

REFLECTING ON THE DEATH OF A COLLEAGUE AND TEACHER: LESSONS LEARNED

By Barbara A. Candales, Ph.D., Assistant Professor and Director, Social Work Program,
Central Connecticut State University, and Evelyn Newman Phillips, Ph.D., Associate Professor, Department
of Anthropology, Central Connecticut State University

Death creates opportunities for growth and reflections. Dying also generates questions about our relationship to the deceased and our mortality. When a colleague in the authors' social work program died after surviving 15 years with cancer, without allowing time for those around her to prepare for her death, the remaining colleagues and her students were left with many unanswered questions. This reflective paper draws on a retrospective analysis of the authors and students who experienced the death of Ilana Hendel. The authors' use of the Generalist Practice with Families, Groups, and Communities course identified their unresolved grief and informed their future practices when coping with terminal illness and death.

"To weep is to make less the depth of grief." Shakespeare- King Henry the Eighth

How does a social work program face the unexpected death of its program director during the semester? How does the program prepare students to cope with the loss while maintaining intellectual continuity and programmatic integrity? Furthermore, how do faculty grieve while sustaining program needs? Social work curricula often include death and dying. However, seldom do students confront death and dying in more than an intellectual exercise. Unfortunately, for students, the unexpected death of the director of the social work program of a state university turned the scholarly issues of death and dying into a personal tragedy.

In the late fall of 1997, Ilana Hendel¹, the Director of the Social Work Program at a school in the northeastern section of the United States, a 15-year cancer survivor, became critically ill and died two weeks before the fall semester ended. Without an opportunity for students, faculty, the campus, and the social work community to say goodbye, her death shocked us. Two weeks prior to her death, Ilana taught her class. The unex-

pected death of the program director created anxiety among the students. Some wondered how her death would affect their class credit and questioned whether they would have to retake the class. In addition, students expressed a desire to commemorate their professor's memory. Recognizing such consternation as a normal aspect of the grief, the remaining two faculty members, the authors, created an opportunity for students to mourn their loss and to calm their fears about the stability of the program. The Generalist Social Work Practice with Families, Groups, and Communities class became the medium by which students could organize activities to remember the Program Director. The grief process of Ilana's students and her colleagues shapes this narrative. In addition to providing a contextual understanding of the events, we analyze our responses to this death in light of the literature and the implications it has for social work practice.

Perspectives on Death and Dying

Social work students are trained to help others to cope with death, detachment, and losses. Seldom are they educated to contend with the dying and death of their professors. The absence of research addressing bereavement in the academic setting among social work faculty and students attests to the domi-

¹ Ilana Hendel is a pseudonym.

nant quantitative paradigm that devalues reflexive research. Therefore, a dearth of research exists concerning grieving the death of a professor or colleague in an academic setting.

The limited research concerning college students primarily addresses how culture influences the mourning process in this age group. For example, Oltjenbruns (1998) examined broad-based grief responses among Mexican-American and Anglo-American college students. The research led to development of intervention programs for bereaved university students. To guarantee that the support met the cultural needs of the students, the researcher differentiated between psychopathology and culturally bound beliefs and behaviors (Oltjenbruns, 1998, p. 142). This study addressed the loss of family members and close friends.

Types of losses

Most grief research focuses on loss of kin—primary “relationship of attachment,” rather than “relationship of community” grief (Weiss 1988, p. 37). A preponderance of data explores the death of parents, children, and spouses (Raphael, 1982; Sanders, 1999). The strength of the bonds of attachment determines the severity of the grief experiences (Parks, 1998).

Despite loss of kin being a major focus of grief studies, the recent high profile deaths of Princess Diana, Mother Theresa, and John Kennedy, Jr., along with the September 11, 2001, World Trade Center catastrophe make obvious that people grieve for mythic and ordinary figures they do not even know. People feel connected to others beyond their families. When someone famous dies or a tragic event occurs, such as the bombing of the Oklahoma federal building and the planes crashing into the World Trade Center, popular media create and recreate a sense of community and intimacy among strangers. This process gives permission to people to pub-

licly grieve by placing flowers and photos at sites of death or creating a larger memorial visible to everyone who passes (Howarth, 2000). Weiss (1988) characterizes such demonstrations of grief for non-kin as “relationships of community” (p. 37).



Public grief moves mourners to advocate, create awareness, seek answers, and change the conditions that caused the deaths. It also allows the communities to ensure that the needs of family members of loved ones are met. For example, the September 11th fund was established to help mediate the immediate and long-term financial loss that families suffered. Race for the Cure and the AIDS Walk, for example, use the loss of individuals to breast cancer and AIDS to highlight prevention, increase awareness, and raise funds for new treatment initiatives. These communal entities illuminate the magnitude of bereavement caused by these fatal illnesses and tragic deaths.

The examination of grief among non-kin community members rises as partners and caregivers mourn the loss of individuals who die of AIDS (Ross, Greenfield, & Bennett, 1999). The increase in such a genre of research does not indicate that non-kin grief is a new phenomenon. Instead, this research demonstrates that non-kin are merely asserting their right to mourn, to be publicly acknowledged, and to be supported in workplace policies (Ross et al., 1999). Davidson and Foster (1995) perceive that social movements of the 1960s fueled these changes. As a result of this social phenomenon, a small

number of researchers now investigate grief in the workplace (Eyetsemitan, 1998). Given that approximately 3,000 people lost their lives while at work in the World Trade Center on September 11, 2001, we can only imagine that this genre of research will grow.

Work is organized to provide services and products and in some cases to make profits (Eyetsemitan, 1998). Grief in the workplace is often stifled. Philip and Stevens (1992), both therapists, write about a dying colleague. They emphasize that inhibitions prohibit colleagues from confronting co-workers when their physical or mental state no longer allows them to serve patients' needs. Philip and Steven (1992) note that Philip, who was dying of cancer, often withheld information from her clients about her illness, and therefore, "deprived them of a manageable mourning process" (p. 418). Work is an environment where a person is expected to produce and be effective; therefore, challenging colleagues about their illnesses and death approaches taboo.

In many cases, a special bond can develop over time with a colleague (Stein & Winokuer, 1989). The reaction to a sudden death of a colleague can be as distressing as the death of a relative. Employers must recognize the importance of the working relationship and provide for a supportive environment where employees can openly express their loss.

Bereavement and Grief

Many factors shape how individuals grieve a loved one (Parks, 1998). Gender, religious beliefs, mode of death, personality, support, and social class are among the numerous variables that shape individuals' responses to death. Research shows that the death of a friend, a colleague, or an adult sibling living in a different household tends to be followed by distress and sadness but not usually by severe and persistent grief (Weiss, 1988). When a colleague or a teacher or a

friend dies, usually a diminished sense of community results and a feeling that a valued person has been lost. Of course, one cannot predict how each individual will mourn the death of a loved one (Parks, 1998).

Grieving individuals address the death of loved ones in various ways. Howarth (2000) notes that "contemporary survivors might seek to continue the relationship with the dead and work toward keeping them alive [by] . . . talking about the dead; anniversaries; self-help groups; constructing biographies; commemoration; and communication" (p. 5).

Rituals

All cultures perform rituals when mourning the deceased. How each culture enacts the ritual is influenced by various factors, such as history, religion, spirituality, and status of the individual for which the ritual is observed. Rituals heal and allow individuals to relinquish relationships and transition to new social roles (Romanoff & Terenzio, 1998). Death rituals provide an approved collective means for individuals to express their emotional ties to the deceased person while maintaining social cohesiveness and preventing societal disruption (Romanoff & Terenzio, 1998).

Searching for Answers

This reflective paper draws on a retrospective analysis of the authors and students who experienced the death of Ilana Hendel, the social work program director. We employed different methods to gather data concerning the students' and our bereavement. Sixty-four members of three classes that graduated between 1998 and 2000 received surveys, and 15 females and 1 male alumnus responded. The questions explored their religious background, their beliefs about life after death, and how Ilana's death affected them. For each question, we categorized and analyzed the data by class, age, and gender. Finally, together we discussed the events surrounding our colleague's death, and separately

we wrote how each was affected. We taped, transcribed and coded our discussions. In addition, we collected materials from our files that documented the memorial service.

Encountering Death: Reflections of Loss

In 1985, doctors diagnosed Ilana Hendel with breast cancer. Publicly, she acknowledged her battle with cancer as she went through various treatment procedures. During various periods, she entered hospitals for treatment and returned to school. Seldom did her body appear to be ravaged by cancer. A bone marrow transplant left her with a fresh short hairstyle and renewed vibrancy. Ilana lived a full life; she directed the social work program, taught classes, and coordinated the Council on Social Work Education (CSWE) accreditation self-study. Her battle with cancer seemed to infuse and inspire her life. Outwardly, she lived a life detached from cancer.

The first real, visible sign that Ilana might lose her battle against cancer appeared on a Wednesday morning in November in 1997 like the first hint of a New England winter—a dreaded inevitability. On that day, all of the social work students met for her senior seminar to hear a former student discuss issues of ethics and spirituality. Her yellow-hued complexion and slowed gait betrayed her jubilant spirit. Her physical appearance signaled that Ilana was very ill. Her looks did not alter our hopes or imply an uncertain future. Despite physical signs warning the faculty of her deterioration, we denied the severity of her illness.

Perhaps the faculty's denial was facilitated by the hopeful mood of Ilana and her family. Ilana, who communicated with Barbara as long as she was alert, instructed Barbara to tell the seniors only that she was ill. Even after hospice care entered the picture, Ilana's pending death was not shared with the remaining students. Furthermore, despite Barbara's close relationship with Ilana, Ilana

never acknowledged that she would soon die. Barbara explains her impression of Ilana's confrontation with cancer:

I knew that she was struggling with what was being done [treatment] and whether it was in fact going to work. I don't think that we talked about it not working. They talked about it as if it [the treatment] was going to work as a way of really holding on. Fifteen years she had been struggling with this. (Barbara's reflections)

Reality erased our hopes and denials the Friday after Thanksgiving. That day around 5 pm., Ilana's spouse called Barbara to say that Ilana had died. The word of our loss moved us to quickly inform students so that they could mourn the death of our co-worker and their teacher. The family invited the seniors to attend the funeral service since they were most familiar with the deceased director. Barbara, who was more directly involved with the deceased, passed the word of Ilana's death through a telephone chain system. All students were provided with names and addresses of the family members to send their personal condolences. Approximately six seniors contacted during this holiday weekend attended the Sunday funeral service.

Realizing that the funeral service expressed and reflected the emotional attachment of Ilana's family and intimate friends rather than her university community, we determined that we had to allow the students to voice their grief. Therefore, we encouraged the students to plan how they wanted to commemorate their memory of Ilana. The Generalist Social Work Practice with Families, Groups, and Community, composed mostly of seniors, seemed the most logical venue to organize activities for the memorial service.

Organizing a Community

Appointing the seniors to create a vehicle

that would allow others in the university and program to grieve served three purposes. The first objective was to permit students a means to honor their relationship with Ilana. The second objective was designed to teach students how to organize a community and solve problems during a crisis. The third objective was to address students' inability to concentrate. Apart from these objectives, the faculty served as consultants to the students.

The senior class comprised approximately 20 students. Their ages ranged from late 40s to early 20s. The class comprised mostly women, including three men. Ethnically, the majority of the students were Euro-American Protestants and Catholics. One student was Jewish.

Consultation and group consensus formed the foundation of the planning for the memorial services. During the first planning meeting, students discussed their memories of Ilana and brainstormed about what they wanted to do. Such ideas in addition to the memorial service included requesting the university administration to declare a day of mourning, buying a bench, planting a tree, getting a memorial plaque, and placing ribbons around campus. During this period, no one person emerged as "the leader." Instead, various students initiated the projects that interested them.

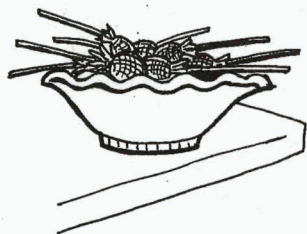
During the second planning session, the class listened to the individual reports and prioritized what could be achieved before the semester ended and which symbols honoring Ilana's life required more funds and time. Given the constraints of time and money, the class agreed to hold a memorial service, make a video, wear purple ribbons (Ilana's favor-

ite color), tie purple ribbons around trees throughout the university campus, and give lollipops to the students and attendees of the service. Ilana often had a bowl of lollipops on her desk and generously shared them with her visitors. Once the class members finalized their decisions, they identified how the staff and the other students could assist them in implementing these activities.

While Evelyn helped the seniors to plan and organize ways by which they could memorialize Ilana, the external community was simultaneously responding as well to the news of Ilana's death. Barbara's role was to develop the memorial service program to include not only students, but also colleagues and friends.

Memorial services embody "psychological and symbolic meaning" that focuses on the "beauty of the relationship" with the deceased (Oaks & Ezell, 1993, p. 43). In this case, many individuals shared their memories of Ilana. For example, one student who had been diagnosed with cancer the previous year and was touched by Ilana's support and encouragement wanted to recite a poem in her honor. Other students, mindful of Professor Hendel's Jewish identity, recited prayers, one of which was an excerpt from the Psalms. On-campus co-workers spoke about their relationship with Ilana. Her social work colleagues talked about her contributions to the profession and to the social work students. Letters from friends and colleagues were read. Throughout the memorial service, 150 students, friends, colleagues, and family cried, laughed, told stories, and shared memories that helped everyone to mourn the loss of Ilana. A video produced by the seniors brought closure to the memorial service. This video signified the students' emotional acceptance and acknowledgement of her passing.

In summary, the memorial service was primarily to help the students to relieve their distress and anxiety while mourning the loss of a teacher. This was accomplished first by



enlisting seniors to use their social work knowledge of community practice to plan and organize ways to memorialize their professor's life.

Students' Perceptions

Religious beliefs often inform or dictate how individuals respond to death. When students responded to our questions about what they believed about life after death and how it affected how they grieved, all of the respondents except two individuals considered that the spirit of the deceased was eternal. For example, a 45 year old Catholic male said, "I believe that all life has a soul and at the end of life the soul enters another realm—i.e. heaven/hell." Also, a 23-year-old female Christian expressed, "I believe if you believe and accept Christ in your life, you will have eternal life in heaven. If not, eternity in hell." Another 22-year-old Catholic female thought that "your spirit lives on" and a 35-year-old Seventh Day Adventist said, "I believe in reincarnation." A 25-year-old female proclaimed that she was unsure about life after death. Also, a 27-year-old female said that she did not have any beliefs about eternal life either way. The majority of students identified themselves as moderately religious and Christian. Their faiths included Catholicism, Adventist, Church of Christ, Congregational, and Unitarian.

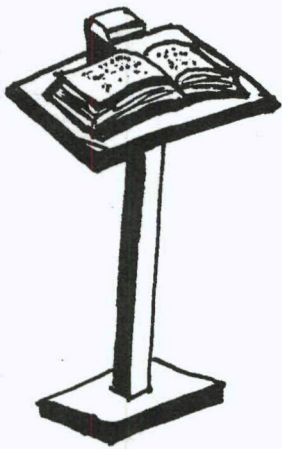
The students did not openly express religious beliefs as a major facet when planning the memorial services. Religion arose as an explicit factor only when selecting the appropriate readings to commemorate Ilana's memory. However, in their survey responses, students addressed their spiritual beliefs. Faith in the immortality of the human spirit seems to reduce the pain in students' grief. For example, a 29-year-old female said, "I am not sure how this affects my grieving, but I pray a lot to God and to whom I believe is the higher power other than myself and this provides me with comfort and reassurance. I guess it says life and death is [sic] not always in our hands

and is in the hands of a higher power." A 22-year-old Catholic female said, "It is reassuring to think that you live on in some form. I feel that it helps the grieving process because you can just think of the person as alive in spirit." "My beliefs give me great comfort knowing that someone that I have loved is still 'there' as part of heaven and as part of my continuing life on earth," suggested a 51-year-old Unitarian female.

The length and the nature of the students' contact with Ilana differentially related to their sense of loss. For example, pre-social work majors had known Ilana for only eight weeks, whereas juniors and seniors had been acquainted with her for two to three years. The pre-social work majors appeared to have less need to grieve. Comments such as these reflect how they were affected: "I was saddened because she was my teacher." "It was sad . . . Although I did not know her, I could tell from others' reactions that she was much loved." The students that knew her longer than the new majors expressed profound grief. Their expressions of loss included "sadness," "shock," "disbelief," "confusion," and "incompleteness."

For juniors, not only the length of relationship but also their lack of information about the seriousness of Ilana's health status affected their mourning. For instance, one student shared that she "felt sorry that we did not know her [Ilana's] condition was so grave and could not lend some support to her, her family, or the faculty closest to her." Another junior revealed, "Total shock, utter disbelief. One day we were told 'she is stable,' the next couple of days dead and buried." A 23-year-old female felt that the faculty tried but the crisis warranted more sensitivity.

The majority of the students felt that the social work program and individual faculty members assisted them during their grief. A 51-year-old pre-social work major proposed that "it was good that the memorial service was held and that the professors were avail-



able to students." Another 24-year-old pre-social work major revealed, "The social work program [and those involved] contributed greatly to the grieving of each student." A 27-year-old female junior explained that the department addressed her grief in class and left time for discussion. "We talked about the funeral after our professor explained everything that had happened," said a 25-year-old female junior. "This was used as a learning experience." The seniors provided more details about how the program addressed their grief. A 29-year-old female explained, "Everyone, including the staff and the students, supported one another. We had a service for her and us and the students were encouraged to plan the ceremony." A 50-year-old senior said the social work program encouraged us [the students] to come together as a group to support one another... The program went beyond and above what I had anticipated!" A senior, 25-years-old, indicated, "Ilana's death was discussed in class; several class times were devoted to talking about our feelings and reminiscing about Ilana. I felt that I could have talked with anyone about my feelings." Plus, seniors expressed that informed field instructors provided them more time to deal with the shock. Overall, students' responses suggest that appropriate measures were taken.

Even though the majority of the students felt the faculty tried to ease the burden of their grief, some students did indicate how the intervention could have been improved. For example, a 27-year-old pre-social work major said, "Grief counselors should have been provided because staff was also grieving. Communication that Ilana had breast cancer and had expired should have been passed around to all social work students, no matter where they were in the program. Honesty about the situation would have been helpful." A 23-year-old female advocated that individual counseling and issues concerning death, dying, and grief should be integrated into classroom lectures.

Barbara's Reflections

In the fall of 1997 I would not have known the ramifications the death of Ilana would have on my personal and professional life. During the 1995 Spring semester, I accepted a position as Field Coordinator. After assuming the position, the then director told me that the Program needed an experienced person that could step in, should Ilana's cancer reappear. I did not feel the need to probe any further, nor was any additional information shared with me. Ilana attended my job interview but she was still on medical leave. Ilana wore a wig, due to her hair loss; however, she appeared to be in good spirits.

Ilana was back to full-time work in the fall. Her face glowed and she looked vibrant. Ilana joked about her new crop of hair and appeared to be energetic. The year went by without any major health worries and Ilana planned and organized the present program director's retirement party. The following fall, plans were made to cover Ilana's classes because she would be out for another six weeks for medical care. Ilana described this as "just one of those things" that women have to deal with. When she rejoined us in the spring semester, another health problem surfaced. Ilana was now a diabetic.

At the beginning of our third academic year together, the program completed the first phase of the accreditation process. We submitted the self-study materials. Ilana and I then focused our attention on finalizing an invitational paper that we were to present within two months. It wasn't until the week before our presentation that I realized something was wrong. Ilana was not her usual cheerful self, yet we continued to make plans for our trip. When I arrived at the conference, I received a message to call Ilana. With a hint of weakness and sadness in her voice, Ilana informed me that she could not make the trip. She said, "I know you will do a great job, and I look forward to hearing the feedback." Immedi-

ately after sharing this information, Ilana happily informed me that the University had approved another tenure track line for our Program. We were both elated!

A week later back on campus, Ilana's weakened body indicated something was very wrong, yet I did not dare to ask questions. Perhaps, it was out of fear that I did not probe deeper, and Ilana did not share any information. Her visibly changed appearance worried me. That week was the last time I saw Ilana. The following Monday, her husband telephoned to tell me that he, Ilana, and her daughter were on their way to visit Ilana's doctor in New York City. They hoped the noticeable signs that we all had witnessed were related to her medication. Unfortunately, this was not the case. Ilana's husband called me a few days later and said that Ilana had only a few weeks to live. This horrible prognosis shocked me.

Over the next two weeks, I would check in with Ilana at home each Monday morning as was our regular pattern when she was not scheduled to be on campus. This time my calls focused on how Ilana was doing, on program related issues, and finally on what Ilana wanted to share with the students. Over this period, Ilana gradually relinquished her directorship, and one morning she said, "You're the boss now." All I remember saying was "OK, Ilana, I'll take care of things." It was now final that Ilana was never coming back! I processed this sadness and the burden I felt at having to help the students to cope with this loss.

Evelyn and I drove that weekend to the funeral home for the service, to the cemetery, and finally to Ilana's home. During our drive, we realized the need to have a memorial service for the students and divided the responsibility of organizing the service. In the two weeks that followed, we all prepared for the on-campus memorial service. I consulted with the students as they planned to celebrate Ilana's life. Among the goals they wanted to

achieve was to produce a video. It showed a glimpse of Ilana's professional and family life. I chose not to preview the video before the memorial. At the memorial service, I was able to absorb the positive and powerful energy of the many contributions Ilana had made over her short lifetime. I was able to assist a student who broke down and cried as she read a poem dedicated to Ilana. However, after seeing the videotape, I allowed myself to cry.

As the semester quickly ended, I realized the magnitude of the responsibilities that lay ahead; therefore, I put aside my grief. Meanwhile, I helped the students to grieve as they prepared for their final exams. Then, I put into motion plans for the program accreditation site visit, hired an emergency adjunct and organized and chaired a faculty search committee. In addition to these demands, I faced a deadline to complete the remaining work for my doctorate. Mourning Ilana's death was not an option for me at that time.

Evelyn's Reflections

When Ilana died, I was stunned but not totally surprised. A few weeks before she died, I observed how jaundiced her body had turned and how slow her gait had become. However, I thought that her health would return and she would triumph against this latest hurdle. Only when discussing my observations with a friend who works at the American Cancer Society, I began to face the dreaded reality of Ilana's disease. As I explained to her Ilana's appearance, she said, "Evelyn, don't you realize what is happening?" "No," I replied, "What do you mean?" She clarified, "When the body becomes jaundiced, that means that the liver is failing. That is usually one of the final stages of the illness." A few years earlier, this friend had lost her father to cancer, so her wisdom was based on more than professional knowledge. That information helped me to see clearly the challenges that Ilana faced. I was shaken by her

explanation but tucked it away in the back of my mind, hoping that her prediction was not true.

Unfortunately, one Friday evening after I returned home, I received this message from Barbara: "Ilana passed. We need to talk about making arrangements for the students." When I heard the news, I was surprisingly calm. Perhaps, my belief in an afterlife reduced some of the anguish. I returned Barbara's call and we began to plan what to tell the students and how the University would be involved in the ceremony that the family planned for Ilana's memorial.

The dawn after Barbara notified me that Ilana had died, an unusual event occurred while I was in bed. Suddenly, I felt Ilana's presence; she appeared in a blue and green stylish Carol Little-type-dress at the head of my bed, walked to the foot, and then disappeared. She did not say anything. In this liminal state, I awoke feeling totally tranquil about her leaving. I felt reassured that her pain and suffering no longer embodied her spirit.

My spiritual encounter carried me through the hectic planning for the celebration of her life, organizing the students, and adjusting to changes in the program. Given that I taught the Generalist Community Practice class, I assumed responsibility for guiding the students as they planned ways to commemorate Ilana's life. I oversaw the organizing without being overwhelmed by grief. I did not cry.

However, entering her home after the funeral service felt surreal. Life seemed incongruent without Ilana as host. Prior to her death, twice we held a staff retreat at her home to prepare the accreditation self-study report for the Social Work Program. Standing there in her kitchen and seeing her dogs belied her absence.

Spiritually, I felt connected to Ilana because she respected my faith as a Baha'i. Often when she traveled to Israel, she would mention that she had gone to the Baha'i shrines in Haifa. During one of her journeys,

she brought back a cobalt glass dove suspended on a pink ribbon. That dove hangs from my glass living room door and catches the sun along with an Arabic Baha'i sun-catcher that symbolizes "God is Most Glorious."

Lessons Learned

Reflecting back on the events surrounding Ilana's death, lessons emerged. First, we recognize that although we are social workers and train students to become social workers, we guardedly responded to our ill colleague. With Ilana, we cautiously ignored and denied her illness. Given her denial, we failed to discuss openly her advanced fragility. Instead, we responded to her cloak of privacy and shrouded our feelings and her condition. Even when Ilana brought in a special lecturer to discuss ethics and spirituality, we never saw her actions as an attempt to forewarn us about her own mortality. In the midst of this crisis, we failed to see the need to call in an outside grief counselor to assist the students and us with Ilana's death. Perhaps, the urgency and demands of the task eluded our need to call in others. Grief may be sublimated when the demands of caring for others is a priority.

Respecting boundaries and being responsible for training students pose dilemmas. The faculty remained conflicted about how we should have responded to Ilana's illness. Should we have encouraged Ilana to discuss the latter stages of her illness with the students? Would such openness have allowed students to say good-bye or to thank her personally for her support? The final day she was on campus, we all ignored her illness and acted as if everything was fine, although we observed that her vigor and energy increasingly slipped from her body at least a month or so before she died. We can only wonder if it would have been easier for Ilana to share information about her diminishing health and possible death if we, the faculty, had shared with her our fears about her health and our

wish to honor her life. On the other hand, were we respecting her style of coping and supporting her hopefulness for a full recovery? Would acknowledging her possible demise undercut her inspiration for recovery? Would openly discussing her illness cross the boundary of respect? Of course, we will never know the answer. This dilemma shows that although we are social workers, our concern for intruding on the personal boundaries of our colleague undermined our professional duties to the students who were anxious and bereaved. The need for a grief counselor arose long before her death. Just as doctors should not treat themselves, neither should social workers.

An examination of the way in which Ilana confronted her chronic battle with cancer gives us some possible perspectives about why she did not want to discuss the latter stages of her illness with the students. Being a cancer survivor was a major aspect of Ilana's persona. She joked with students and colleagues about her illness and she accepted the side effects as a part of surviving. She informed students when she entered the hospital for new treatment. She lived a very public life as a cancer survivor. As Barbara says, "For Ilana, living was her only option."

Perhaps Ilana chose not to alter her self-image despite what her body showed. The chronically ill grieve their former selves and do everything possible to hold on to their humanness (Stephenson & Murphy, 1986). Often, the chronically ill adapt to the behavior of those around them. Commonly, friends either distance themselves from their sick loved ones or deny the severity of the illness. In our case, we employed both strategies. We rejected what our eyes revealed and distanced ourselves by pretending Ilana was fine.

Despite our timid responses to Ilana's illness, the memorial services allowed us to celebrate her life and provide students an opportunity to grieve. The events planned by students and others served as rituals to facili-

tate the mourning process not just for one evening but also throughout the following semester as the purple ribbons remained attached to the trees. Romanoff and Terenzio (1998) remind us "[too] often, bereavement rituals are one-time events that fail to acknowledge grieving as a process that occurs over time" (p. 699). Rituals can provide the opportunity to maintain order and "expression and transformation" (Kollar, 1989, p. 281). Today, we can reflect on the wonderful connections with Ilana through our program web page and by attending the annual State University system social work conference named in her memory. Student involvement in the planning process and University collaboration provided many opportunities for social support and mutual aid to assist with the grieving process. Worden (1991) identifies the provision for continuing support as one of his guiding principles in providing grief counseling.

Finally, writing this paper helped us to face the truth of our lives. This process allowed us to grieve the loss of a colleague but also to consider ways to intervene should such an event occur in the future. We hope that our experience will benefit others as well. The following quote sums up the purpose of this paper:

"The mourner who plants a seedling in memory of the deceased acknowledges the loss, and waters and nourishes the sapling. Later, he or she sits in the shade of the tree" (Romanoff & Terenzio, 1998, p. 709).

References

- Davidson, K. & Foster, Z. (1995). Social Work with Dying and Bereaved Clients: Helping the Workers. *Social Work in Health Care*, 21(4), 1-16.E



- Eyetsemitan, F. (1998). Stifled Grief in the Workplace, *Death Studies*, 22, 469-479.
- Howarth, G. (2000). Dismantling the Boundaries Between Life and Death. *Mortality*, 5 (2), 127-139.
- Kollar, N. R. (1989). Ritual and the Disenfranchised Griever. In K.J. Doka (Ed.) *Disenfranchised Grief: Recognizing Hidden Sorrow* (pp. 272-285). Lexington, MA: Lexington Books.
- Oaks, J. & Ezell, G. (1993). *Dying and Death: Coping, Caring, Understanding*. Scottsdale, AZ: Gorsuch Scarisbrick.
- Oltjenbruns, K.A. (1998). Ethnicity and the Grief Response: Mexican-American versus Anglo-American College Students. *Death Studies*, 22, 141-151.
- Parks, C.M. (1998). *Bereavement Studies of Grief in Adult Life*. (3rd ed). Madison, CT: International University Press.
- Philip, C. & Stevens, E.V. (1992). Countertransference Issues for the Consultant When a Colleague is Critically Ill (or dying), *Clinical Social Work Journal*, 20, (4) 411-420.
- Raphael, B. (1982). *The Anatomy of Bereavement*, New York: Basic Books, Inc.
- Romanoff, B. & Terenzio, M. (1998). Rituals and the Grieving Process. *Death Studies*, 22, 697-711.
- Ross, M. W., Greenfield, S. A., & Bennett, L. (1999). Predictors of Dropout and Burnout in AIDS Volunteers: A Longitudinal Study. *AIDS Care* 11(6), 723-732.
- Sanders, C. M. (1999). *Grief: The Mourning After: Dealing with Adult Bereavement*. New York: John Wiley and Sons.
- Stein, A. J. & Winokuer, R. (1989). Monday Mourning: Managing Employee Grief. In K.J. Doka (Ed.) *Disenfranchised Grief: Recognizing Hidden Sorrow* (pp. 91-102). Lexington, MA: Lexington Books.
- Stephenson, J. & Murphy, D. (1986). Existential Grief: The Special Case of the Chronically Ill and Disabled. *Death Studies*, 10, 135-145.
- Weiss, R. S. (1988). Loss and Recovery. *Journal of Social Issues*, 44 (3) 37-52.
- Worden, J.W. (1991). *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. New York: Springer.

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