulness, concern, and attention to detail frame each situation. Additionally, our collaborative team effort is important in making sure all details, resources and potential needs are addressed, by tapping into the synergy of the team.

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A Collaborative Campus Approach to Student Grief

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The Dean of Students and Counselors work very closely with the family to address their wishes and offer them our deepest sympathy. The whole goal is to provide to them anything possible. The family asked to come to campus within a couple of days to collect her belongings. The Dean of Students and Counselor met the family at the student's room and had boxes and carts ready to make the packing of items a bit easier. The two were graciously invited to join the family in a prayer for this young woman and spent time talking with the family.

We worked together to get refunds for books and letters regarding closing of accounts. We are reminded the grief extends to families also members of our community. The key to providing helpful response is to calmly offer support, give resources, and be flexible to the specific needs of differing faculty and student groups. On a single campus a Greek organization may react quite differently than a residence life staff, and flexibility and listening are the key to crafting responses that are helpful.

As time passed, the Dean of Students and Counselor worked to keep communication with the RA and roommates, those who were most impacted by the loss. We also invited roommates and classmates to write their memories of the student and we shared those with the family. We have found that working with crafts is very helpful for students who are grieving, by asking students to make something that reminds them of their friend, etc. Recently we have begun to involve local clergy to work with individual students who may be wrestling with the thorny issue of what happens after death. We offer an ongoing grief and loss group and grief counseling.

While this is one story, it illustrates the critical collaboration between the Dean of Students, Counseling, and other offices on campus. Each student's situation around grief is different. Our underlying values of care, thoughtfulness, concern, and attention to detail frame each situation. Additionally, our collaborative team effort is important in making sure all details, resources and potential needs are addressed, by tapping into the synergy of the team.

In each situation, we learn and continually work to improve.

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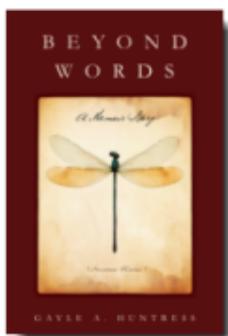
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Students Helping Students: The Grief Outreach Initiative



Brittany Pollard, MEd

By *Brittany Pollard, MEd* and
Laura S. Wheat, PhD, LPC (GA), NCC

In May 2008, Dr. Bob Rider, Dean of the College of Education, Health, and Human Sciences at the University of Tennessee (UT), visited a local elementary school to conduct his weekly reading session with Knoxville first-graders. Given that Mother's Day was quickly approaching, he selected a book about mothers and invited one little girl to read it with him. She stated simply and directly that her mother had passed away on Valentine's Day. Shocked, and stumbling for an appropriate response, Dean Rider asked the little girl if she would prefer to read a different story. She said no, and they proceeded to read together the book that he had originally chosen.



Laura S. Wheat, PhD,
LPC (GA), NCC

This little girl's story stuck with Dean Rider long after the session ended and he realized that young students in his own community were grieving all kinds of unfathomable losses. Utilizing the resources available to him through grant funding and the University of Tennessee, he founded the Grief Outreach Initiative (GOI) to help support young individuals in need.

Seven years after Dean Rider's experience with this young student, the GOI is still gaining momentum with each passing semester. As part of the GOI, UT's Counselor Education program offers a service learning course in Grief, Loss, & Trauma to undergraduate, Masters, and doctoral students. In conjunction with learning about these important topics, enrolled students are trained and sent into schools to provide mentorship to grieving children and adolescents throughout Knox and surrounding counties. Mentorship of children and adolescents often provides significant social and developmental benefits, and it can serve as a useful tool for the prevention of problematic behaviors (Cavell & Smith, 2005).

As part of the GOI, students learn that mentoring grieving individuals means to support and companion them (Wolfelt, 2006), and that the relationship should be personal, reciprocal and mutually beneficial (Christie, 2014). To date, more than 225 GOI mentors have provided supportive mentorship to more than 335 grieving students. Referrals are made most frequently by school professionals (e.g., school counselors, social workers, principals, etc.) and parents/guardians, and range in circumstance from the loss of a family member, friend or pet, to transitional losses related to moving, divorce, or familial

changes (e.g., entry into foster care, witnessing of abuse, etc.). In addition to providing students with mentorship and grief training, the GOI fulfills the practicum requirement for UT's graduate certificate in Grief, Loss & Trauma.

Although the primary beneficiaries of this program are the grieving children and adolescents it serves, it has become increasingly apparent that the GOI also provides significant benefits to its college student mentors. Research on college student grief shows it to be a pervasive experience (Balk, 2008; Hardison, Neimeyer, & Lichstein, 2005), which can leave varying degrees of lasting cognitive, emotional, physical, behavioral, and spiritual effects (Balk, 2011; Hedman, 2012). As a result of these holistic effects, grieving students are frequently impacted in academic, personal, and social arenas, although

they may not seek support for managing their grief (Varga, 2013). Though researchers have thoroughly explored the grief experiences of undergraduate students, Varga (2013) noted a significant lack of research pertaining to the grief of students at the graduate level.

With regard to course enrollment, GOI student mentors frequently cite personal motivations via assigned pre-mentorship reflections. Often these motivations include students' own reportedly unreconciled grief experiences, in addition to personal senses of wanting to support others through difficult losses to which they can relate.

One graduate student mentor termed his quest to better understand his own grief as "exploring the unresolved me". Throughout the duration of the semester, student mentors are encouraged to continuously explore

and reflect upon their own personal losses, in addition to supporting assigned mentees through their own processes of grief.

Through assigned post-mentorship reflections, many student mentors communicate senses of personal growth and reconciliation, particularly with respect to losses endured and clarity regarding professional endeavors. These themes echo the findings of prior research which suggested that the reflective meaning making process graduate students working in end of life and bereavement care engaged in affected not only their understanding of the work they did but also of their own personal losses (Supiano & Vaughn-Cole, 2011).

GOI student mentors volunteer for the program having experienced varying degrees of personal loss, and the process of mentoring appears to help them make sense of their grief in new ways. Additionally, they often find that helping grieving children or adolescents gives a valuable purpose to their own experiences, and constitutes a means of "paying it forward".

As an ongoing service learning project, the GOI not only provides a vehicle for student mentors to assist mentees in their grief, but also to explore their own experiences with, perceptions of, and attitudes toward loss in a society which frequently avoids the subject.

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Students Helping Students: The Grief Outreach Initiative

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This process mirrors the model of meaning reconstruction, which includes both sense making and benefit finding as components of a healthy coping response to grief (Holland, Currier, & Neimeyer, 2006).

As an ongoing service learning project, the GOI not only provides a vehicle for student mentors to assist mentees in their grief, but also to explore their own experiences with, perceptions of, and attitudes toward loss in a society which frequently avoids the subject. In this sense, the program results in multiple beneficiaries, and furthers the important discussion about how to best engage and support college students navigating their own personal issues of grief.

Though the GOI began simply in response to the loss encountered by one young individual, it has quickly grown into an entity which benefits all parties involved and provides a model for other institutions seeking to implement similar support services.

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Data-driven Peer Mentor Training: The Grief Circles Activity



By Sara Tedrick Parikh, PhD

For those who help grieving students, one frequent wish is for more support from the griever's friends, classmates, teammates and coworkers. Students, especially those in late adolescence, are developmentally ready to start relying on friends instead of parents (Chickering & Reisser, 1993). When it comes to death losses, current findings suggest that friends want to help, but grievers find that telling friends about a death loss may lead to their friends avoiding them or even telling them to "get over it" (Balk, 1997). In this piece, I will explore the role of empathy in this peer support problem and suggest one way to increase late adolescents' capacity for accurate empathy as part of a larger effort to train peer helpers.

The peer support problem appears to be linked to students' developmentally limited ability to engage in empathy (Balk, 1997). Empathy draws on skills related to cognitive abilities and emotional regulation (Davis, 1983). Eisenberg, Cumberland, Guthrie, Murphy, and Shephard (2005) found that, compared to when they were 15-16 years old, 25-26-year-olds expressed greater levels of perspective-taking and emotional control, but their concern for the well-being of others did not change.

Thus, although late adolescents may feel concern for grieving friends, they are likely to have difficulty accurately imagining their friends' grief experiences and may be incapacitated by their own emotional response to the situation. Scaffolding students' development of cognitive and emotional skills may help them act supportively toward grieving peers.

Chickering and Reisser (1993) suggested ways to encourage empathy development in students (e.g., writing exercises, discussions), and I built on this by developing activities based on findings from my dissertation (Tedrick Parikh, 2014). Participants indicated that they believed it would be easier to support grievers if they had experienced similar losses.

Students who reported that someone emotionally close to them had died at any point in their lives also exhibited less apprehension about communicating with a grieving person, greater concern for the wellbeing of others, and greater intention to listen supportively to a grieving peer; they did not differ from other students on measures of cognitive perspective-taking or emotional control. It may be that helping students imagine in detail what it would be like to experience the death of a close family member or friend could increase their readiness to support grieving peers.

This exercise, called Grief Circles, is intended as part of

a larger peer mentor training. Its purpose is to help trainees imagine the death of someone close to them, considering both the immediate impact and effects over time. There are three phases: creating the grief circles, responding to writing tasks, and processing the exercise.

Trainees are first asked to list 15 people from different parts of their lives, some of whom do not know them very well and some of whom are very familiar with their inner emotional life. Next, trainees arrange the names on a new sheet of paper, with people they feel closest to near the center and acquaintances near the edge. They finish this phase by drawing three circles, one around the five names closest to the center, another around the next five names, and a third circle around the outermost five names. This drawing represents three grief circles: closest, near, and distant.

The writing phase starts with choosing a name from the distant circle. Trainees are likely to have experienced at least one distant death loss, making it easier to imagine how they might be affected by this kind of death. In addition to being more familiar, distant circle deaths are likely to be less emotionally difficult to think about, allowing trainees to warm up to the task.

Finally, allowing trainees to choose one of five names offers flexibility to choose more or less challenging death losses to consider. For the selected distant circle person, trainees answer two prompts: "If that person died today, what might you experience? Consider many domains including emotional, physical, cognitive, behavioral, interpersonal, and spiritual," and "If that person died today, how might your life look without that person in 6 months? 2 years? 10 years? How would special days or milestones be different?" Trainees are then asked to respond to these two prompts in regards to names from the near circle and the closest circle.

After the reflective writing phase, trainees enter the final phase, group processing of the exercise. In addition to general process questions (e.g., "What part of the activity was easiest? Most difficult?"), facilitators ask questions such as the following: "How did your responses change as you moved toward the center of your circles? When you think about the people in your life who have died, which circles would they fit in? How did your actual grief responses to those deaths compare with your written responses here?"

Near the end of processing, facilitators help trainees apply their experience to the experiences of their grieving peers through a question such as, "Think of someone you know who has experienced the death of someone they might put in their closest circle. What have you observed about their grief

It may be that helping students imagine in detail what it would be like to experience the death of a close family member or friend could increase their readiness to support grieving peers.

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Data-driven Peer Mentor Training: The Grief Circles Activity

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response? How does their response compare to what you wrote today?"

Facilitators may end by modeling emotional regulation skills, such as a brief grounding or mindfulness exercise, to help trainees gain experience managing difficult emotions associated with grief and peer support.

This exercise builds on many popular death education exercises intended to raise participants' awareness of grief experiences, but it is unique in that it is designed in direct response to data from college students. One strength of this application of research to practice is the ability to measure outcomes.

Trainers could compare pre- and post-test scores on perspective-taking (8 items), concern for the well-being of others (8 items), communication apprehension with the grieving (7 items), and intention to listen supportively to a grieving peer (4 items). In addition to being relatively short, these scales exhibit good psychometric properties and are available free of charge; see Tedrick Parikh (2014) or contact the author for more information.

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Death Notification and Schools: K-12 and College Settings



By Heather L. Servaty-Seib, PhD

Death notification is considered a critical aspect of the grief and mourning experiences of bereaved individuals (Lord, 2000; Stewart, 1999), including grieving children, adolescents, and emerging adults (Hamilton, 2008; Stevenson, 1995). Recent research with grieving college students suggests that the more the death notification process is aligned with practice-based recommendations within the thanatological literature (e.g., depth and accuracy, empathy of notifier, trust in notifier), the greater the experience of sense-making for the bereaved (Deatherage, 2014). In addition, grieving individuals themselves view death notification as an important factor related to their ability to cope (e.g., Ahrens, Hart, & Marunyama, 1997).

Although most death notifications are performed by family members, educational institutions are often called upon to serve individuals and families in both direct and indirect ways. Elementary, secondary, and college personnel may be the primary notifiers, may actively assist family members in the notification process, and/or may provide guidance and support to family members in notifying individual students of death losses.

Schools would benefit from establishing policies and procedures for working with grieving students and families, including an intentional and flexible approach to addressing death notification. Such policies and procedures need to include guidelines for the “who,” “when,” “where,” and “how” of the notification process (Hamilton, 2008; Servaty-Seib, Peterson, & Spang, 2003; Stevenson, 1995).

Prior to addressing these issues in more depth, it is necessary to highlight the importance, particularly in the college setting, of verifying the details of the death and the identities of all involved before the process of notification begins (Hamilton, 2008). College students are often physically distant from their families and much information is shared over the phone rather than in person, increasing the need for the substantiation of facts.

Consistencies as well as unique features emerge in connection with the “who” of death notification across school settings. School personnel who engage in death notification, regardless of the setting, need to be skilled in empathy, knowledgeable about grief and the idiosyncratic responses of the bereaved, and be viewed as trustworthy. The best case scenario would be for those involved in notification to receive specific training in the process (e.g., workshops, webinars). In K-12 settings, those most likely suited to assist with notification are school counselors (Servaty-Seib et al., 2003), whereas in college settings it

may be staff of the Dean of Students office, counseling center clinicians, or even appropriately trained police officers.

It can be helpful for two adults to be present and available during the notification (Hamilton, 2008; Servaty-Seib et al., 2003), one to offer primary emotional support and the other to engage in tangible support (e.g., contacting others whom the bereaved would like to know about the death, locating members of his/her support network). Families are most likely to seek assistance with death notification from school personnel when deaths occur during the day. A joint approach between family members and staff may be most likely in K-12 settings where family members are close by. In college settings, families may only access school personnel when they are unable to locate students via phone.

In terms of the “when” of notification, it is important for students to be notified as soon as is possible. However, it is also best to wait to contact or interact with students until all facts have been verified and after all people who will be a part of the notification are present (Servaty-Seib, et al., 2003).

For example, in K-12 settings it may be necessary to locate and bring together siblings who are to be notified together or it may be required to wait for other trusted individuals (e.g., pastors) whom parent/caregivers want to assist in the process. In the college setting, school personnel will need to access students’ schedules to determine if they are in class. If they are not in class, personnel will need to travel to where students live to try and locate them. If students are scheduled for a class, it is best to reach them just as class is starting. After class is also possible, but interrupting a class while it is in progress is not recommended (Hamilton, 2008).

The similarities in the “where” of notification across school settings include the need for a quiet and private location where interruptions can be minimized and where students will not be observed by others (Hamilton, 2008; Servaty-Seib et al., 2003). In K-12 settings, it is also important to consider the warmth and comfort of the room. In college settings the place of notification may be the students’ home or if they were in a campus building it may be a nearby office or an empty classroom. Hamilton (2008) emphasized the importance of not requiring college students to walk with the notifier(s) across campus in order for notification to occur in a particular location.

Critical factors in the “how” of notification, regardless of setting, include use of a gentle, empathic, and straightforward approach, avoidance of euphemisms, and concentration on not prolonging the process (Hamilton, 2008; Servaty-Seib et al., 2003). If students

Elementary, secondary, and college personnel may be the primary notifiers, may actively assist family members in the notification process, and/or may provide guidance and support to family members in notifying individual students of death losses.

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are not familiar with the personnel, they can offer a brief introduction followed by a statement such as “We need to talk about your grandfather” (p. 80; Hamilton, 2008). School personnel can be most respectful of family preferences about the “how” of notification by engaging in direct conversations with parent/caregivers about details to be provided, plans to be shared, etc.

Students need to have the chance to receive answers to their questions, call their family immediately, and/or to have information repeated as often as is helpful. Personnel cannot make assumptions about how students “should” respond and must keep in mind that the formal relationship between the student and the deceased is not necessarily an indication of emotional closeness (e.g., grandparents can be primary caregivers).

In addition, responses to death notification can and do vary based on individual (e.g., attachment style, past losses) and familial/cultural factors (e.g., norms regarding emotional expression). Students can benefit from personnel offering direct verbal statements regarding the uniqueness of responses; statements focused on normalizing of whatever reactions students do have throughout the process (Servaty-Seib et al., 2003).

Although not part of death notification per se, follow-up by school personnel with students (and families) who have experienced death losses can have a powerful impact (Hamilton, 2008; Servaty-Seib et al., 2003). In a K-12 settings, such follow-up could include brief conversations expressing care, concern, and availability, advocacy for appropriate accommodations, and establishment of a school-based support group for grieving children.

In college settings, follow-up could include letters sent to instructors, referrals when the students return to campus, and, again, establishment of a support group. In all cases, student personnel have a powerful role to play in making the topics of death and grief more “talkable” in their particular school settings.

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About the Author

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What's New From ADEC Members



By The Rev. Paul A. Metzler, DMin

Mansfield, Elaine. *Leaning into Love. A Spiritual Journey through Grief.* Burdett, NY: Larson Publications, 2014. ISBN: 978-1936012-72-5. Softcover, 174 pages.

Mansfield has written a tender, thoughtful, honest and spiritually insightful memoir that reflects on her marriage of 42 years, including the two years of her husband's struggle with cancer, his death in 2008, and her journey in the years that followed. She divides the book into "Before" and "After" sections, illuminating the depth of her loss and the experience of her healing journey. This book adds an important perspective to our understanding of bereavement because she tracks her experience, including the Epilogue, over at least 5 years following the death. Thus, she allowed herself time to learn to stand in her new life and to recognize how much strength she drew by leaning into the love of family and friends over time.

Meagher, David K and David E. Balk, editors. *Handbook of Thanatology. The Essential Body of Knowledge for the Study of Death, Dying and Bereavement.* New York, NY: Routledge, 2013. ISBN: 978-0-415-63055-9. Softcover, 529 pages.

This second edition of the *Handbook* has been substantially updated from its first publication in 2007. The 42 chapters are organized by the six domains of knowledge (1: *Dying*, 2: *End-of-Life Decision Making*, 3: *Loss, Grief and Mourning*, 4: *Assessment and Intervention*, 5: *Traumatic Death*, and 6: *Death Education*) which were identified by the Association of Death Education (ADEC) and Counseling's Body of Knowledge Committee as essential for those seeking certification as grief educators or counselors. The contributors are esteemed academics, researchers and practitioners in thanatology, bolstering the claim that this book holds essential as well as interesting and practical information for both new and experienced grief and bereavement professionals. A substantive Index and a 66-page References list further support the foundational importance of this book.

Oldfield, Valerie. *Where's Our Baby?* Xlibris LCC (www.xlibris.com). ISBN: 978-1-4990-4802-5. Softcover, 23 pages.

Oldfield has written a tender storybook for young children, ages 4-7, struggling to understand the death-at-birth of an anticipated sibling. Its clear, simple sentences and engaging color drawings designed by Oldfield will provide empathic and teachable opportunities for parents or other adults to engage in read-aloud times with children. Its brevity will allow for easy multiple readings. This book will also be of use to counselors who work with children in bereavement programs, schools or medical settings where neonatal loss is more commonly experienced.

Stillion, Judith M. and Thomas Attig. *Death, Dying, and Bereavement: Contemporary Perspectives, Institutions, and Practices.* New York, NY: Springere Publications, 2015. ISBN: 979-0-8261-7141-2. Softcover, 414 pages

Stillion and Attig have drawn together 26 pioneers and major contributors, in addition to themselves, in the dying, death and bereavement field of the last 50 years or so to gather their wisdom before the passage of time brings their distinctive careers and voices to a close. They asked the contributors to share what personal factors drew them to this field, the foundational ideas within their areas of expertise and what they each see as the current and future challenges to research and practice in thanatology. The result is an important and engaging book, providing 27 chapters organized in three sections (Part I: *Intellectual Developments*; Part II: *Institutional Developments*; Part III: *Practice Developments*) that will enrich the thinking of many who wish to emulate these impressive leaders in our field.

Wolfelt, Alan D. *Reframing PTSD as Traumatic Grief.* Ft. Collins, CO: Companion Press, 2014. ISBN: 978-1-61722-213-9. Hardcover, 134 pages.

Wolfelt has written this book to challenge both the prevalence and conceptualization of Posttraumatic Stress Disorder (PTSD) as primarily a mental illness diagnosis. He offers 12 chapters that explore his view that many instances of PTSD are, in fact, complicated grief and can be effectively responded to using non-medical interventions that facilitate normal mourning processes. Written in Wolfelt's typical personal and persuasive writing style, he does not cite references to bolster his argument that the understanding of PTSD can be reframed in many instances to focus on the expression of grief and loss. Nevertheless, this book will be of interest to bereavement counselors and psychotherapists who work with this population.

"What's New" offers a brief review of educational materials written or produced by ADEC members. Each review is run once and is intended to showcase the contributions of our membership to the death, dying, and bereavement field.

Send a review copy (not just an announcement) of recent material (2013 to present) to:

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