

Emotional Impact of Working With the Dying



An Everflowing Handbook

by Irene Smith

(415)564-1750

everflowing@earthlink.net

www.everflowing.org

Emotional Impact of Working With the Dying

An *Everflowing* Handbook

by Irene Smith

San Francisco, California

Everflowing is an educational outreach program, dedicated to teaching specific touch skills as an integral component to end of life care.

This article was written by Irene Smith for *Massage Magazine*. It will be published late 2002. No part of his article may be reprinted or published in any form. We thank you for your cooperation.

Irene Smith.

Copyright Irene Smith 2001. All rights reserved.

For information on Training Programs and additional *Everflowing* educational resources, contact:

Everflowing
41 Carl Street #C
San Francisco, CA 94117-3917
(415)564-1750
everflowing@earthlink.net
www.everflowing.org

Table of Contents

Introduction	1
The Challenge of Intimacy	3
The Challenge of Loss	4
Grief	5
Emotions Are Natural	8
Redefining Our Lives	9
Recovering Our Balance	10
Coping Skills	11
Conclusion	16
You Were Always an Angel	17
Contributors	18
Suggested Reading	18
Additional Resources	19
Educational Resources By Irene Smith	20
<i>Everflowing</i> Printed Material	22

Introduction

Massage for the seriously ill and the dying is a rapidly growing field of massage. As more and more people reach beyond conventional medicine, massage practitioners are being called to the bedside. Having provided massage for the dying for 20 years, I believe the most challenging component of the work is the emotional impact.

As a massage practitioner for hospice home care, I worked with my first dying patient in 1982. I was excited and full of energy to help people heal themselves. I took a massage table, herbs, referrals for health food products, visualization tapes and provided a number of soaks and poultices.

This was good; my energy was high. As time moved along, however, my clients died. I would take new clients and then those clients died. I remember a dear client of mine, Claire, who had bone cancer and experienced severe back pain. I would visit her once a week and I'd kneel beside the bed and lay my hands on her back and pray for her healing. I would gently stroke her back and every once in a while I would ask, "Claire, is your back pain any better?" "No, Irene, my back still hurts," she would say. Sometimes I'd absolutely exhaust myself in the name of healing, but Claire's back always hurt. Sometimes I'd wash my hands with a deep sense of failure. After washing my hands and gathering my belongings, Claire would ask me to sit on the bed with her and she would hold my hand. While stroking my hand and arm she would express how much she loved my being there and how much comfort I brought her and her family. Claire's husband would wait for me in the living room and sometimes he would weep with gratitude for my presence. At Claire's memorial service her husband and children expressed their gratitude for all the "healing" I had brought into their home. The massage sessions had eased a great deal of their helplessness and despair. On several occasions the family had sat in the room with Claire and me and just watched. They shared with me at the service that they had felt a sense of

peace in seeing Claire being touched so gently and witnessing her easy breathing and relaxed face. Her husband also commented that after our sessions sometimes they would sit up half the evening and just talk.

Family members of other clients would sometimes ask me to teach them touch techniques to use when I wasn't there or as a modality of care to include themselves instead of having me come. During one such teaching session I was showing the husband of an Alzheimer's patient how to give a gentle hand and arm massage. The husband reached up to stroke his wife's shoulder and his wife reached out and stroked his face. She then reached out both hands and held his face and just kept looking adoringly into his eyes. He began to weep and then she began to weep. As a witness for such a sharing I began to weep.

My healing agenda began to fade away and I began to simply show up and assist in creating a safe container in which healing can flow.

My healing intention also began to change and I recognized skilled touch as an intimate ceremony in honoring a client's perfection during their dying process rather than trying to fix, change, correct or heal their illness.

One afternoon a client of mine, Susan, called me from a hospital psychiatric unit and asked me if I could come over and give her a foot massage. Susan had tried to commit suicide and was in deep depression. During the massage I noticed tears running down her face and a short while later she opened her eyes and reached out to hold my hand. "Thank you, Irene" she said. "This is the first time I've loved myself in a very long time."

As a skilled touch practitioner, I realize that I am allowed to witness my clients as they pass through deeply vulnerable states of being. It is now my intention to receive this vulnerability with a

compassionate heart and a willingness to serve and to provide skilled touch as a modality of care for comfort, support and validation.

This intention affords me the opportunity to embrace my feelings of inadequacy, my fear of intimacy, and my fear of helplessness. The emotional impact of this embrace is the greatest challenge and the greatest reward in working with dying persons.

The Challenge of Intimacy

One day while visiting my hospice client, Edna, she asked me to just get into the bed and hold her. Edna had bone cancer and was in a great deal of pain. I sat by the bedside and froze. I told her I couldn't do that. She asked me again, "Just hold me." She said, "I'm in so much pain." I told her again I couldn't do that. Feelings of discomfort, shame and guilt flooded over me and I was relieved when the session was over. That evening I called the care coordinator and talked to her about my experience. For the next couple of weeks I felt uncomfortable seeing Edna. I was however, deeply exploring my feelings surrounding her request. Right before Edna died I had worked with my feelings of fear to the degree that I was able to meet her request, get into the bed, lay her head on a pillow in my lap and stroke her hair, her face and her shoulders until she fell asleep. How wonderful it felt to let go of how I thought professional was suppose to look and answer a call of the heart. Confronting my fear of intimacy as a professional has been an ongoing challenge in this field. Being an intimate professional is not easy. The response that is elicited from the client in this total acceptance of the client's vulnerability is many times a depth of gratitude that is also very difficult to receive. It brings me face to face with my feelings of unworthiness. I must soften another level of defense in my heart in order to be present for the gratitude that is expressed to me.



Irene and Joseph 1984. Photo by Jim Bell

This sharing of touch, of responding to the intimacy of a client's vulnerability and receiving the gratitude is a delicate process that challenges all aspects of my being. The weaving together of these factors as a professional creates the tapestry that is this field of massage.

The Challenge of Loss

I am also deeply challenged by the feelings of helplessness when faced with loss. Early in my practice when one of my clients became seriously ill, I felt that it was unfair. I became angry. I acted this out by struggling to work harder. I found fault with the health care team and advocated for better care. When I looked under the anger, I realized it was a cover for my feelings of helplessness. I could not save my client's life. In this pool of helplessness, I felt guilty. I felt in some way I had failed – I also felt in some way my client had failed. Something was very wrong. This concept of failure is many times verbally exemplified in our phrasing about someone's disease progression. "Sue is going downhill." "Sue's taken a turn for the worse." "It's really gotten bad." "Sue has

given up.” All of these sentiments suggest that Sue has failed at something or that something is terribly wrong. What is wrong is that, in our culture, we have been conditioned to feel that death, on some level, is equal to failure; that death is about giving up, not about letting go. The equation is simple:
losing control = failure.

Being present for a client whose disease is progressing reflects loss of control by me and my client. There is no longer a separation in the helplessness. Living in a culture that teaches us to value ourselves according to what we can fix, change or correct, turns feelings of helplessness into embarrassment, low self esteem and/or guilt.

The first few years of this work when a client died, it was hard for me to sleep. I was depressed and anxious. The sense of failure and guilt was very deep and these were difficult feelings to have. They were overwhelming. Sometimes I felt like my deceased clients must be angry with me because I couldn't save them. Through allowing these feelings to be present and through sharing them with people involved in the same work, I realized that the feeling of being overwhelmed comes from my fear of helplessness. I don't believe I'll ever lose this fear, but knowing how it looks, how it feels and the rhythm in which it rises in me allows me to integrate it into my consciousness. The fear of helplessness has become familiar to me which balances the feeling of being overwhelmed. This integration expands my heart and deepens my awareness of compassion. I may now enter into a more compassionate relationship with my client.

Grief

In allowing our fear and helplessness, we let our defenses down. This leaves the heart available for feeling grief. The feelings of grief require our full attention when working with the dying. Grief is not an isolated event; it is a process.

During the initial stages of grief our perception of ourselves and the world around us changes. We may feel numb, detached from our surroundings and unworthy of participating in life. We have lost a catalyst for our caring touch. We may feel lonely and disoriented with the sudden space in our schedule and feel guilty about filling the space. It is easy during this period to become physically and mentally exhausted if we don't pay attention to our personal needs. Paying attention to the physical body's need for nourishing food, daily exercise and relaxation can be difficult, however it is crucial to our emotional well being that we bring physical consciousness to the grieving process.

Grief is ruthless. It has no boundaries and shows no grace. We can not control it or organize it. The only thing we can do is bring consciousness to it and honor ourselves as we pass through it.

As we become more familiar with our grieving process we have the opportunity of awareness to the deeper levels to which grief travels.

Author, Dawn Nelson¹ in her book *Compassionate Touch* states, "If you work with those who are seriously ill, the reality of your experience will afford you a natural avenue to continue your own inner process in regard to your concerns and fears." Dawn goes on to say, "The death of a particular client may bring back to you a loss from earlier in your life that you have not yet completely processed. You then have an opportunity for deeper healing and integration."

When my first client, Michael, died, the feeling of loss was overwhelming. The grief seemed much bigger than the relationship. By allowing the ripples of grief over Michael's death to be present, my heart softened, exposing grief over the death of my father. I had allowed my heart to become vulnerable and the tears that were locked inside came to the surface. I had not been able to be present when my father died and the feelings of guilt and helplessness had been locked inside for four years. As I allowed the grief over the loss of my father to surface, I began to recognize the boundar-

ies of both relationships. There were two relationships for me to honor, to mourn, and to bring to a sense of closure.

In conversation with my father I realized that I needed him to know the changes I had gone through in my life. I needed for him to know about my hospice work and that I was going to be okay so I wrote my father a letter. I told him everything I needed to tell him and mailed the letter to “Mr. J. T. Smith, Golden Stairs Highway, c/o Heaven.” I have no doubt that he received it.

When I mailed the letter, the role Michael had played was complete. Michael had opened my heart and brought me face to face with my suffering. I was then able to draw closure to my relationship with Michael and thank him for being a catalyst for the healing of the grief over my father’s death. I was then able to draw closure with my father. This was a year long process.

“It’s important to acknowledge that there is no time limit with grieving,” states Mary Rose³, CMT and Supervisor of the Massage Program for Hospice of Boulder County. “It doesn’t just end; it’s a process.” Mary Rose remembers a poem she wrote for a client of hers who died. It took her 9 months to write the poem. She then read the poem at her client’s memorial service and gave it to his family. “Passing the poem on to a family member allowed me to keep the energy moving,” says Mary Rose.

Recognizing that grief may include seemingly unusual behaviors is also important. It requires self compassion and a willingness to listen and to respond in a non-judgmental way.

Mary Rose shares the story of a woman she worked with for one year. The woman had very long, beautiful hair that she always wore braided. When the woman died Mary Rose sat and combed her hair for 2 hours and then took the comb home with her. She put the comb into a glass of water and put the water in the sun. “When it felt like the right time, I put the water in the garden,” reflects Mary Rose. “It felt like I was returning her to the earth.”



Irene and Chuck Buck, 1985. Photo by Ron Shuman

Grieving is one of our greatest teachers. One of its sweetest gifts is learning to honor and trust in our own personal process.

Emotions Are Natural

When we trust ourselves deeply enough to express our grief authentically, we open to deeper levels within ourselves that may include feelings that have been locked inside for a long time as with the grief of my father's death. Since many of us have been trained

to repress emotions, it can be difficult to acknowledge and release them. Therefore, we need to first give ourselves permission to have them. Acknowledging the emotions connected to loss allows us to integrate the loss more fully into our lives.

One of the greatest teachers on the planet in emotional healing is Dr. Elisabeth Kübler-Ross, the foremost pioneer in the field of death and dying. In Elisabeth's psychotherapeutic model on emotional growth she explains that we have 5 natural emotions – fear, anger, grief, jealousy and love and in their natural state these emo-

tions have positive purpose in our personality's growth. Repressed emotion, however, becomes distorted causing feelings of being overwhelmed and exhaustion. Elisabeth states that emotions need to be acknowledged and expressed for our physical and psychological well being.

Sue Johnson⁴, therapist at Fenway Community Health Center in Cambridge, MA says, "completion for me when a client dies includes crying. Tears are an important part of my grieving process. Tears help to cleanse a lot of the sadness and help me to heal."

Dawn Nelson in "Compassionate Touch" states, "what is crucial to your continued mental and emotional health is that you acknowledge, experience and express your reactions to loss. Denial of the emotions connected with grief can lead to disease and to any number of other physical, mental and emotional problems."

Without this personal awareness the grief over the loss of a client may become an experience of feeling overwhelmed and burnout. An emotional support system is crucial.

Redefining Our Lives

Burnout may also occur as a by-product of the euphoria we experience working with dying persons, a euphoria that is created from answering a call of the heart. Answering this call gives us a deep sense of purpose and we are reminded of who we are. I was sitting in the laundromat one evening during my early years with hospice. I had just seen my client, Tony, who was actively dying. While waiting for my clothes to dry I began to feel that I was somewhere else. Then I saw myself washing the feet of Christ. A feeling of love, service and total surrender washed through me, over me and out from me and then I was just sitting in the laundromat. You can imagine what the volunteer coordinator thought when I wrote a report on my being Mary Magdalene and Tony being Jesus. Tony's suffering had acted as a catalyst for opening my heart to the core of unconditional love and service. Thank

goodness I had the understanding of the volunteer coordinator who supported me to talk about my experience and validated my feelings. There I was, awakening to the very truth of the human experience – compassion. This type of remembrance shatters our concept of our limitations and causes us to redefine our manner of living.



Irene and Peggy, 1997. Photo by Rick Gerhearter

In this process of redefining our lives, certain behaviors may develop. Our work with a dying client may become the most energized part of our day. Usual tasks may seem mundane or we may simply have no time to take care of our daily routine. This energy may filter through our lives giving our tasks a sense of urgency. Relaxation may seem like a luxury we can't afford. We may feel that we have tapped into a truth that no one else understands or knows about and this may be very difficult to share with our friends and family. Our life seems to be out of balance.

Recovering Our Balance

Recognizing these behaviors is the first step in recovering our balance during this period of redefining who we are. We can then incorporate outside support.

Our friends and family, even though they want to hear about our experiences, most often will not be able to understand our expanded perception of ourselves. As our heart becomes less defended our sense of physical and emotional limitations begins to change. We become more sensitive to our environment and we need to share this with people having the same experience. A student in class one day told the story of coming out of a dying patient's room and looking down the hallway of the hospital unit. "It seemed like everyone was very distant and in mindless chatter. Everyone was moving very fast." She said she didn't understand at first what was happening. She just stood there while regaining her sense of integration in the world. As the student spoke of this incident she recalled the fear of no longer fitting in with her friends.

Having our feelings of sensitivity validated is important – otherwise, as in the above story, we may become frustrated and afraid of this deeper sense of awareness. We may begin to feel isolated within our family or existing group of friends. Personal coping systems along with outside support are needed to help with the integration of this heightened awareness into our daily life.

Coping Skills

Setting up a safe place: Once you have given yourself permission to have and honor your feelings then you need to find a safe place to express them. A support group of persons with similar experience is a safe place to express the feelings that arise in this work and to share the stories that need to be told. We need to talk about the loss, the profound joy in opening the heart and the awesome courage of our clients.

Maureen Trilsch, Massage Practitioner with the Valley Ridge Home

Health Hospice says, that her support group offers her the same gift she offers to her clients, “the gift of unconditional listening.” “To have my feelings and experience honored and acknowledged allows me to continue the work,” says Maureen. “Having a place where I can lay down whatever I’m carrying emotionally from a client contact or a death allows me to breathe easier. It makes me feel lighter, more at ease in my body and at peace in my heart.”

Tony Creazzo⁶, Massage Program Coordinator at California Pacific Medical Center, shares that “my peer support group gives me a safe place to acknowledge and share my fears of vulnerability, mortality and possible illness,” all components of the impact Tony experiences in working in the hospital. “This impact also brings me in contact with my wounded healer,” reflects Tony. Understanding the need for her own support, Tony holds a once a week action/reflection group for her massage interns. “As a core part of the Integrated Medicine and Spirituality Program’s curriculum the action reflection group supports the growth and transformation of each intern. The interns are encouraged to process through sharing their experiences and exploring their feelings. When each intern participates authentically, each sharing becomes a living human testimony and an exceptionally rich experience,” states Tony.

A structured support group may not be available. Mary Rose says, it’s her responsibility to ask for support when she needs it. As the massage program coordinator for the Boulder County Hospice, Mary Rose has an exceptional opportunity to seek support from her peers. “We are all there for each other,” says Mary Rose. “But I had to learn to ask.”

In other areas of the country however, massage therapists may feel isolated in their work and need to reach out in other ways. Gayle McDonald², LMT and author of “Medicine Hands, Massage for People with Cancer” finds her support via e-mail and the telephone. Like many bodyworkers and teachers of massage, Gayle works in isolation with minimal support from

colleagues. Gayle says that she would not thrive in this arrangement if not for the supportive relationship of peers. Gayle has one colleague across country with whom she networks regularly to “share stories, gather advice and to sometimes bolster fragile feelings.” Gayle says, “having someone to share my experiences with and to bear witness to who I am completes the circle of the event.”

The exploration and reflection of our experience through telling our stories and listening to the stories of others allows for validation, affirmation, insight, growth and wisdom. Sharing our stories is a major component of working with the dying.

There may be times when you will want to seek the support of a trained professional as a guide or as someone you feel safe with while sharing your experiences or releasing emotion. Other times you may simply need a private space to sit with your feelings and reflect inward. A safe place is as individual as each person. Sometimes a safe place for me is leaning against a tree in a quiet place in nature where I won't be disturbed and sometimes I want to be at home. Creating a safe and reflective space in the home requires some planning and some tools. Tools that I find helpful are: Kleenex, water, pillows, a blanket, a candle, matches, a journal, a writing pen, my favorite music, aromatherapy, a musical instrument and favorite poems. I also need a space where there is no phone and where I won't be disturbed.

Keeping a journal is also a valuable coping skill. It is a wonderful tool for integrating feeling and experience and creates a tangible resource for growth and reflection. Sue Johnson says, “I keep a journal where I write my thoughts concerning my clients and the experiences we share during our time together. If my client dies I sit with my journal and recap our memories. It's my first step in honoring my client.”

I also write about each visit with a client I see and include any personal feelings I was having during the session. I try not to edit

or judge myself and if this is achieved it is extremely informative and healing. Writing in a journal can be a gentle and non-confrontational tool for emotional release and exploration.

Creating ceremonies is another coping skill that can be extremely healing. A ceremony is a creative expression of giving honor and attention to anything. As I pass through the relationship with a client there are many special moments to honor. If my client's illness progresses, I light a candle on my altar and ask the angels to stay close to my client. I leave the candle lit for several days and say a prayer everyday at the same time.



Altar in Irene Smith's classroom, 2001. Photo by Janice Risard.

If my client dies I take a walk in the woods and pick up a special stone, a stick or a feather that reminds me of my client or symbolizes my feelings. I'll take these gifts from nature home and arrange them in a special place. I always feel led in the arrangement. I light a candle and write my client's name on the stone or on a card. Soon an altar has been created. I may leave the candle lit for several days and take a little food and water to the altar daily for my client's journey. I may also take them a few flowers. During this process I am reminded of special moments we shared and I'll take a few minutes to talk to my client. Sometimes I'll close my

eyes and allow tones and sounds to come. Sometimes the sounds have movements. Each day is unique in its experience. Then one day I don't sense the need to take food. On another day I'll release the flowers out my 3rd story attic window and ring the wind chimes. And on another I'll remember I haven't lit the candle. The ceremony has been performed.

Soon the ceremonial objects find their permanent resting place on a windowsill, on a shelf, under a tree or buried in a place that feels right.

Allowing myself to recap the memories of being with my client, share them, and release them creates space for me to experience special moments with another client. Honoring, remembering and releasing are key factors in my ceremonial process.

These three factors are also important for Sue Johnson. Sue honors her clients by placing a photograph of them or a symbolic object on her altar in her home. Her releasing and blessing of the relationship is performed in the Native American Tradition. Sue says the beach provides a sacred and healing place for a smudging ceremony. Smudging is the burning of sage, juniper, cedar or sweetgrass with the intention of cleansing, purifying and blessing. For this ceremony Sue uses a large abalone shell in which she burns the herbs. While making offerings of tobacco and corn meal to the Great Spirit, Sue will offer prayers in memory of her client. "The offerings are a thank you for the honor of working with the person and for the contribution they made to my life," says Sue. The energy releasing and cleansing is achieved through the smoke of the burning herb.

Mary Rose also feels led to release the energy of her deceased clients and return the energy to the earth. If a client has flowers Mary Rose will take the flowers home, dry them and sprinkle them in her garden. She may also plant a special flower in her garden in memory of her client.

Learning to not judge our ceremonial process is very important. Sometimes a seemingly simple act of creative spontaneity can provide the ceremony that acts as a bridge from our earthly relationship with our client into our relationship with Spirit. Sue tells the story of a client who died outdoors in his wheelchair. Sue was not present, however she was told that just as he died a large circle of seagulls appeared overhead. This deserved attention since there was no beach nearby. Now when Sue walks down the beach she is sometimes led to pick up a special seagull feather. "It's Frank," Sue says. "I tell him I love him and put the feather in the ocean."

Conclusion

Working with the dying provides a catalyst for softening the heart. As the heart softens we are awakened through compassion and the veil that separates us from ourselves is lifted. This awakening teaches us to honor and trust our experience. Our joy of trusting in who we are gives rise to Spirit.

In bringing closure to this article I would like to dedicate the following song to all the practitioners in this field in honor of the clients we have touched who have died.

I wrote the song on the following page for my client, Doug Fraser, who died in 1994.

You Were Always an Angel

You were always an angel
dressed like a man
Roaming this earth for a while
 being a friend.

You were always an angel
dressed like a man
that God's calling home now
to serve close at hand.

You taught us about healing
our wounded heart
and though we can't see you
we won't be far apart.

Your soul is the wave
that rolls on the sea
Your spirit is the wind
Rustling through the trees
Your heart is the music
of the softest spring dawn
and the message your life
 speaks
is the love in this song.

You're ever so close now
you're in every breath.
You're pure love and light now
and we call this death.

You can spread your wings full now
no need for disguise
You're ever a part of us
Living through our eyes.

— *Irene Smith* © 1995

Contributors

1. Original Organization and Inspiration –
Emma Tao White, MD, PhD
2. Dawn Nelson, CMT, MFA: consultant; educator; author; classes in working with elders, ill and dying; books; videos; taped talks. E-mail: cttrain@jps.net 925/935-3907.
3. Gayle McDonald, MS, LMT: educator; author; teaches massage for people living with cancer; author of “Medicine Hands.” E-mail: medhands@hotmail.com 503/288-2943.
4. Mary Kathleen Rose, CMT: educator: author of “Comfort Touch;” touch for elders, ill and dying; Massage Program Coordinator for Boulder County Hospice. E-mail rosevine@comforttouch.com 303/449-3945.
5. Sue Johnson, LMT, NCTMB: head massage therapist with Fenway Community Health Center in Boston, MA; teaches with Irene Smith.
6. Tony Creazzo, CMT: Massage Program Coordinator for the Institute for Health and Healing at California Pacific Medical Center in San Francisco, CA.

Suggested Reading

1. Any book written by Dr. Elisabeth Kübler-Ross
2. *Who Dies*, by Stephen Levine; Anchor Books 1982 or any book written by him
3. *How Can I Help*, by Ram Dass; an Alfred A. Knopf book 1985
4. *The Grace In Dying*, by Kathleen Dowling Singh; Harper San Francisco 2000
5. *Grieving the Death of A Friend*, by Harold Ivan Smith; Augsburg Fortress 1996

Additional Resources

Everflowing Training Programs for Massage Practitioners and Health Care & Hospice Professionals:

Contact: *Everflowing*
41 Carl Street # C
San Francisco, CA 94117
(415)564-1750

ORGANIZATIONAL WEB SITES:

www.elisabethkublerross.com — Death and Dying

www.medicinehands.com — Massage for People Living with Cancer

www.compassionate-touch.org — Touch for the Elderly, the Ill and the Dying; trainings and educational resources.

www.thresholdchoir.org — Threshold Choir sings at the bedside of the dying; founded and directed by Kate Munger.

www.nhpco.org — Web site of the National Hospice and Palliative Care Organization. The best and most easily navigated listing of hospices around the country. This is the one the other sites link up to. They also sponsor the following hotline.

www.hospiceinfo.org — Web site of the National Hospice Foundation, an organization dedicated to “expand America’s vision for end-of-life care.” A source of much practical information, such as an explanation of Medicare benefits and guidelines on how to select a hospice program that is right for your needs.

www.nationalhospicefoundation.org — National Hospice Foundation; 1700 Diagonal Rd.; Suite 300; Alexandria, VA 22314; 703/516-4928; 703/525-5762 (Fax)

www.hospicenet.org — Web site featuring well-formatted, excellent articles on a number of hospice-related topics under the headings: Services, Patients, Caregivers, and Bereavement, as well as answers to FAQs. Also has a listing of hospices worldwide.

www.hospiceweb.com — Web site answering FAQs and featuring links to numerous hospice related sites covering an extremely wide variety of topics, such as Studies of the Bardo, Bereavement Counseling, Hospice Care Discussion Group, and Hospice Law.

www.growthhouse.org — Award winning web site dedicated to end-of-life care with a full range of resources for the layman and professional on such issues as palliative care, death with dignity, grief, and information on specific illnesses, links to other sites, and a book-store.

www.hospicefoundation.org — Hospice Foundation of America; 1621 Connecticut Ave., NW; Suite 300; Washington, DC 20009; 800/854-3402. E-mail: info@hospicefoundation.org

GRIEF AND LOSS:

Grief Education Program; 6795 E. Tennessee Ave; Suite 425; Denver, CO 80224; 303/377-3040 ext. 40.

Educational Resources By Irene Smith

Audio Cassettes (Taped Live)

Tapes 3 & 4 – #C3003; \$17.50; Benefits of Skilled Touch

Creating a Healing Environment and Touch Awareness Exercises

Tape 6 – #C3005; \$10; Sexuality Issues in Working with the Seriously Ill

Irene, Ken Bridgeman and workshop participants share their experiences, their feelings and their insights on this taboo topic.

Tape 7 – #C3006; \$10; Defining Our Healing Intention

Who is Healing? Who is suffering? Where is healing in the dying process? How do we cope with the loss of a client? These questions set the tone for this insightful and moving experience with Irene and 24 workshop participants.

6-Tape Audio Cassette Seminar – A0701; \$49.95; Massaging People With AIDS: A Historical Series, 1988

Video Cassettes

#V0702 / \$39.75; Bodywork for People with AIDS: The Emotional Impact

In this 80 minute seminar filmed in 1988 Irene shares her personal experiences and professional insights on the topics of what is touch, the benefits of Skilled Touch and the emotional impact of providing touch for people with AIDS. Irene concludes with her deeply moving slide presentation, "Christmas with Chuck".

Audio and Video Tapes May Be Ordered From:

**Health Positive: toll free phone & fax 1-888-797-5594;
orders@healthpositive.com www.healthpositive.com**

New: Home Studies Courses are now available with C.E. credits for bodyworkers and nurses. Approved by the NCBTMB, AMTA Florida and many other states. For information contact Sharon Burch at sharon@healthpositive.com

Info for People

Emotional Impact of Working with the Dying

This ground-breaking multimedia presentation allows you to participate directly in a discussion of this vitally important, but rarely addressed topic. Internationally acclaimed author and educator Irene Smith uses video, audio CDs, and handbook to deliver her experience with unprecedented clarity, understanding and compassion. Whether to prepare yourself personally or as a basis for group exploration, this versatile package contributes a depth of wisdom and education that supports anyone working with the seriously ill or the dying.

Order from: Info for People

1-800-754-9790

E-mail: info@info4people.com

www.info4people.com

Everflowing PRINTED MATERIAL

Bodywork for HIV Infected Persons; 93 pages; \$24.95. The book includes: worldwide statistics, diagnosis, treatment, transmission, AIDS defining conditions, precautions for hands on care, benefits & outcomes of bodywork, gathering client information, bodywork modifications for disease progression, special considerations, and the emotional impact to the practitioner.

Massage for the Ill and the Dying in a Home Setting; 24 pages; \$10, includes shipping in USA.

The Emotional Impact of Working with the Ill and the Dying; 16 pages; \$8, includes shipping in USA. Text only version without photos may be downloaded for free from www.everflowing.org.

Everflowing Massage Program Manual for Hospice Homecare; 60 pages; \$60, includes shipping in USA. A comprehensive manual including development, implementation and training with practitioner contracts and agreements.

Tape: *Songs of Healing* - \$15, includes shipping in USA. Irene is now formatting her radiance and wisdom into song. In “Songs of Healing” Irene takes you through 5 original songs for the healing of her personal grief includes commentary before each song. This tape is for anyone who has lost a loved one or who facilitates a grief group or for anyone who wants to be inspired.

An audio version of the *Bodywork for HIV Infected Persons* book is now available in CD format. CD-1 focuses on HIV education and CD-2 focuses on bodywork guidelines. Both CDs are in lecture format. The set of 2 CDs is available for \$24.95 including shipping and handling in the USA.

Order Printed Material, CDs and Audio Tape from:

Everflowing

41 Carl Street, #C

San Francisco, CA 94117

(415) 564-1750

Or E-mail: everflowing@earthlink.net

www.everflowing.org

Irene Smith Bio

Irene Smith introduced massage into hospice care on the West coast in 1982. Since that time she has worked with hundreds of clients in

hospital, home, hospice, and skilled nursing environments. Her private as well as organizational involvement with the seriously ill has included AIDS, Parkinson's, Alzheimers, and cancer in all stages of illness.



Irene was the founder of Service Through Touch, an Internationally acclaimed organization providing and teaching touch as an integrative component to AIDS care.

Irene has been acknowledged by the massage and somatic communities, the health care community, and through the media for outstanding contributions to society's well being.

Her written contributions include Chapter 9 in *AIDS, the Ultimate Challenge* by Dr. Elisabeth Kübler Ross; *Psychoimmunity and the Healing Process* by Jason Serinus. And she is one of the women featured in *The Feminine Face of God* by Sherry Ruth Anderson and Patricia Hopkins.

She is currently founder and director of Everflowing, an educational outreach project dedicated to teaching touch as an integral component to end of life care. She continues to teach, consult, create educational resource materials, and maintain a private practice in San Francisco, CA.