



Iowa Research Online
The University of Iowa's Institutional Repository

University of Iowa Honors Theses

University of Iowa Honors Program

Spring 2017

Good Grief: How to Lose the Ones You Love

Celine Uhl

Follow this and additional works at: http://ir.uiowa.edu/honors_theses

 Part of the [Nonfiction Commons](#), and the [Poetry Commons](#)

Copyright © 2017 Celine Uhl

Hosted by [Iowa Research Online](#). For more information please contact: lib-ir@uiowa.edu.

GOOD GRIEF: HOW TO LOSE THE ONES YOU LOVE

by

Celine Uhl

A thesis submitted in partial fulfillment of the requirements
for graduation with Honors in the English

Patrick A. Dolan
Thesis Mentor

Spring 2017

All requirements for graduation with Honors in the
English have been completed.

Marie Kruger
English Honors Advisor

Departmental Honors Thesis
University of Iowa English Department
Spring 2017

Good Grief:

how to lose the ones you love

by
Celine Uhl

Patrick A. Dolan, Jr.
Thesis Advisor

Table of Contents

Abstract	3
Critical Essay	4
Denial	10
Anger	24
Bargaining	39
Depression	43
Acceptance	57
Works Cited	72

Abstract

This thesis attempts to contextualize my individual experience of grief within a historical and cultural conversation about death, dying, and grieving more broadly. My father died at age 60 as the result of a failed liver transplant following years of alcoholic cirrhosis and hepatitis C. I was 16 at the time of his death, and in the room when it happened. I explore his death and mine and my family's grief in piecemeal alongside an ongoing survey of other topics in death and grief which relate to or otherwise inform that experience.

The genre of this project is a collage of nonfiction essay and poetry. There are essays about how different groups of people deal with grief, the economics of body disposal, and the narratives we construct to make sense of mortality, among other subjects. The poetry focuses primarily on my own experience, unpacking the memories I have and how they continue to affect me to this day. The two modes of narration are meant to enlighten each other, meeting in the middle of self and other to make sense of how to lose someone you love, using my father as a test case.

Elegy has a long and storied history, and this project hopes to contribute to it by pulling apart its primary modes: pain, loss, and remembrance.

Critical Essay

The first seed of this project – and its most lasting idea – was the “dyad” organizing principle. Differing ideas about content, style, and focus have all come and gone during the writing of this project, but the dyad has always been the primary formal experiment in writing *Good Grief*. It was certainly the part of my thesis which most tested what I have been learning during my college career. I also believe firmly that this structural principle has contributed greatly to what the project became over time.

The “dyad” I refer to is a unit comprised of a paired set of pieces, one nonfiction essay and one poem, which are intended to be read in tandem. The nonfiction is a flash look at a topic in death or grieving, and the poems are about my own experience of loss. *Good Grief* alternates between genres, setting up these dyads as the narrative moves forward. The connections between the two pieces are varied. It may be a straightforward sharing of content, as it is in “Obituaries” and “Husband, father, fisherman,” which both deal with the received form of the newspaper obituary. The connections are also sometimes more abstract or interpretive, requiring effort on the part of the reader to decipher, as it is with “2012” and “Death certificate.” I wanted readers to have a lot of flexibility to decide for themselves how the pieces of a dyad fit together, but there are also some outward signs – shared language, emotional resonance, etc – that yoke the two together. I hope that I’ve achieved balance in this regard, and that the work is both accessible and open. It seems likely that there will be a great deal of variation in how these pieces are read, no matter how I intend them to be read, because grief is so highly personal and individual. Each reader will likely bring a different understanding of the topical matter and formal interests of the project, and I invite those different experiences into the conversation.

Originally, my idea was to keep each piece to one page in length, which would allow the dyads to face each other when the text was open, verso-recto. I thought this would further encourage

ideological cross-pollination between dyadic halves. As I wrote the pieces, though, it became increasingly clear that this would limit the possibilities of the pieces themselves to stand alone, as well as prevent them from fully growing into the topic they wanted to explore. I wanted the pieces to be short, so that the project could sample widely from the topic and make connections because of its breadth (rather than depth) of interest. I did not, however, want them to be so restricted as to seem like a museum of death oddities without any personal reflection or insight, and I feared that an extreme cap on the length of each piece would force me to do just that.

The project is organized further into chapters which correspond to Elisabeth Kübler-Ross's well-known "five stages of grief." This structure came later in my drafting process as a result of a conversation in workshop, and I struggled with the decision of how to incorporate it. I was concerned that it would negatively affect the flexible, interpretive reading experience to impose such a stringent and externally-derived structure upon the project. In addition, I find the five stages to be an inadequate way to think about grief. It is prescriptive, and the way it has manifested itself in popular culture has made grieving seem like a series of discreet steps which, if progressed through with enough perseverance and gumption, allow the person to "complete" their grief. It is damaging to view grieving as nothing more than a process which ends in the gold star of "acceptance," especially when the grief is for someone very close to you. It is too ongoing, overlapping, non-linear, and emotionally complex to work that way. I thought it was crucial to make that clear in this project, and I worried that using the super-structure of the five stages would over-simplify the discussion.

The more I considered these problems, though, the more it seemed that they were intimately connected to the way I experience grief personally. Regardless of their empirical accuracy, universality, or my own feelings about them, the five stages permeate the way that I (and many others) think about mourning. It would be ludicrous for me to try to ignore them in a project that is entirely about how people grieve; their absence would be more conspicuous than their presence would, because the five

stages are in, under, and behind most contemporary conversations about grieving. Whether I agreed with them conceptually or not, the five stages were going to be in the shadow of the project, and I would have to deal with them somehow.

The chapter title solution was how I chose to do it. Using the five stages in this way gave me some power over them – I could introduce my own experience on familiar ground to the reader, and then play off or subvert expectations as I saw fit. I also decided at this time to include the nonfiction essay “Stages,” which discusses how misleading I find the five stages to be, even as I continue to use them. Of course, in researching the five stages and reading Kübler-Ross’s landmark text for myself, I found that the whole enterprise was more complicated than I anticipated – ain’t that just the way with research? I tried to include a multifaceted meditation about Kübler-Ross’s work in that essay, to the best of my ability. This moment would also double as the beginning point to execute my next structural move: breaking down the dyad structure that has been constructed over the course of the project.

In the beginning of *Good Grief*, the boundaries between nonfiction and poetry are quite firm. The nonfiction is curious, but emotionally detached from its subjects, and the poetry is intimate and confessional. They interact in content, but when it comes to style, never the twain shall meet, as they say. As the chapters progress, though, evidence of generic osmosis begins to become apparent. A little sentiment bleeds through into the nonfiction, perhaps even awkwardly at first. The facts and figures of the nonfiction begin to hold a stake in the poetry. Eventually, the genres meld together entirely, and the performance of sanitation and compartmentalization in the grieving process is over.

That blending of genres is meant to enact the messiness of the grieving process. If the project had just continued to march along in its oscillation between nonfiction and poetry, it would have been much too tidy. In fact, that would have been an excellent way to structure the project if I *were* a firm believer in the prescriptive idea of the “five stages of grief.” Instead, the boundaries between what is observed and what is felt, what is expected and what occurs, what is public and what is intimate, begin

to bleed as the project continues. What is left will be something not quite either, but in-between, struggling to marry what is known and what can never be known. It doesn't have to succeed in understanding what has been lost, or why; it just has to try. Acceptance is not a destination, after all.

Several works read during my English studies gave me the fertile ground in which to plant this project. One of these is *The Suicide Index* by Joan Wickersham. The book is also a memoir-like meditation on a daughter's grief for her father, but it is the form of the book rather than its content that affected me the most. Wickersham's father committed suicide suddenly when she was already a married adult, and her family scrambled to deal with the loss and figure out why it may have happened. She enacts her desperate desire for order in that chaos by structuring the book as if it were a catalogue of all her emotions, her father's history, and her family's experiences, complete with headings that imitate library subject headings. The effect is a text that struggles to contain the messiness of grief in a space much too small, which is something I wanted to emulate in this project. *The Suicide Index* inspired me to formulate a strict structure which informed the content of the project, rather than just write this story as a loose collection of poems. That decision completely changed the direction of the whole project.

I was also inspired by some of the highly-constrained, high-concept poetry collections I have read in college, such as Inger Christensen's *Alphabet* and Robin Coste Lewis's *Voyage of the Sable Venus*. Both books take on difficult, extremely-focused projects and use constraint as a means of deepening and illuminating the subject matter. In the case of *Alphabet*, the project centers itself sonically around letters of the alphabet and dictates line and stanza by the Fibonacci sequence. The first poem uses the letter "a" prominently, and has only one line; the last features the letter "n," and has 600. The text itself deals with the environmental effects of nuclear war, and the ever-growing formal structure brings to mind nuclear half-lives and cycles of growth. *Voyage of the Sable Venus* takes on a more content-driven restriction; the author took all the language for the epic, eponymous centerpiece poem from

the titles and wall text of museum collections' depictions of black women, making a striking, emotional statement about black female agency and representation in art and society. My own project does not compare to the sparkling restrictions of these books, but if I had never read them, I would have been much too intimidated to take on the dyad form and five-stage super-structure.

The concept of the slowly disintegrating dyad would not have been possible if I hadn't read *Lying* by Lauren Slater. Slater's autobiography about the author's epilepsy, among other things, outwardly claims to be creative nonfiction. As the work proceeds, it begins to admit to its own untruthfulness and unravel its own elaborate metaphor before the reader's eyes. By the end of the book, it is a mystery whether what has just been read was a story about struggling with disability, or a journey of coming to terms with mental illness, or a literary allegory about the nature of storytelling, or some mysterious combination of them all. It's not clear if we are to believe that Slater is even epileptic at all. It has the effect of making the genre of nonfiction feel unstable, unreliable – can a book be nonfiction if it compulsively lies? I was amazed at how scandalized I felt when the truth I felt I knew fell apart in my hands, and I wanted to try it out for myself. The risk, of course, is that the same discomfort I felt while reading *Lying* would be inflicted on my own reader. The author's place as supreme knower of the world she creates is threatened. I recognize that it is a gamble, but I am anxious to see what reactions readers of this project will have when they discover that it's all been a set-up.

Before I came to college, I was skeptical about these kinds of experimental works, because I had the preconception that they were gimmicky or somehow false. During my time studying literature at the University of Iowa, though, I have learned to think of writing as a fundamentally performative act – that is, the whole *thing* is a gimmick of sorts. The written word, especially when it is intended to be read by strangers, is artifice. I don't talk in my normal life like I write in this project, and if I did, it would be really weird. Besides that, the gap between thought and language is immense, because language can only be symbolic of thought, no matter how literary, how beautiful, how concise, how

true, etc. The word can't *be* the thing; it can only represent it, attempt to approximate it. How that representation will be read is not within the writer's control. The writer can only perform their thoughts in the imperfect medium available to her and hope for the best. This is an enormous obstacle to understanding one another. Embracing that performance, though, can an incredibly engaging way to move through it, to become unfettered by it.

Grief is similar in this regard. It somehow manages to be at once totally real, deeply felt, and profound, as well as social performance. It is both drenched in history and entirely individual. It is both incommunicable and universal. This project does not pretend to understand the grief it performs. I didn't reach that fateful and elusive goal, acceptance, in the writing of this project. It is only important to me to try, and to hope to touch someone else in pain.

I. DENIAL

Euphemism

At peace – Departed – Gone to a better place – Kicked the bucket – Lost their life – No longer with us – Passed away/on – Pushing daisies – With the Lord – Croaked – Expired – Taking a dirt nap – Gone to the big x in the sky – Resting in peace – Sleeping the long sleep...

Euphemisms cushion the blow of uncomfortable subjects. They are linguistic buffers, allowing us to understand each other without having to cross into territory that is too painful to be polite. Many of the things we most frequently feel the need to euphemize are the bodily necessities of human experience: urination, defecation, sexual intercourse, and perhaps above all, death. These experiences are some of the most universal and basically human – that is, human at the species level, the creature level, rather than at the level of human society – but they make terribly rude conversation in polite company. How could this be?

The problem is that human beings so often consider themselves to be unlike animals, elevated somehow above animals. We don't consider ourselves to be only our bodies, but something much more ethereal: "He is a symbolic self, a creature with a name, a life history. He is a creator with a mind that soars out . . . this self-consciousness gives to man literally the status of a small god in nature."¹ In fact, this is the part of ourselves which we tend to value as more truly ourselves. And why wouldn't we? Our bodies are fallible, vulnerable, needy machines, and that thought is thoroughly terrifying. To admit our status as eating, drinking, defecating, sexual creatures is to admit that we are not invincible social constructions of our own design which will carry on performing tasks and making conversation about the weather ad infinitum, and "the creatureliness is the terror."² In effect, euphemisms – not only for death, but for bodily functions as well – prevent us from having to remember our mortality in its full reality. We can put ideological distance between ourselves and the whole business of living

¹ Becker, Ernest. *The Denial of Death*, p. 26.

² Becker, 87.

and dying, the unsettling squishiness of our mortal incarnations, all with the turn of a familiar phrase. Interestingly, this connection is not only observable, but also measurable; making a person acutely aware of his mortality has been shown to significantly increase the rate at which he will use euphemisms to describe bodily processes, including death.³

We must mitigate the terror, and talking ourselves around it is an effective method. However it is also a flawed method, chiefly because these euphemisms are parroted language. When you say that someone is “with the Lord now,” that message is coded in a familiar and agreed-upon way. You are not formulating it yourself. This is not to damn idiom, but to suggest that death may be the entirely wrong topic to dodge in language. Things are only unspeakable because we do not speak them. In refusing to say “death,” we are not convincing ourselves it won’t happen. We are only increasing our fear. And each of us sees right through it, because we know what is said is only placation and did not originate in this moment, with this death.

To die is not to “go to sleep and never wake up again.” To live is to be a future dead body. That loss is intrinsic to the gift of life. As Beckett says, “they give birth astride a grave.”

³ Nancy L. McCallum and Matthew S. McGlone, “Death Be Not Profane: Mortality Salience and Euphemism Use,” 577.

What to call your dead dad

As their youngest's
puberty ended
my parents stopped calling each other *Mom* and *Dad*.
A habit made
easily, through decades,
through each child's growing-up, always used in that half-
sentimental,
half-sensible voice
that parents often have. *Go ask Mom about that.*
Dad, please pack lunch.
Maybe they started
to see themselves as future empty-nesters, or
to imagine
the fresh pleasures of
just being married for the first time, something they
had never done,
since Dad married a family, all ready-made,
needing his love.
Now they did not have
to see themselves as evolutionary roles,
but just *Marcie*,
Dan. The transition
left me feeling perhaps a bit forgotten. *Wait,*

I whined, *your nest*

isn't empty yet!

When he died, he stopped being *Dan*. (This is, of course,

always the case

when somebody dies.)

The regression began. First, *Dad* again. Welcome –

I had missed it.

Then, *Daddy*, which we

had never called him. He was some other father,

or oil painting

called “Father,” *Daddy*,

a name I could never imagine him bearing

for its syrup-

sound, someone's *Daddy*.

Remember when Daddy drove out in the middle

of the night to

jump your car battery?

Wouldn't Daddy

have loved this movie?

Dying does a number on your reputation.

But maybe Mom

wanted it to be

some *Daddy* which was dead, not *Dad*, our *Dad*, not *Dan*.

Postmortem portraiture

The face is both one of the most exposed and private parts of the body; consider the phrase “showing [one’s] face in public” up against the intimacy of placing a hand on a loved one’s cheek. It is the root of *façade*, the perhaps-false exterior of something, and inextricably connected to *persona*, from the Latin word for mask, the façade of the self. But faces also stand in effortlessly for human beings, more complexly imagined. We speak of faces that pass us by on the street, a familiar face, a friendly face. Faces are usually how we first recognize someone we know. Faces convey emotions, personality, and are the outlet for speech. So, when we are “faced” with the everlasting loss of a person, it is unsurprising that that grief manifests itself in a desire to see the departed’s face one last time. It is the impulse to preserve the fleeting image of life as it was lived, and resist the slipperiness of visual memory, that leads to this feeling.

But how do you keep a face? In the time before the advent of photography – indeed, this question is somewhat less pressing with “Face”-book and other social media – this task was left to the most esteemed painters. Affluent families would turn to these artists to immortalize a deceased family member in a portrait, especially one which depicted the family as it was just before the moment of death – or as it would have been, had the death never happened.⁴ What is most engaging about these paintings is that they often create a world that could never have existed. In the postmortem painting, ancestors from long ago can stand alongside their still-living descendants; mothers who died in childbirth can hold their bouncing, healthy babies on a knee; fathers who died in battle can stand behind the children born while they were away. How are we to understand this mixing of living and dead, past and present? Is it a refusal to accept that the person is gone, or does it in fact do the opposite, pointing explicitly at what is gone?

⁴Kate Retford, “A Death in the Family: Posthumous Portraiture in Eighteenth-Century England,” 76.

The invention and popularization of the daguerreotype allowed a new kind of postmortem portraiture to emerge. Now, the bereaved public no longer had to settle for a reproduction of the face in oils; they could see it precisely as it had been, imprinted permanently on a silver plate. However, most families did not have daguerreotypes taken in advance of a death, as the process was somewhat costly, time-consuming, and required special skills. Instead, the deceased's image was taken either alone, posed as if peacefully asleep, or with the family unit, upright and dressed in their Sunday best.

This practice was immensely popular in the mid-to late 19th century. It spread enough during this time period to fuel an entire industry of accessories for postmortem daguerreotypes, including specialized mats and cases produced en masse, with decorations such as black borders, wreathes, and laurels.⁵ This elevates the concept of the postmortem portrait above mere sentimentality or comfort for a grieving family to a commercial level. That is to say, there were people employed in the production of the mats meant to personalize the photograph, make it particular, honor the memory. It is a strange crossroads of emotion and commerce, akin to the mass production and commodification of caskets and urns to come.

Viewers of these images may find themselves looking for wrinkles in the fabric and asking themselves, *Which one is the dead one?* The differences between painted and daguerreotyped images of the deceased also differ when it comes to these clues. The painted portraits were restricted to conceptualizations of life and death, and as such, relied on familiar iconography (bouquets of lily, empty hourglasses, particularly peaceful expressions⁶), to distinguish which figure is the one being memorialized. Daguerreotyped postmortem portraits did not have the benefit of this creative distance, at least not to the same degree – they were all too literal. The images were not of a person's memory, but of a physical body which had failed. Sometimes the image was even taken so shortly after death

⁵ Michael Joseph Steiner, "The Democratization of Immortality in Nineteenth-Century America," 117.

⁶ Retford, 78.

that blood still ran from the body's nose or mouth.⁷ These are not representations of persons which have made the transformation to incorporeality; these are *bodily* bodies, which the daguerreotypist must learn to heave and manipulate into positions that do their best to imitate life. Regardless of his skill, though, there was always one tell which could not be disguised: an uncanny clarity of image. The limits of the technology made it such that complete stillness was required of the subject for the duration of the exposure time, lest the image be blurred. Of course, for the living, breathing, scratching, and sneezing among us, this poses quite a problem, but the dead are rather good at sitting still. The blurring is the mark of life; the clearest daguerreotypes that survive today are often of dead people, though some are dressed and posed so convincingly that you might never know.⁸

Perhaps the uncanniest image of all is that of the viewer of the memorial daguerreotype, which would reflect on to the highly-polished surface of the silver plate that the image was imprinted on. The face overlays the face of the dead – so close, but separated forever, and forever unknowable.

⁷ Steiner, 122.

⁸ Steiner, 121.

Urn

Knock knock – is it

you in there? All done

up in the polished cherry we bereaved picked out,

still dazed, in the

tasteful beige parlor –

and a name, the one which was yours. What did not burn

up was ground in

the Cremulator,

taking care to magnetically extract any

stray dental work,

medical device,

or wedding ring, and then sealed into a box with

a lid which can't

open, won't open.

So who knows if you're really in *there*? Maybe it's

just a box of

sawdust, or coffee

grounds, or old bills which went through the shredder, that cherry

wood box that sits
on the shelf in the
living room next to your face, and which Mom dusts for

company. The

Funeral director

who rang the doorbell after the service was done

and everyone

milled about the house

with their sad casseroles, hugging and being hugged,

did not care to

hand you over the

threshold to me. There must be some rule about it.

Obituaries

For the rich, famous, and generally notable, obituaries do more than inform that a person is dead. They also reach out to the public one last time. They are artifacts of public relations first and public notices second, because most likely, the public already knows. TMZ's story on Anna Nicole Smith's death in February 2007 broke within 12 hours of the call to paramedics by her personal nurse, and included a full roster of her personal and financial scandals, perhaps the most egregious example being paternity case surrounding her daughter, Dannielynn.⁹ In two days, her obituaries were beginning to run. Someone was paid to dredge up a timeline of her modelling career, ill-fated marriages, and personal tragedies. Someone else was paid to edit and fact check the copy. Considering her heavy drug use and the traumatic death of her son Daniel six months prior, it's likely that many news organizations kept a mock-up version of her obituary before her death even occurred, so they could be among the first to release it after her death.¹⁰ The dead celeb may be remembered creatively, forgivingly, and touchingly – or in stark, tactless detail. They are posted online, and grieving fans share and comment. Someone brings the deceased's Wikipedia page to an official end.

These representations of a life lived and lost have a curious relationship with the life itself. On one hand, they glorify the accomplishments of the star's public persona, while simultaneously denying the private merits and accomplishments which are normally highlighted in obits. There is rarely a mention of any family (unless that family is also famous), and often very little of who the person was outside of their role in the public eye. On the other hand, they have more permission to overstep the boundaries of professionalism that would be expected in a layperson's obit. One Ray Charles obituary makes mention of “women in his act [that] lingered round him like sirens, in skin-tight turquoise dresses, and that he was hooked for years on heroin and promiscuous sex.”¹¹ Steve Irwin's is

⁹ TMZ, “Anna Nicole Smith is Dead,” Web.

¹⁰ Christopher Beam, *How Far in Advance to Newspapers Write Obituaries?*, Web.

¹¹ Keith Calquhoun and Ann Wroe, *The Economist Book of Obituaries*, 67.

concerned largely with the various wounds and close-calls with wildlife that *didn't* kill him, as if to reduce his death to an ironic turn.¹² These are not words of comfort for a bereaved family, but attempts to contextualize a familiar character into a narrative.

For us mere mortals, the obits are much more transactional. *X died surrounded by loved ones MM, DD, YYYY. X is survived by spouse Y and three children, A, B, and C. Services will be held at [church].* Perhaps a small-town paper will have room for a few hobbies, employment, and any civic organizations the dead may have belonged to in life – but remember, you're paying for the space in the classifieds. There simply isn't room to tell the whole story. This has the unfortunate effect of raising the same questions it avoids to answer, of course; how many people read the obituaries out of morbid curiosity, poring over the younger deaths for clues? Or perhaps even worse: how many obituaries are read by almost no one at all?

¹² Calquhoun and Wroe, 166.

Husband, father, fisherman

Daniel D. Uhl, 60, of Ogden, Iowa, passed away Thursday afternoon, April 5th, 2012, at the University of Iowa Hospitals & Clinics in Iowa City. Why you need to know where his last breath was taken is anyone's guess.

A memorial service will be held at 2:00 p.m., Tuesday, April 10, 2012, at the Community United Methodist Church in Ogden. Dan's wishes were to be cremated, but first to see his wife grow old, see the last of his children marry, see his grandchildren grow up, and see the old fishing boat he bought before his illness finally be restored to working condition. Not all of Dan's wishes were able to be fulfilled.

Dan was born March 13th, 1952, in Sioux City, IA to Darrell and La Vonne Uhl of Mapleton, IA. He spent his early years in Mapleton and graduated from Maple Valley High School in 1970. He hated every second of his school years, and often joked that he would have "jumped out the damn window if they

weren't all nailed shut." He was perplexed and delighted that his children were all so bookish. His children often had this effect on him, and they also often irritated him beyond belief.

He was married on May 28th, 1983, in Sioux City to Marcia (née Bernard) formerly of Jefferson, SD. The two met in an addiction treatment center, where Dan had been counseling others after completing his own recovery journey (one of the times, anyway). She was beautiful, brilliant, and quick; he was funny enough to make her cheeks hurt after their first date. She was 23 and divorced with two children; he was 31 and a recovering alcoholic. Their wedding was outdoors, and his beautiful bride wore a crown of flowers in her waist-length hair. He was nearly a full head shorter than she was, but she wore flats to make the wedding photos less embarrassing for him. He had no idea what he did to deserve such a wonderful wife. She did.

Dan raised Marcie's two sons, Bryce and Brett Groth, as his own. He and Marcie

also had two children together, a son, Adam, and a daughter, Celine. Dan and Marcie were also pleased to be recently reunited with another son, Ryan Hartmann, whom Marcie was forced to give up to a Catholic adoption agency at age 16. Dan loved each of these children with the same fierce (and sometimes difficult to express) love, with the exception of Adam, who he may have loved a little more than the rest. If so, it was only because Adam also liked to fish.

Dan's hobbies kept him outdoors most of the time. He enjoyed hunting, fishing, camping, gardening, and morel mushroom gathering. He was particularly good at the latter, which he credited to being so close to the ground already. However, for the last few years of his life, he was rarely able to do any of

these things. Instead, he spent his time watching *M*A*S*H*, alternately endearing himself to and aggravating many hospital nurses, and eating candy he was not supposed to have – favorites were orange jawbreakers, banana pops, and Pixie Stix, can you believe it, even though he was a diabetic.

Survivors include his wife, Marcie; sons Ryan (Tammy) of Sioux Falls, SD, Bryce of Whiting, IA, Brett (Mary-Ann) of Nevada, IA, Adam (Emily) of Iowa City, IA; daughter Celine of Ogden, IA; sisters Judy (Gary) Golden of Sioux City, IA, and Ginice (Gary) Sturges of Hermosa, SD; and many aunts, uncles, cousins, nieces, nephews, and grandchildren, many of whom were too young when he died or lived too far away while he lived to even remember him.

II. ANGER

In the year 2012, there were 2,543,279 total deaths in the United States. This is 27,821 more dead people than in 2011. The top five causes of death were: 1) Heart disease 2) Cancer 3) Chronic lower respiratory diseases 4) Stroke and 5) Accidents. Chronic liver disease and cirrhosis were the 12th highest cause of death. Rates for the two leading causes of death decreased. Rates for suicide and chronic liver disease and cirrhosis increased.

Life expectancy in the United States rose slightly, to 78.8 years. Life expectancy was 4.8 years lower for men than for women. The increase was due to decreases in mortality rates from heart disease, cancer, influenza and pneumonia, stroke, and lower respiratory diseases. The increase for men was lessened slightly by an increase in mortality from suicide, homicide, and chronic liver disease and cirrhosis – that is, the life expectancy would have been even higher if it were not for the killing power of these things. The increase in life expectancy for women was lessened by an increase in mortality from suicide.

190,385 people died because they were injured, killed, or committed suicide. 46,150 of the people were poisoned. 34,935 of the people died in motor vehicle accidents and accidents related to motor vehicles. Homicide was the 16th highest cause of death in 2012.

Death rates decreased in the United States in every age group except for ages 55 to 64.

27,762 people died in the United States because of dependent or nondependent alcohol use. Almost 3 times as many men died of alcohol use as women died of alcohol use. The rate of black people who died of alcohol use was 29.8% lower than the rate of white people who died of alcohol use.

Everybody else in the U.S. lived until 2013, the year I graduated high school.

Statistics taken from Center for Disease Control and Prevention

Death certificate

CAUSE OF DEATH (See instructions and examples)

32. PART I. Enter the chain of events – diseases, injuries, or complications – that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillations without showing the etiology. DO NOT ABBREVIATE. Enter only one cause in a line. Add additional lines if necessary.

IMMEDIATE CAUSE (Final disease or condition resulting in death) :

a. Septic Shock and Diffuse Alveolar Hemorrhage

Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST

b. Neutropenia and Graft Versus Host Disease
due to

c. Liver Transplant and Immunosuppressive Medications
due to

d. End Stage Liver Disease
due to

e. Cirrhosis of the Liver, Hepatitis C, and Hepatocellular Carcinoma
due to

f. Alcoholism and Substance Abuse
due to

g. Final Lapse into Addiction
due to

h. Series of Failed Attempts to Get and Stay Sober
due to

i. Feeling That Sobriety was Hopeless and Would Not Fix What Was Wrong Anyway
due to

j. Traumatic Experience When A Young Couple He Had Been Counseling Through Rehabilitation Disappeared from the Treatment Center and Were Found Dead in a Drunk Driving Incident

- due to
- k. Short Period of Sobriety and Hope that Complete Recovery Was Possible
- due to
- l. Clinical Rehabilitation
- due to
- m. Life Beginning to Unravel Because of Addiction
- due to
- n. Youth Spent Out Getting Drunk and High Rather than Confronting Problematic Nature
of Self and Existence
- due to
- o. Lifelong Depression and Anxiety
- due to
- p. Feelings of Uncertainty about Domestic Life and Nature of Family
- due to
- q. Unstable Childhood Home
- due to
- r. Abusive Father
- due to
- s. Alcoholic Father
- due to
- t. Alcoholic Grandfather
- due to
- u. Alcoholic Great-Grandfather (&c)
- due to
- v. ?

Funerary lobbyists

Funeral directors are not merely the sensitive, reluctant bearers of bad news they may seem before they hand you the brochure. It is true that the profession is useful (though not necessary – this is itself a myth propagated by the industry) and requires a gentleness that is rare, but they're not in the business just for you. The funerary industry is an *industry* above all else, providing a service that is rather immune to the economic fluctuations that affect other industries. Everybody dies, regardless of how stocks are faring. And, like many other industries, it employs lobbyists to advocate for its best interests.

Recent trends in the death care industry made lobbying groups more visible than ever before. The greatest of these trends is increasing consolidation since the 1990s – funeral homes are shifting from being small businesses owned by local community members toward being owned by national and international corporations.¹³ This consolidation allows for many profit-increasing strategies. For example, it is now much more likely in urban areas that a body will be embalmed (or otherwise processed) at a centralized “prep center”¹⁴ than on-site at a funeral home. However, these corporations do everything they can to maintain a “mom-and-pop,” small business feel, including keeping the local funeral directors of the businesses they absorb.¹⁵ This impression is only a façade, however, as much of the work on your loved one will be done at centralized locations, caskets and urns are bought in bulk and specific models are pushed on the customer accordingly, etc. Under these new conditions, the industry must do everything it can to protect itself to maintain an image of quality care and sensitive management.

¹³ Whittaker, William G. “Funeral Services: The Industry, Its Workforce, and Labor Standards,” 6.

¹⁴ Whittaker, 11.

¹⁵ Whittaker, 8.

The primary organization representing the death care industry is the National Funeral Directors Association, whose budget as of 2005 exceeded \$9 million.¹⁶ The NFDA's current legislative goals are listed on their website, including their position on "Mass-fatality Management Planning:"

NFDA will continue its active involvement with all relevant federal or state departments, agencies, and private organizations to ensure that the role of funeral service in any natural or man-made mass-fatality disaster is clearly defined and adequately reflected in their policies, will work with appropriate federal and state agencies to ensure that funeral service personnel be included as a priority group eligible for voluntary inoculation against all infectious/contagious diseases or biologic agents during a mass fatality event, and will encourage federal and state agencies to ensure that funeral service personnel volunteering in a mass fatality situation be included as a priority group eligible for voluntary inoculation against all infectious/contagious diseases or biologic agents.¹⁷

Some of the NFDA's goals are purely matters of safety, it seems, like making sure those who deal with dead bodies in the event of a mass epidemic are able to protect themselves from what killed those bodies. But one cannot help but remember while reading this position that such "mass-fatality" events are also *good business* in the eyes of the NFDA. When the worst happens, people die, and there are bodies. In that event, the NFDA wants to make sure they get a good seat at the table. Another position of the NFDA: "educating the public on the safety of the embalming process . . . [and] waste generated by funeral homes and crematories, and crematory emissions."¹⁸ This is in response to both increasing concern from environmental groups about the effects of traditional modes of disposal on the environment, and, I have to wonder, perhaps it is also a response to increasing trends toward so-called

¹⁶ Whittaker, 15.

¹⁷ NFDA.org, "Current Legislative/Regulatory Issues."

¹⁸ NFDA.org.

“green burials” which forgo them entirely. If people want to be shrouded and dumped straight into the ground, that’s decidedly *bad* business for the funerary industry.

It would be naïve to think that the funeral industry would be, by nature of the business alone, above the market pressures inherent to capitalism. This is just not the world we live in. But this doesn’t mean there is no way to resist it. One advocacy group against the pattern of over-commercialization of death care goes by the somewhat cheeky name The Order of the Good Death. The organization was started by Caitlin Doughty in 2011, and is comprised of death professionals, academics, and laypeople interested in “death positivity.” The group believes that open conversation is the most important tool in changing the way death is seen and treated in the United States. Their goals include facilitating this kind of conversation, increasing the family’s ability to be involved in the after-death care of a loved one if they so wish, and educating the public on environmentally-aware body disposal options.¹⁹ They also preach that the best way to change the way this country thinks about death is to be aware and sensitive to your own and others’ need to talk about it. It’s not morbid, it’s only life. In a more concrete way, making sure that one’s family is informed about one’s desires in the case of their death is key. That way, the family is much more difficult to bully into buying expensive products and services solely to please the financial interests of Somebody and Somebody’s Death Co.

¹⁹ Orderofthegooddeath.com, “Death Positive.”

Service

I had just come down with a nasty cold the day before. I took a great deal of liquid Dayquil in the morning and accidentally became intoxicated. I asked Mom if I should worry that I felt as if I were hovering six inches above my body. She told me to act normal, and that it would go away eventually. In retrospect, she was probably feeling much the same way. She picked out a pink scarf from her closet and told me to wear it with my black dress and shoes.

When male family members and friends arrived for the service, each was asked to choose a tie from Dad's extensive, often garish collection. They were told to replace their own with this one, and to take it home with them to remember him by. One friend, Foggy, had worn a Hawaiian shirt to the service and couldn't stop apologizing to us. He was shocked to find that anyone would wear a suit and tie to Dan Uhl's funeral at all. Dad's best friend, Tim, hung his tie from the stern of his fishing boat the next time he went out on their favorite lake. Now, five years later, it is just a collection of torn and faded rags, but still attached to the boat so far.

The minister at the Methodist church where the funeral took place gave a short sermon about Dad's life. He had never met Dad. We did not go to the Methodist church; we picked it because it was a block away from the house. We hadn't gone to *any* church since I was a baby. Besides, Dad told us he was a Buddhist a few days before he died. We weren't sure what he meant by that, but there's no Buddhist temple in Ogden anyway, so we just let it go. Adam gave him a book of Japanese death haiku and a little wooden Buddha statuette for the table beside his hospital bed. The minister had interviewed us a couple of days prior to ask us what to say in the service. He was very respectful and took notes, but he didn't know the whole story. Frankly, neither did I. There was time set aside in the program for music. Adam and I sang an arrangement of "Let It Be" together. I had trouble hearing the harmonies, because I was still inadvertently high on cold medicine. Foggy played a beautiful version

of “Tears in Heaven.” I folded my tissue over and over in my hands until it looked like a little rose. I tried to show it to Brett, but he just took it and produced another from his jacket pocket.

After the sermon was over, mourners were invited to stand by the urn, all draped in an array of flowers, and tell stories about Dad to the group. We had to clear this with the minister beforehand. He told us it was okay, but we should remember this was a church, after all, and keep the stories and language appropriate. This made it difficult to tell the best stories. I told the group about how Dad used to put his false teeth into the open mouth of the mounted largemouth bass on the wall just to freak us out, and how uncanny it was that they fit perfectly. An old friend told a story about Dad shooting what he thought was a huge insect off the wall, but it turned out to be a nail. He left out the reason why Dad had been mistaken about it, and the reason he was so trigger-happy, too. That particular reason, the reason for so many things, was left out of the service entirely.

Afterward, family and close friends were invited to the house for a small luncheon. I don’t remember what we had. I remember a lot of casseroles and dessert bars that arrived in neighbors’ Pyrex dishes. The funeral director came to give us the urn, and I answered the door.

When everyone had left, Mom opened the sympathy cards and offerings that had been left at the funeral. One card had \$200 in it, but no name. The card said:

Dan helped me in the treatment center. Saw he died in the Sioux City paper. He changed my life. God bless your family.

At the time, I didn’t even know he had ever been to rehab.

Stages

Elisabeth Kübler-Ross's landmark book *On Death and Dying* was the first to posit that different individuals' grief share certain distinct and observable emotional patterns; these patterns have come, by way of an "industry of mythmaking,"²⁰ to be culturally understood as the "Five Stages of Grief." The five stages have enjoyed great social and cultural (even pop-cultural) ubiquity in the nearly 50 years since their inception, and have also been the target of a great deal of criticism.

The idea alone of grief being the kind of thing which can be classified into an orderly progression of steps toward a goal, at which point the grieving is over, is misleading. Indeed, it can be extremely alienating for bereaved persons whose feelings don't align to the prescribed pattern. Organizing life into discreet categories is of course, not new – take for example Freud's five stages of psychosexual development or Erikson's eight of social development throughout life.²¹ It seems to be a human impulse to categorize confusing experiences into something more easily digestible and predictable. When it comes to grieving, this impulse has an additional benefit – removing some of the weight of guilt that one can feel about their emotions in grief. Someone who is feeling angry at the deceased may feel that their anger is wrong or profanes the memory of the deceased somehow, but if they are taught that this anger is an anticipated stage in their grief, then they can think, "I'm not really angry at someone who's dead. I'm progressing toward acceptance!" This allows the person to sidestep the discomfort of taking responsibility for that feeling nearly altogether, which is very attractive indeed.

In addition, many scholars have found fault in the five stages' loose association with psychology, given that Kübler-Ross's book was based on personal interviews rather than empirical, scientifically rigorous study. No study has ever found conclusively that there are stages of grief through which grievers progress in order to completion, in the way it is most often represented in the popular

²⁰ Kellehear, Allan. "Foreward to *On Death and Dying*," 1.

²¹ Shermer, Michael. "The Five Fallacies of Grief: Debunking Psychological Stages," 2.

imagination.²² That elusive goal of the process, acceptance, may even be the mark of recovery that it is so often understood to be; a 2007 study published in the *Journal of the American Medical Association* found that for most of its bereaved participants, acceptance of the finality of the death – that is, understanding fully that the person has died and is gone forever – was nearly immediate.²³ Whether or not this is really what merits “acceptance” of a death was not explored. Of course, this did not mean that their grief was complete in any sense. Acceptance was just the beginning of the emotional journey of grief.

Perhaps most troublingly, the five-stage model has given rise to many grief support groups, both for-profit and non-. This was an industry that did not exist before it had the five-stage model to lean on, and given how vulnerable a population grieving people can be, it is disconcerting to think that it could be driven mainly by profit. The logic is recognizable – it would seem to follow naturally that if grieving is such a universal process, then griever should be able to do it together and support one another. “This mandate borrows from the psychotherapeutic principle of catharsis, which gives it an empirical gloss,”²⁴ but the foundation of many of these grief support groups are the faulty premises of misappropriated five-stage theory. In the case of the for-profit versions of these groups, it becomes uncomfortably clear upon some reflection why they might want grief to appear to be a long process requiring much work and many resources. (Of course, this is not to discount entirely the fact that having a community can help many people sort through their emotions after a painful loss – only that guidance based on a five-step model is suspect.)

These complaints are widely known and I think most would agree that grief is more complex than the five stages make it seem. However, Kübler-Ross’s text was never intended to be read as a science-based study of grief; in fact, it wasn’t intended to be about grieving for loved ones at all. *On*

²² Shermer, 1.

²³ Konigsberg, Ruth Davis. “New Ways to Think About Grief,” 3.

²⁴ Konigsberg, 2.

Death and Dying focused instead on the emotional experiences of a group of dying patients themselves, whom Kübler-Ross knew and interviewed personally. The book had very little to do with the process of grief that their bereaved families endured. The purpose of the book, according to the author herself, was “not meant to be a textbook on how to manage dying patients, nor is it intended as a complete study of the psychology of the dying.”²⁵ It was intended to be a collection of Kübler-Ross’s own experiences of spending time with dying patients; the beginning of a conversation for families and caregivers about how to understand the complex feelings of those nearing the end of their lives. Despite these intentions, the five stages were so “irresistibly prescriptive” that practitioners began to apply them to bereavement, which was “a repurposing that Kübler-Ross encouraged.”²⁶ This is almost in complete opposition to the way they were originally meant to be used, however, which was as a device for thinking about some of the emotional responses to grief that dying patients may have, all as a means of propagating more complex and useful ideas of Kübler-Ross’s about the death process.²⁷

Kübler-Ross was fully aware that the five stages were usually not concrete and easily separated, nor were they experienced in any kind of particular order, nor were they even each experienced at *all* by every person facing death. All these preconceptions about the stages were imposed on the text later. She also stresses the importance of not being overly pushy with one’s response to these feelings: “It is well to remember that it is not up to us to judge such feelings as bad or shameful but to understand their true meaning and origin as something very human,” she wrote.²⁸ This is certainly in opposition to the way they are often used in popular culture, where the consensus seems to be that the faster you can push someone through the stages, the faster they can get to the finish line of acceptance.

²⁵ Kübler-Ross, Elisabeth. *On Death and Dying*, xvii.

²⁶ Konigsberg, 1.

²⁷ Kellehear, 2.

²⁸ Kübler-Ross, 4.

It seems, then, that much of the disconnect between Kübler-Ross's intentions in writing *On Death and Dying* and the way that her ideas manifested can be chalked up to the memetic distribution of knowledge as it assimilates into wider culture. Regardless of how the five stages came to be (mis)understood, the book itself was revolutionary in that it emphasized the necessity of listening to and including the voices of the dying in the medical, psychological, and personal conversations which surround the final stages of life.

Stages II

1) FEIGNED ACCEPTANCE/PERFORMANCE OF DIVINE WISDOM.

Subject may at first exhibit behaviors which look like acceptance, but are not rooted in real or lasting comprehension of the situation. These behaviors may take a variety of forms, including crying while smiling, spoken phrases such as “the suffering is over” or “we got so much more time than we expected,” attempting to comfort others whose stages do not begin with such arrogant displays of peace, and excessively sage Facebook posts.

2) CUTTING OFF HAIR.

This stage is necessary to remove hair which had grown on the subject’s head while the deceased was alive, and more importantly, while the deceased was dying in front of the subject. If this stage is not entered quickly enough, the subject may suffer from intrusive thoughts that the hair is somehow harboring the scent/essence of death, causing excessive hair washing, touching, and smelling.

3) OBSESSIVE COLLECTION I, OBJECTS.

Subject will search home for belongings of the deceased, often hiding them in fear that others around them will take them away. Certain objects will be prioritized above others in this stage, such as objects associated with personal memories between the deceased and the subject, objects from before the subject knew the deceased (in order to ascertain what events may have led to the death), personal objects (clothing, combs, eyeglasses, handkerchiefs), and above all else, examples of the deceased’s handwriting, with special preference given to notes written directly to/about the subject.

4) ANGER/DISGUST AT OTHERS WHO ARE NOT GRIEVING.

Subject will become disenchanted with the natural order of life and direct these feelings in the form of anger and disgust at those around the subject who are not currently experiencing grief,

or at least appear not to be. The targets of the subject's anger may be strangers, community members, and even close friends. If it so happens that the subject encounters another person grieving during this period, especially one who attempts to connect with the subject about their grieving, the subject will be disgusted at the thought that the other could believe their suffering is comparable to the subject's own.

5) TEMPORARY DECREASE IN INTRUSIVE THOUGHTS ABOUT THE DECEASED.

This will feel to the subject like the worst of the grieving is over, and may last up to 3 years.

6) UNWELCOME SHARING OF INFORMATION ABOUT THE DECEASED.

This stage will be especially pronounced toward people the subject may meet and become close to who never knew the deceased. The subject will feel unable to quell the flow of stories about, personal attributes of, and graphic facts regarding the death of the deceased, no matter how uncomfortable it may make the listener. The subject will feel as if the entirety of a human being can be expressed in words to someone who will never know them, if the subject only tries hard enough.

7) OBSESSIVE COLLECTION II, INFORMATION.

III. BARGAINING, an intermission

Daddy issues

Listen: I know this is self-indulgent. I am not the first human being ever to experience a traumatic death, and certainly not the first to lose a father. In fact, it is in the nature of fathers and daughters, and it is unremarkable. Many people have lost fathers in ways infinitely more painful and difficult to reconcile. Some never meet their fathers at all, and I am grateful for the mysterious confluence of circumstance that allowed for my own to be so present, supportive, loving, as well as so richly human and complex. I am lucky, lucky, lucky to have had him, even for such a short time.

But loss is at once universal and completely individual. My grief was like no one else's; it was not any of my four brothers' grief, it was not my aunts' grief in losing their brother, and it was absolutely nothing like my mother's grief in losing a partner and best friend of almost 30 years. That uniqueness is inherently isolating. I remember thinking, *no one on earth will ever understand this* – not melodrama, observation. Watching someone you love get sick and die is so fraught with emotionally saturated moments of fear, hope, caution, anger, and each is so bittersweet and confusing and out-of-order that every person is going to construct a completely different story out of them. It's like looking up at the clouds, because two people can be looking at the same amorphous blob of ice crystals and water vapor and see totally different things. We can try to explain what we see to one another – *see here the nose, the eyes, the curly hair, that lump in the middle is the push-broom mustache* – and then maybe we can be understood, but at best it will only be partly, only for a moment.

I worry though that I may be using personal tragedy for my own selfish ends. After all, this is Dad's story more than it is mine, and he's not exactly around to ask for permission to turn it into a book of poems and essays. Especially one that's so indiscrete about the details, which he would likely have been embarrassed (or maybe even pissed off) to hear were being revealed. The word "alcoholic" has so much baggage, so many cultural associations, and so many automatic assumptions, and if anybody knew that, it was him. His diagnosis alone was enough to mark him as a failure to himself

and his family in the eyes of many. That assessment was wrong, though; someone can be both a great dad and a lifelong substance abuser. People are just funny like that. I wonder sometimes how the doctors talked about him when they were alone, away from all of us, making the decision of whether to put him on the transplant list. Did one advocate for his apparent devotion to his family? And did another say *But why give him a liver if he's just going to drink that one away, too?* It's impossible to know now.

Even worse, I worry that you are reading this now with the thought in mind that I'm just bitching about the troubles in my life, and that this project is nothing more than a long-form enactment of severe daddy issues. There are certain assumptions about fatherless daughters that I don't think are made of any other parent-child-death-combination – that is, that fatherless daughters search endlessly for replacements, usually in the form of romantic/sexual partners. It's the movie trope of the abandoned daughter who uses the word “daddy” in bed, much to our hilarious male protagonist's shock and horror, that makes me feel that I'm not allowed to talk about this, that the baggage attached to grieving daughters will dictate the story regardless of who I am, or who he was. It is that same fear that compels me to talk about it even louder. I have lost so much, and it has shaped me fundamentally, but I am not “broken” by it. Yes, I have daddy issues. My dad is dead and will be forever, and it sucks. Everyone who outlives their father has “daddy issues.”

I admit I do have skin in the game. When I discuss this project with others, they say things like *Sharing this is so brave*. Or maybe: *I hope this is healing for you*. A temporary, undeserved glory is bestowed upon me by merit of having grieved alone, and enhanced by my desire to do something with that grief. A diamond is a lump of coal that did well under pressure, etc., etc. And I revel in that attention, because I'm a person, and a particularly self-interested one, at that. Would I be writing this if I weren't?

And it *is* healing to write about him, or at least it seems to be. It's an opportunity to perform the five stages in the kind of satisfying way that is nearly unachievable in actuality. This, too, is my

selfish reason. I imagine myself finishing this text, holding it in my hands, and saying *Here is proof; I have grieved*. Maybe I think I will be done when this project is.

IV. DEPRESSION

Children and grief

The human mind only comprehends anything through itself; to attempt to imagine a state without consciousness is to fail before you even begin. So how can we attempt to visualize oblivion? Is it like sleep? How do we escape the experience of having a body, senses, emotions, thoughts, and relationships, when those things are inseparable from our understanding of the world? To understand death in its full significance, you have to juggle many different ideas: the biological process of life ending, the personal experience of loss, the social contexts of ritual grieving, and the religious traditions associated with it, to name a few. Each of these calls on vastly different mental faculties, and they don't all come at once.

For this reason, the extent to which a child can understand death is largely dependent on her age. Until age three or so, she will have no understanding of death whatsoever. Her reactions will be limited to responding to the grief of others and all the sudden, disorienting changes in her routine. Then, until around five, she will only understand death as a kind of leaving (which, in fact, she is not entirely wrong about). At this age, the child still doesn't understand the full gravity of death; it is unlikely that she will seem sad when told that someone has died, even if she has some small idea of what it might mean. The understanding that she herself will die someday occurs somewhere between six and nine, and with it, the first fears of death. She is likely to see death as being a punishment at this age and to have confusing feelings of guilt about the death, as if her negative feelings about the deceased may have caused it. Unfortunately, those feelings can also occur persistently in adults, at which point they're much harder to shake off. After about age ten, the child will usually understand death nearly as an adult does. This understanding often comes with a phase of morbid curiosity, though what's so morbid about it is another question.²⁹

²⁹ "A Child's Concept of Death." *The Sharing Place: Grief Support for Children*. Web.

When it comes to the study of children's grief, there are three death concepts that are most monitored and discussed:

- *Irreversibility.* This is the understanding that once someone has died, they cannot come back. Before a child has grasped this concept, they may only think of death as sleeping or going somewhere far away from here. Some religious traditions maintain this to be true.
- *Non-functionality.* This term refers to the idea that a dead body no longer has any of the abilities of a live one, like mushroom hunting or eating Pixie Stix. Before a child understands non-functionality, they may ask questions such as, "Isn't it dark for Daddy in that box?" or "Will Daddy be lonely now that he's dead?"
- *Universality.* This concept is usually the last to develop, and it involves the understanding that all living things must die, including the child herself. Without an understanding of this aspect of death, the child may have theoretical knowledge of what death is, but think it only happens to "old people," sick people, or people in movies, and that she herself will never die.³⁰

Critical misunderstandings of any of these three concepts can lead to complications in the child's grieving process. For example, a child who does not yet understand the principle of irreversibility may become very angry when a deceased father doesn't attend their next birthday party; to the child, it feels like a purposeful abandonment. And unfortunately, it is often the case that the parent or caregiver of a grieving child can unintentionally problematize their grieving. The parent, wanting to protect the child from experiencing the acute pain of loss, may use language meant to be soothing that is instead confusing or even frightening for her. Telling the child that the deceased has "gone to sleep and won't wake up," for example, may make her terrified of going to bed herself; saying that God "decided it was time for Daddy to come to Heaven" makes death seem arbitrary or even

³⁰ Schonfeld, David J. "Talking with Children about Death." p. 269 – 270.

like a form of punishment, akin to being sent to the cosmological principal's office. Besides all this, nothing can assuage the pain of loss except feeling it, no matter what words are said.

For very young children, it can be tricky to assess how much the child understands about the nature of death. One might expect her parents or close caregivers to know her well enough to do so, but one study found that parents very frequently over-estimate their child's death concept, believing her to have a more advanced understanding than she does (or is even reasonable to expect for her age).³¹ It is possible that the parent is often too engrossed in his or her own grieving process to notice signs of misunderstanding or distress (beyond the usual existential fear that death will come to everyone we love and eventually take us as well) about death in the child.

Art has proved to be one useful tool in assessing children's death concepts more accurately. Having the child draw what death makes them think about and then discussing those drawings with the child can elicit deeper conversations about death concepts than possible by just asking. Some interesting patterns can emerge in these drawings, according to one study of the drawings of 7, 9, and 11-year-olds. The younger children fixated more solely on the biological aspects of death, like a body lying still with eyes closed, perhaps because they had learned of it more recently. Older children, ages 9-11, were more likely to draw more interpretive drawings depicting emotional or religious phenomena, including sadness, heaven, or funerals. Interestingly, violent depictions of death – such as murders or bloody bodies – were only found in the sample group in the drawings of children who had not experienced the death of someone close to them. The researchers wondered if, in the absence of a personal knowledge of death, children turned to television for ideas of what death might mean, leading to a larger incidence of violence in their drawings.³² The children who had experienced death first-hand, it seems, were different from the other children somehow because of the experience.

³¹ Ellis, Jon. B. and Stump, Jamie E. "Parent's Perceptions of their Children's Death Concept," p. 68.

³² Bonoti, Fotini, Leondari, Angeliki, and Mastora, Adelais, "Exploring Children's Understanding of Death Through Drawings and the Death Concept Questionnaire," p. 53 – 57.

It is also important that a child understands the cause of death when someone close to her dies. It may make adults squeamish to have to answer questions about exactly how someone died, but a child's desire to understand what has happened will likely compel her to ask. Those questions should be answered as truthfully as possible. For example, it may not satisfy her curiosity to say, "Daddy died because he was sick." *Why was he sick?* she might ask. A more complete answer might be: "Daddy died because he had a disease in his mind and his body that made him drink alcohol too much, and that alcohol hurt his body so much that he died." The child should be reassured that they are safe from what killed the person, in the case of violent deaths especially. Of course, no one can know this for sure. For non-violent deaths, it should be made abundantly clear to the child why the death occurred, so the child does not begin to view death as something random and senseless, which it often is. It is also important that the child knows what the process of dealing with the body, funeral, etc. will be like, so she will not be frightened by so many new and emotionally-charged experiences at once.³³ Regardless, she probably will be anyway.

³³ "Informing a Child of a Significant Death." *The Sharing Place: Grief Support for Children*. Web.

Children of grief

Dad did not stop being a parent. Dad is at once a parent and an absence. The absence is palpable, and it takes the shape of what was lost. It plays the role awkwardly, as if it has not yet learned the lines. Us, the other actors, must fill it in, egg on the memory so it doesn't slink back behind the curtain. This is painful, because everything him has become the absence, even his name. No one part is separable from the whole loss. The name summons the whole pain.

In one moment a collection of mundane dates was converted to a calendar of painful, secret holidays: the birthday, the wedding anniversary, the day of the transplant, the day of the death. Christmases became Christmases without. New Year's Days became markers of another year without. Memories were categorized into the time before and the time after. And, what horror, on each of these days I have to move through the world and behave normally. I feel these holidays deserve their own customs and traditions, but they are only days like any other. Everyone else must have their own secret calendar, too, and pretend not to celebrate their secret pains.

I am angry that he died when I was 16, because I had willed him in my mind to make it to my high school graduation. I wished this often, and actively, and in a multitude of superstitious ways – wishes on fallen eyelashes, fast and loose interpretations of cookie fortunes – I mean it, losing someone somehow made me more sentimental than I already was before. I was certain enough that I had willed him to live another year in my private, ritual way that when he didn't, it was personal. *I* had been the one abandoned, and he had allowed it to happen by dying. There has got to be someone to blame. And it was easy, because alcoholism sure does *look* self-inflicted. I know now that it isn't, and I hope to believe that someday.

I was old enough to understand what was happening, but not old enough to act the right way about it. He spent a lot of time sick in bed toward the end, and it seems now like I was doing everything in my power to avoid him. I wish now that I could have taken a whole year off school just to ask him

what we were supposed to do without him. Of course, that doesn't make any sense. We couldn't have known, and even if we did, it would have ruined the time he had left to pester him about it like that. And I was in high school, anyway, concerned with all those assorted plays. But at least I could have watched *M*A*S*H* with him a little more often, or spent one more night listening to our favorite albums together. I could have said "I love you" more, instead of rolling my eyes when he did. I could have broken up with my high school boyfriend, on whom I wasted so much of that valuable time.

Maybe it worse for Adam. Adam and Dad had time to become friends, the way parents and children do sometimes after the children are grown, and that made the loss more acute for Adam. Now he's getting a little older, and he looks more like Dad all the time – especially in his hands, which are just as leathery and square, and those same mossy green eyes. Even the crow's feet he's getting now are the same. Adam says it's uncanny sometimes to look in the mirror and see him – but see him *young*, almost younger than Adam could have even remembered him being. A picture in a family album come to life. Every year in the strange lent between his birthday and his deathday, Adam grows a "memorial mustache" to enhance the effect. I'm glad now that I don't look much like him.

Or maybe Brett and Bryce suffered more, losing a second father to alcohol. Their biological dad was similarly afflicted, but with fewer admirable qualities to make up for it. And of course it is a tragedy that Ryan only knew him a year. Less.

But in my heart, in my private way, I am convinced that it has been my grief that has been the worst. I didn't know Dad was an addict until after it had killed him. I'm ten years younger than the next sibling, and I suppose that by the time I was old enough to understand, nobody thought to tell me. It's a selfish pride in the loss that leads me back into it again and again, searching for patterns, affixing new meanings and alternate translations on what was said and what left unsaid forever. What pain could be like mine? What loss could be like mine? Who would dare die, when they are loved with a love like mine?

Sati, at its most basic, is the now-banned Indian practice of widows immolating themselves on their husbands' funeral pyres.³⁴ The word can also be used to refer to the women themselves who commit³⁵ sati; these women become satis. The practice originated and was most commonly practiced among the Rajput clans in the Indian state of Rajasthan, though other Indian women were also known to commit sati during its long and complex history. The word itself comes from Hindi, and has been translated to mean “good woman”³⁶ with roots in Sanskrit, “virtuous woman.”³⁷ This is reflective of the social meaning of sati. Throwing oneself into the flames was an expression of ultimate spousal piety and self-sacrifice, the mark of a truly honorable woman:

The Hindu widow traditionally was expected to live through and for her husband; with the death of her husband, her social importance ceased and her presence was considered a burden and bad luck. She was venerated only if her very existence was ended with her husband upon the funeral pyre; in that case she was often raised to the status of a divine being.³⁸

This last point is important to stress, because it shows the level of honor that was possible for the sati. Women were encouraged – and in Rajput areas of India are still encouraged to this day – to see satis as exemplar women and seek guidance from them as if they were goddesses.³⁹

³⁴ Gilmartin, Sophie. “The Sati, the Bride, and the Widow: Sacrificial Women in the Nineteenth Century.” p. 141.

³⁵ I am choosing to use the verb “to commit” when referring to sati, because it is frequently used in literature about the practice. This word choice is not intended to be an implicit moral judgment of the practice itself.

³⁶ Gilmartin, 141.

³⁷ Sharma, Mimi. “Review of *Contentious Traditions: The Debate on Sati in Colonial India*.” p. 535.

³⁸ Gilmartin, 149.

³⁹ Hawley, John Stratton. *Sati: The Blessing and the Curse*. p. 14, p. 79.

This definition of the practice, however, leaves out much of its cultural significance to the practitioners themselves. In fact, it is not unlikely that many sati climbed onto the pyre out of financial desperation after losing a husband who was their only means of survival, or to secure the future financial stability of their families. Committing sati was one way to achieve higher social status and climb out of a lower caste.

Western colonizers encountering sati in India reacted strongly, as could be expected. The clear violence of sati was used as one justification for British presence in India; it was commonly held that paternalistic protection from the West was required to rid India of dangerous behaviors such as these.⁴⁰ British authorities, having taken over juridical powers in the area, found themselves in a position to intervene and stop the practice;⁴¹ it was banned in 1829. Strangely, though, just as they decried the practice, they also romanticized it as a tragic act of ultimate devotion. Art, literature, and theater from the period between 1780 and 1833⁴² that depicted life in India often included observations about sati with a “disturbingly voyeuristic” point of view.⁴³ Sati was either an terrifying example of Eastern backwardness or a kind of “noble savage” tale; the woman’s own motivations were rarely ever explored in depth, but rather she was painted as the hapless victim of a barbaric society or as “courageous in the faithfulness to her dead husband.”⁴⁴ Many references to sati can be found in 19th century British periodicals, as well. In one particularly interesting comparison between Western and Eastern practices, the magazine *The Woman’s World* likened the “cumbrous” clothing which mourning women sometimes wore to show their grief to a “mild form of *Suttee*.”⁴⁵

⁴⁰ Gilmartin, 142.

⁴¹ Hawley, 41.

⁴² Sharma, 534.

⁴³ Gilmartin, 142.

⁴⁴ Gilmartin, 142.

⁴⁵ Gilmartin, 149.

The ethics of hegemonic prescription of which ways are and aren't acceptable for a culture to practice grief are certainly complex. On one hand, it is easy for someone with a modern, liberal perspective of cultural difference to say that the West had no place interfering with the long-held and highly-symbolic customs of another group; but on the other, there is an understandable humanitarian impulse to put an end to a practice that takes women's lives, and very possibly takes them against their will. There were reports from Western observers that women who were hesitant to throw themselves onto the pyre were drugged or even thrown on forcibly by priests.⁴⁶ And this argument didn't stop when the practice was banned. One political leader in Rajasthan, Kalyan Singh Kalvi, said during a public backlash to a sati in 1987: "Jains are known to die by fasting. Buddhists are known to immolate themselves. So why apply this law only to us?"⁴⁷ But was protection of innocent lives really the motivation for Western interference, or is it possible it was something else? An affirmation of power over an already-oppressed people? A means of expressing Western "moral abhorrence" at the religious beliefs of the oppressed group themselves?⁴⁸

⁴⁶ Hawley, 57.

⁴⁷ Hawley, 10.

⁴⁸ Hawley, 78.

May 28, 1983

A Saturday

in a sunny park

in Jefferson, South Dakota: Dan and Marcie were getting married.

On his side of

the aisle were two plump,

broad-smiling sisters of pious disposition,

a drunk father,

and a patient mom,

brimming with pride at her boy, the one so worried

over, so lost.

On the side of the

bride: a strapping French Catholic brood of 10 siblings,

tall, fair, quick to

retort and larger

than life, with parents smiling in disappointment

at their eldest

daughter, who had erred

so much already, and now this second husband,

so much older

than she, and a *drunk*.

This, of course, was never said. Those in attendance

knew they'd met at

the treatment center.

(Later, when she told the story, she would call it

a hospital.)

She was visiting.

He worked there, his journey to sobriety a

remarkable
success. He was short,
goofy, a little crass, but God he was *funny*.

He was sober
then. He was sober
for a couple years, that time. Their marriage would see
many sobers.

It would also see
four children, and reunion with one more. It would
see many years
spent in poverty,
the kids dressed in cast-offs, and a turn of fortune
almost too late.

It would see mornings
of striped sunlight and kisses while frying breakfast,
afternoons of
bright surprise bouquets
cut from the yard and arranged in rinsed jelly jars
to make her smile,
though the peonies
were crawling with ants. It would see her diagnosed,
recovered. Dan,
diagnosed and not.

As Marcie passed by, walking down the aisle, her gold
waist-length hair streamed
with baby's breath. Dan's
friend from the center leaned in and whispered, *It ain't
too late to run!*

And she only laughed.

Mourning jewelry

A habit of women in some other time, some past time
before keepsakes less biological, was to wind a thread
around a lock of the dead and cut the curl, keep it close.
Some more elaborate forms emerged;

Dead hair in weavings, braidings, or embroidered into stitch work,
or broaches, or ring settings, or other wearables.

Artisries of grief in which the work of love lost could be done,
and in wearing, some illusion of closeness maintained, across all that distance.

The function more secretive, less designed, was to mark oneself apart
from that smooth round world of the living, whose pains could never be ours.
Who could never know our rare bruise.
O, to wear it. To wear it so anyone could see,

so no one would ask. O, you –
whose curls are ash.

Keep, throw, donate

CLOTHES: Hawaiian shirts, cargo shorts, worn and dirty work shirts, cartoon-printed pajama pants, flannel underwear, white tube socks, compression socks, jeans hemmed to length with thick cuffs, crew-neck sweaters, 10-year-old New Balance sneakers, Cabela's slippers.

PERSONAL ITEMS: Old Spice cologne, Head and Shoulders 2-in-1 shampoo and conditioner, bar of Dove for Men soap, patchouli oil, mustache wax and comb, small scissors, electric shaver, toothbrush, roundish wire-rimmed glasses with heavily scratched lenses.

BOOKS, MOVIES, MUSIC: biographies of 1960s music legends, Zane Grey cowboy novels, box set of entire series of *M*A*S*H*, DVD sets of *Felix the Cat*, *Popeye the Sailor*, *Bugs Bunny*, et al., vinyl record collection including many first presses, CDs including Dr. John, Little Feat, Steve Miller Band, Mose Allison, Steppenwolf, Paul Butterfield Blues Band, Eric Clapton, et al.

UNCLASSIFIED ITEMS: all his children's baby teeth as well as finger-paintings and shoddy clay pots made in art class, framed photo of enormous Muskie caught at favorite fishing spot, many glass and wood marbles kept in Crown Royal bags, yellow legal pads of strange drawings and half-poems, weird and sometimes vaguely racist old figurines and toys, black-and-white high school senior portrait of a young man with wavy, side-parted hair, no mustache, and a rather smart-ass expression.

V. ACCEPTANCE

Liver transplantation

The first liver transplant was performed by Dr. Thomas Starzl in Colorado in 1963, on a three-year-old boy. The child did not survive the surgery. The next four attempts at the operation were unsuccessful, as well; all patients survived for less than 23 days. In the next three decades, Dr. Starzl and his team continued to pioneer research in the area of liver transplantation, and in 2014, the survival rate of liver transplant patients was up to 80% – 90%.⁴⁹

Dr. Starzl died March 5, 2017, just before his 91st birthday and during the writing of this project. “He worked right up to the end of his life,” said friend and colleague Dr. John Fung.⁵⁰

There are many reasons a patient may need a liver transplant, such as acute hepatic necrosis, biliary atresia, viral hepatitis, metabolic diseases, primary liver cancers, and autoimmune hepatitis. Despite being one of the leading medical research and biotechnology centers in the world, Johns Hopkins’ public-outreach information on liver transplantation only mentions alcohol once, and even then, only to say that “you may not be able to have a transplant if you drink too much alcohol.”⁵¹ It mentions cirrhosis as a common reason for liver transplantation, but does not detail what causes cirrhosis as it does other diseases of the liver.

In some cases, a part of a living donor’s liver may be removed and transplanted into the recipient. The living donor is usually a close family member to the recipient, but can also be a stranger who happens to be a match for the recipient. The liver, being the only organ in the body which can regenerate from one of its parts, will grow to normal size in both patients in the weeks after surgery.

We were told a living donor was not an option for Dad.

⁴⁹ Meirelles, Roberto Ferreira Júnior, Salvalaggio, Paolo, et al. “Liver transplantation: history, outcomes and perspectives.” p 150.

⁵⁰ Kane, Karen, Srikameswaran, Anita, and Hamill, Sean D. “Thomas Starzl, pioneering transplant surgeon, dies at 90.”

⁵¹ Johns Hopkins Medicine Health Library website, “Liver Transplant.”

Before a patient can receive a liver transplant, he or she must undergo a lengthy evaluation process which determines whether the body will be a good investment of the surgeons' time, the insurance company's money, and the emotional wellbeing of the family of whomever who will die to give the liver. The evaluation includes physical examinations of health as well as psychological evaluations to determine if you are likely to take up drinking again after you receive your new biological component. The hospital will also bring in social workers to determine if your family loves you enough to support you in your recovery.

If you jump through these hoops adeptly, you will be placed on the waiting list. The list is organized by who's the worst off, so in a delightful little paradox, getting sicker is a good thing once you're on the list. It means you're moving toward the front of the line. The patients mustn't allow themselves to get *too* sick, though. If you get *too* much sicker, of course, you'll just die. Then the next in line will be bumped up one more place, and their family will have that much less time to wait.

The procedure of the surgery itself is rather like hooking up all the cables in your home entertainment system. Blood vessel to blood vessel, bile duct to bile duct, etc.

After surgery, the patient is left with a scar that, according to Dad when he proudly showed it to strangers in public places, looks like the Mercedes-Benz logo.

Letter

Dear Organ Donor,

My dad received your liver on December 1, 2011. We were notified that there was a liver available for him the night before, and then called again soon after and told it was no longer available. We were heartbroken – we had been so close and had his chance yanked away from us. But then we got a third call, and they said there was *another* liver available, and we had to get to the University of Iowa Hospital immediately. The faster we could get there, the better the chances were. We didn't really take much time to think about where the liver was coming from. I imagined it existing independent of a body. I guess it was easier that way.

I am so sorry that I didn't think of you when we got that call. My family was ecstatic, nervous, hurried. Dad had been told there wasn't much time left if we couldn't find a liver.

His surgery lasted 7 hours. He came out of surgery singing "I'm Wearin' My Green Fedora." He was still pretty drugged up, but we saw it as a positive sign. He was left with a scar that ran vertically from just above his groin to his sternum, and then horizontally from one side of his torso to the other. They must have totally flayed him to do the surgery. It is an amazing feat of medicine that this kind of thing is even possible, if you ask me. After the surgery, my parents were worried that the cost would be financially crippling to my family. We were struggling to keep up with the mounting medical bills and cost of transportation back and forth to Iowa City already. As it turned out, after insurance, the surgery only cost my family \$9.00. Isn't that amazing? We laughed and laughed. My dad's life had cost us only \$9.00!

Of course, it cost a lot more than that. I'm sorry that we laughed. I hope you understand – we had to, just then.

If you don't mind me asking, how did you die? Did you know the person who had the first liver, the one that was taken away from us? I have always imagined since that it was a car accident that

involved both of you, because I know many organ transplants are made possible by traffic accidents, and the two livers came so close together in time. How old were you when you died? Did you have a family? Was your body roughly the same size as my dad's? Had you ever been a drinker? Were you in good health? Did you donate any other organs? If so, did those people live? Did your family take any solace in the fact that your body saved lives?

I am sorry to tell you that my dad died in April 2012, only four months after the transplant. I hope this is not too disappointing to you, though. Without your liver, he would have died much sooner. Maybe he would have even died around Christmas, which would have been especially hard on my mom. My mom loves Christmas. We got four months of Dad that we never expected, and some of the time he was even in fairly good health. He seemed to be healing, recuperating. He started to regain his appetite and be interested in his old hobbies. We started to plan to get a family dog, which he had wanted for a long time but always been too sick (or on immunosuppressant medication) to take care of. We had a lot of hope in those four months. They were a very happy time, mostly. We felt so fortunate, so whole, like we had finally seen this horrible and arduous period through, and maybe we could be happy again as a family. That feeling was unbelievable. I miss it every day. Your death made those four months possible. They were short, but they were so, so sweet. Hope is intoxicating.

I want to thank you for choosing to become an organ donor. Maybe you just checked the box when you were getting your driver's license and that was the end of it. Maybe you didn't think about it at all, really. I hope that your family knew how special that decision was, though. I hope it made their grief easier.

With love and gratitude,

Celine La Vonne Uhl

Some funeral practices

Akan people, Ghana – Funeral planning begins at the time of death and takes exactly 1 year. The more people attend the funeral celebration, the greater the status of the deceased, so preparations must be made carefully. Each mourner wears a color that signifies his or her relationship to the deceased: black or red for close family members, white for grandchildren, other dark colors for all others.⁵²

Christians, Netherlands – Spontaneous roadside memorials are erected to facilitate public mourning after an unexpected death in a traffic accident. Mourners leave candles, flowers, photos, and personal items that say something about the deceased, usually positioned around a cross. Some of these memorials are temporary, while others, usually more explicit about their subject and established by parents rather than friends, may remain standing. The temporary shrines are usually constructed without obtaining permission from local authorities to do so, while the permanent typically do have permission.⁵³

Maori people, New Zealand – Intricate cloaks made of flax and mulberry bark called korowai are hand-woven, chiefly by women, to cover burial vessels of important and well-respected members of the tribe. Bird feathers are incorporated for the vessels of deceased who had authority in life. The body is also dressed in korowai garments to display the deceased's status in life. The garments are removed before burial and kept by a close family member.⁵⁴

Muslims, Kuwait – Public, loud, or prolonged grieving is discouraged, and all parts of the ceremony are meant to be humble and inexpensive. As quickly as possible after the death, the body is

⁵² Boateng, Alice. "Socio-economic Transformation of Akan Funeral Rites in Ghana: The Changing Process." p. 283 – 284.

⁵³ Klaassens, Mirjam, Groote, Peter D., and Vanclay, Frank M. "Expressions of Private Mourning in Public Space: The Evolving Structure of Spontaneous and Permanent Roadside Memorials in the Netherlands." p. 147 – 148.

⁵⁴ Malcolm-Buchanan, Vincent, Awekotuku, Ngahuia Te, and Nikora, Linda Waimarie. "Cloaked in Life and Death." p. 51, 54.

washed, wrapped in a scented cloth called a kafan, and interred in a simple grave with no casket and no grave markings. Only males are allowed to perform the burial tasks, except for washing the body; for this, women must wash the bodies of other women. The body is not left alone until it is buried, and prayers are said over the body continuously.⁵⁵

⁵⁵ Iqbal, Zafar. "McDonaldization, Islamic Teachings, and Funerary Practices in Kuwait." p. 96, 101 – 106.

April 5, 2012, 3:50 p.m.

I have wanted, ever since I saw it, to tell anyone at all what I saw. Every unfamiliar blinking light, every person in the room, every mundane question from the doctors,⁵⁶ their hands in every direction and all over your body. It was very intrusive in there, and a lot of stimulus. A lot happened quickly. I have wanted to tell it all to somebody.

I will tell you now. Maybe you already know. Maybe you could still hear, then. Maybe you can make sense of it better than I could.

I got called to the school office in second period. I was in American history class. I was 16. I had just come from Spanish, where I promised to do my teacher a favor at noon.⁵⁷ You had been in the hospital for a few days. I was worried when I got the call, but you had been in the hospital many times before. I had visited you in the hospital many times before. I'd gotten a lot of alarming calls at school. I was missing a lot of school.

Grandma Bernard was staying at the house with me while you and Mom were at the Iowa City hospital. She was a good cook and it was nice that she offered to help, but she pressured me to go to mass, which was guilt I just didn't need. She picked me up from school just before lunch, so we stopped at a drive-thru before we made the trip. The burger and chocolate shake turned over and over in my stomach until it was a hard lump weighing me down to the car seat.

I am embarrassed about this now, but I asked Grandma Bernard to stop to pick up Wes, my boyfriend of a few years. We aren't dating anymore. You might know that, I guess. You and he were sort of close though, and you had mentioned you wanted to see him again soon.⁵⁸ He sat in the back seat, behind me, and put his hand on my shoulder the whole drive there.

⁵⁶ Every smell and bodily fluid, too. [Editor's note]

⁵⁷ Reimers, Señora Michelle. "Run into the Classroom and Shout, '¡Manos arriba!'"

⁵⁸ Uhl, Daniel. "You Can Bring Your Boy Along Next Time, If You Want."

I fell asleep for some of the ride. I was sleepy.⁵⁹

I was expecting to see you still talking when we got there.⁶⁰ You had been making more sense again lately, the toxins building in your brain without liver function managed somewhat with medication. We didn't have to introduce ourselves to you anymore. But when I got there, you were already in the room where it would happen. There was a couch on one side of the room, and you were on the other side, hooked up to a lot of monitors and tubes. A nurse was pumping air into your lungs with a bag, making your chest shudder up and down. There was a drainage tube running out of your mouth and into a receptacle which was filling slowly with watery blood. Mom and Adam were already there.⁶¹ Looking at you, I knew that day was going to be the anniversary of something for the rest of my life, which is a very strange feeling. I was embarrassed that Wes was there. I had so severely misjudged what was happening. It was so inappropriate that he was witnessing it all, because I didn't love him enough for him to be there. I thought this moment would bind us together, and it didn't. But I took a lot of comfort in it at the time.

Grandma Bernard did some praying that I felt totally unmoved by, even irritated about. Adam wouldn't let go of your hand.⁶² I awkwardly placed my hand on your leg. Your legs had no hair anymore. You had been sick a long time. Grandma Bernard said, "Maybe if you sing in his ear, he will still be able to hear you."⁶³ Adam played a CD he had burned of relaxing music, a playlist he had called "Death Tunes." Mom cried and touched your hair. I wondered if she had petted your head that way often, before, when you were alone with your love for each other.

⁵⁹ I was terrified. [Editor's note]

⁶⁰ Anonymous. "Last Words, Goodbyes, and Other Things You Think Happen on the Deathbed"

⁶¹ Brett didn't make it to the hospital before it happened. Bryce wasn't much in contact at the time. [Editor's note]

⁶² Mind, My. "Let Go and Let Somebody Else Be With Dad, You Selfish Prick"

⁶³ The last fucking thing I wanted to do was sing, just then. [Editor's note]

Some medical threshold was crossed. A doctor approached Mom. He said, “At this point, if he regains consciousness, he will have significant brain damage from the lack of oxygen.”

The terror and pain on Mom’s face prevented her from speaking.

Adam looked at me, and at Mom. He said, “It’s time to let him go then.”

The nurse pulled the bag out of your mouth. She pulled the monitors off your skin. She arranged your body a little. We waited for you to die.⁶⁴

I expected something to clearly announce you were dead. Nothing did, really.

I felt my period start when they turned off the suction machine that had extracted the blood from your lungs, keeping you from drowning in it. It was your blood, and my blood. I couldn’t leave, so it just ran down my leg. I just let it.

The hospital chaplain came in while we fussed over the body, touching it. She had a basket of food, little crackers and bottles of water and fruit snacks. She said, “I know that the last thing you want to do is eat right now, but you should remember to.”⁶⁵ The basket was arranged neatly and wrapped in cellophane. It was premade for the occasion. I wonder how many were in storage, how many the chaplain handed out that day.

They gave us some time to look at the body. Eventually Mom looked at Adam and I as if to say, “Well, I guess we can’t just stay here.”

We got home somehow, I guess. There was so much to do.

⁶⁴ You looked pretty dead already, struggling a little, very yellow, false teeth not in, hair not washed, body very thin. [Editor’s note]

⁶⁵ I was appalled by the thought that we still had to eat, that we were still alive. [Editor’s note]

What happens when you die

You cannot sing along to Steve Miller Band. You cannot own a watch. You cannot wear a wedding ring. You cannot meet your future grandchildren. You cannot have short legs. You cannot eat a banana popsicle. You cannot collect Pez dispensers. You cannot organize a toolbox. You cannot go fishing with your best friend. You cannot be afraid of an MRI machine. You cannot forget you are dying. You cannot embarrass your children. You cannot fall asleep with the television on full-volume. You cannot need hearing aids. You cannot have false teeth. You cannot have an unresolved shoulder injury. You cannot read on the toilet. You cannot be the funniest person in the room. You cannot become suddenly angry and storm out of the house inexplicably. You cannot adopt your new bride's children and love them like your own. You cannot have a bank account. You cannot get a liver transplant. You cannot drink alcohol. You cannot take pills. You cannot fall out of a lofted bed and crack a rib in the middle of the night. You cannot lose your black curly hair. You cannot have eyes the color of chrysoprase. You cannot hunt for morel mushrooms. You cannot have a very difficult-to-find shoe size. You cannot convince your doctor that you need OxyContin. You cannot drive a red Dodge Ram. You cannot shock your family by shaving off your signature mustache. You cannot live in a small town and accidentally date your own cousin. You cannot refurbish an old boat. You cannot pinch your wife's ass at breakfast. You cannot get too drunk at a wedding and break the elaborate centerpiece. You cannot make your famous chili. You cannot watch *M*A*S*H*. You cannot play the harmonica like John Popper. You cannot go on an embarrassing tirade about the poor organization of your family's Tupperware drawer while company is over. You cannot impishly hide little presents and notes in your family's belongings for them to find later. You cannot collect marbles in Crown Royal bags. You cannot own several half-filled in copies of *One Day at a Time in AA*. You cannot go hunting for treasures at thrift stores. You cannot have an excellent recipe for meatloaf. You cannot have a curiously dark complexion for someone with a German last name. You cannot try to

clandestinely have a beer after your liver transplant and then sheepishly endure your wife's moral outrage that you could ever dare. You cannot hide your weed in a cigar box in the garage. You cannot have your hair go completely white in the span of a year. You cannot be so sick you are mistaken for your wife's father at a restaurant. You cannot buy pair after pair of the same leather moccasin-style slippers from Cabela's. You cannot chew Eclipse gum compulsively. You cannot hate to wear a suit. You cannot wear one to your son's wedding anyway. You cannot keep candy stashed in secret locations around the house. You cannot be Santa, and the Tooth Fairy, and the Easter Bunny. You cannot be a horrible speller. You cannot have hands identical to your son's. You cannot stick a folded-up napkin in your front pocket every morning and forget to take them out at night, leaving little torn pieces of paper in the washer. You cannot punish your older children with spankings and your youngest child with only soft admonitions. You cannot be promised you will be able to get a dog once your immune system has returned to normal and brainstorm names for it on a napkin. You cannot show strangers your enormous transplant scar. You cannot turn 65. You cannot play tea party with your five-year-old daughter. You cannot teach your daughter to drive a manual. You cannot drive to the high school parking lot in the middle of the night to jump your daughter's car because she left the lights on again. You cannot tell your daughter she's too delicately built to mow the lawn. You cannot make your daughter her favorite breakfast every morning and pack her lunch while she eats it. You cannot bring your daughter breakfast in bed on her birthday, complete with Sunday newspaper comics. You cannot shrink with age so dramatically that your 5'5 daughter towers over you. You cannot be found unresponsive when your daughter comes home from school and leave the house in an ambulance.

5 metaphors for the grief, on the 5th year after

1. A glacial crevasse.

It's covered with a fine crust of clean, undisturbed snow.

I know exactly where it is, and I know

exactly how to step around it. I know how long it's been there.

I know the last time I fell in.

2. A cold sore.

It would hurt less if I could leave it alone.

3. A capsized boat.

The hole starts out small –

I can control the leak. It sets me back sometimes, sure,

but I persevere for love of the sea. I bail the vessel out

by handfuls, by schedules, a little at a time. It grows harder

to keep up. I see my worried face in the water

accumulating

in the bottom of the boat. My hands are too small.

I can't keep up. The water is accumulating.

When the small hole cracks open wider, I long

for a bucket. I long for the boat I had loved.

4. A locked briefcase.

It won't open. Every morning I pick

it up as I leave the house. Some days it is light,

and it barely slows me down at all. On these days, I may even

set it down for a moment, if I need to use both my hands.

Other days I struggle to even lift it.

Still other days I try all night to finagle the lock, pick it or

wiggle it free, look up ways to break it off,

ask others if they remember what the combination might have been.

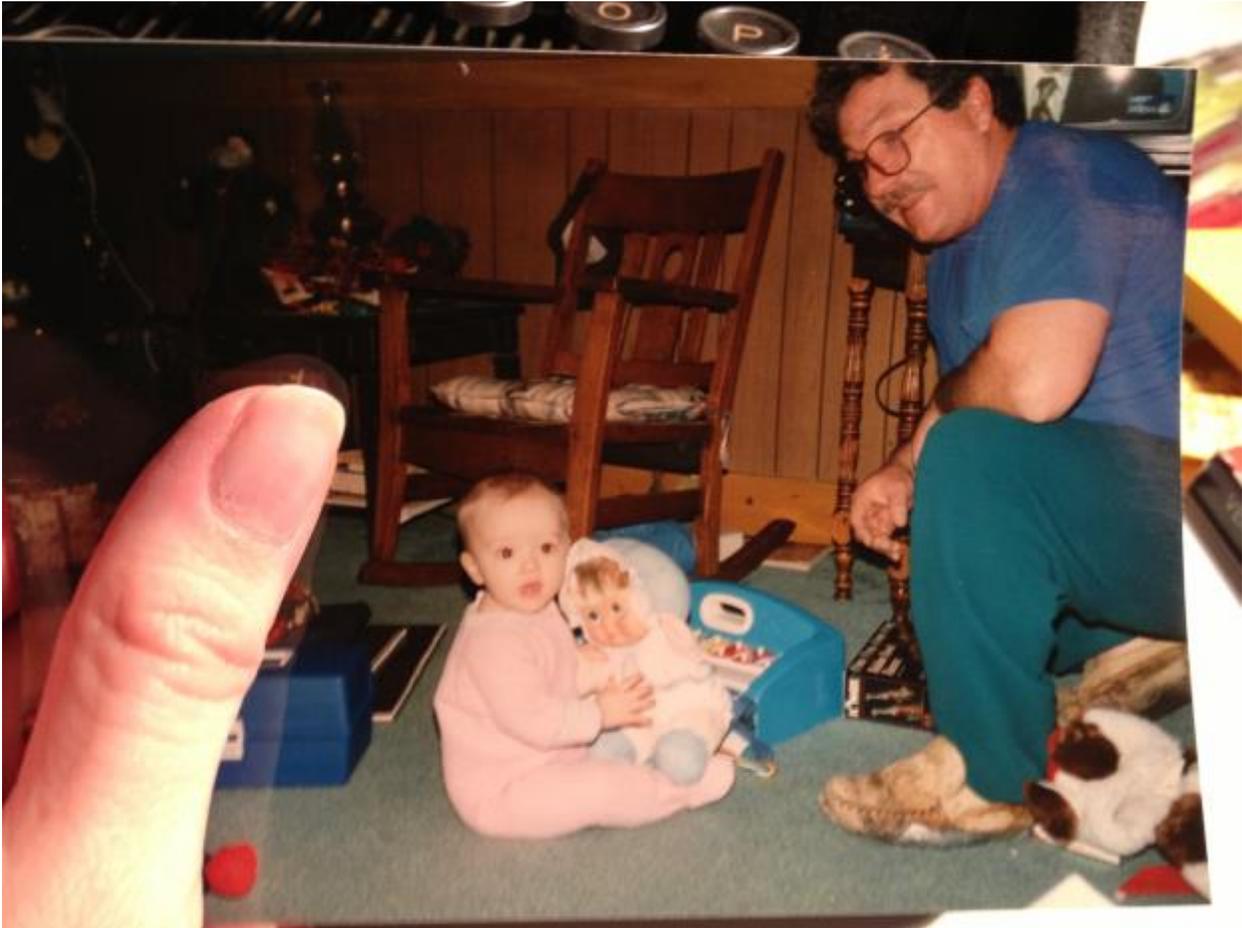
Some nights I stay up for hours, clicking and turning

each little dial.

5. A crypt-keeper wasp.

It burrows into my head and compels me to act. I dig my way

to the surface.



Works Cited

“A Child’s Concept of Death.” *The Sharing Place*, Salt Lake City, Utah. thesharingplace.org. Accessed 20 February 2017. http://thesharingplace.org/images/Concepts_of_Death.pdf

This is a sheet which quickly outlines how children’s conceptual understanding of death grows over time, with examples of what reactions at each age might look like and ideas for caregivers about how to intervene. The sheet is meant for public access and information. It was made and published online by The Sharing Place, a grief support center that specialized especially in grief support for children. I used this outline in “Children and grief” to help me organize my discussion about how much a child will understand about death at a given age.

"Anna Nicole Smith is Dead." *TMZ*, 8 Feb. 2007, <http://www.tnz.com/2007/02/08/anna-nicole-smith-collapses>. Accessed 20 October 2016.

This is the TMZ article that announces Anna Nicole Smith’s death. TMZ is not known for being a terribly reputable source, of course, but the article was used as an artifact of the kind of reporting that happens after a celebrity death. This article was used in “Obituaries.”

Beam, Christopher. "How Far in Advance Do Newspapers Write Obituaries?" *Slate Magazine*. N. p., August 27 2009. Web. 6 Oct. 2016.

Beam’s article for Slate gives an inside look at how newspaper writers and editors prepare obituaries for notable people while they are still alive. He explores a few topics about these so-called “advancers” – who writes them, who is most likely to get one written for them, and what the timeline for their production looks like. This article was used in “Obituaries” for some context about celebrity obituaries from the perspective of the newspaper organizations.

Becker, Ernest. *The Denial of Death*. The Free Press, 1973, New York.

This book is a philosophical meditation on the source of fear and denial of death. It takes a particular interest in psychoanalytical approaches to mortal fear from Freud and Kierkegaard.

I only quoted this text directly a couple of times, but the idea of humans being dually animal and transcendent beings contributed more widely to my thoughts in “Euphemisms.”

Boateng, Alice. “Socio-economic Transformation of Akan Funeral Rites in Ghana: The Changing Process.” *Omega*, vol. 65, 2012. College of New Rochelle, New York.

Boateng’s examination of Akan funeral practices focuses on how they are carried out by contemporary Akan people, with special attention given to the “funeral celebration” which is a central social and cultural event. The article also gives some information about Akan cultural history and religious belief that contributes to the practices. I summarized some points about the funeral celebration for use in my “Some funeral practices” survey piece.

Bonoti, Fotini, Leondari, Angeliki, and Mastora, Adelais, “Exploring Children’s Understanding of Death Through Drawings and the Death Concept Questionnaire.” *Death Studies*, vol. 37. Taylor & Francis Group, 2010, Abingdon-on-Thames.

This paper details a study performed by the authors on a group of 52 children who were all aged either 7, 9, and 11. 26 of the children had a personal experience with death, and the rest did not. The children were asked to draw “whatever the word ‘death’ brought to mind,” and the researchers found patterns in the drawings that allowed them to draw conclusions about children’s average understanding of death in each age group. I used this article in “Children and grief.”

Colquhoun, Keith and Wroe, Ann. *The Economist Book of Obituaries*. Profile Books Ltd., 2008, London.

This book is a collection of 200 celebrity obituaries as they appeared in the Economist. I browsed this book to get a feel for how celebrity obituaries differ from those of private, non-famous people, and used examples from two in the piece “Obituaries.”

“Current Legislative/Regulatory Issues.” *National Funeral Directors Association*, Web. 22 Oct. 2016.

<http://www.nfda.org/advocacy/current-legislative-regulatory-issues>

This page lists positions for five of the NFDA's current legislative interests: mass-fatality management planning, funeral benefits for veterans, healthcare and taxes for small businesses, environmental issues, and organ donation. I took a quote from their position on the mass-fatality management planning for the piece "Funerary lobbyists."

"Death Positive." *The Order of the Good Death*. 2016. Web. 22 Oct. 2016.
<http://www.orderofthegooddeath.com/about>

This is in the "About" section from the website for the Order of the Good Death, an organization that promotes healthy, realistic conversations about mortality and post-death care, as well as an end to the "culture of silence" about death, among other issues. I used information from this website as a counterpoint to the funerary industry as outline in "Funerary lobbyists." This was a way to show that the way that death care most often works now is not the only way it *can* work, and there are groups interested in changing it.

Ellis, Jon B. and Stump, Jamie E. "Parents' Perceptions of their Children's Death Concept." *Death Studies*, vol. 24. Taylor & Francis Group, 2010, Abingdon-on-Thames.

This study begins by outlining the three concepts of death that I talked about in "Children and grief." It then focuses on the concept of irreversibility, giving 49 parents and 303 non-parents a survey with the question "At what age do you think children (your child included) realize that death is a permanent state?" The study found that parents were likely to believe that children understand this concept earlier than non-parents would expect them to.

Gilmartin, Sophie. "The Sati, The Bride, and the Widow: Sacrificial Woman in the Nineteenth Century." *Victorian Literature and Culture*, vol. 25, no. 1, p. 141 – 158. Cambridge University Press, 1997.

Gilmartin's article brings together many different Victorian sources to interrogate the representations of the sati in British art and literature of the period in which the practice was

outlawed. She finds several interesting patterns in these representations, some of them outright self-contradictory. She then compares these representations to those of ideal British womanhood in the same period. I used information from this article in “Sati.”

Hawley, John Stratton. *Sati: The Blessing and the Curse*. Oxford University Press, 1994.

Hawley’s book looks at the history and contemporary examples of sati, centering itself geographically around Rajasthan, the area of India where it was most prevalently practiced. He discusses the Western colonialist reaction to the practice as well as exploring the cultural and societal values which lead to it in the first place. I used information from several chapters of this text in “Sati.”

“Informing a Child of a Significant Death.” *The Sharing Place*, Salt Lake City, Utah. thesharingplace.org. Accessed 20 February 2017.

This is another public information handout from The Sharing Place. This one is a reference on what to say when you must inform a young child that someone they love has died, and emphasizes the necessity of being completely honest and speaking very simply to prevent confusion. I referred to information from this handout in “Children and grief.”

Iqbal, Zafar. “McDonaldization, Islamic Teachings, and Funerary Practices in Kuwait.” *Omega*, vol. 63, p 95 – 112. College of New Rochelle, New York.

Iqbal’s paper examines the modernization of burial practices due to standardization and commercialization of death care in Kuwait. I used the portions of this essay which detail the funerary practices themselves for the essay, “Some funeral practices.”

“Liver Transplant.” *Johns Hopkins Medicine Health Library*, Baltimore. Web. http://www.hopkinsmedicine.org/healthlibrary/test_procedures/gastroenterology/liver_transplantation_procedure_92,p07698/.

This webpage is information for the public about the reasons for, procedure of, and long-term care for liver transplants. It also gives an overview of how the transplant waiting list works and what can be expected at each step of the evaluation process. I referred to this page for the piece “Liver transplant” and coupled its information with my own experience of the process.

Kane, Karen, Sriameswaran, Anita, and Hamill, Sean D. “Thomas Starzl, pioneering transplant surgeon, dies at 90.” *Pittsburgh Post-Gazette*. March 5, 2017.

This is a news article announcing the death of Dr. Thomas Starzl, the first surgeon to perform a liver transplant. I referred to Dr. Starzl’s death in “Liver transplant.”

Kellehear, Allan. “Foreword to *On Death and Dying*, 40th Anniversary Edition.” Accessed via Elisabeth Kübler-Ross Foundation. Web. 2 Feb. 2017. <http://www.ekrfoundation.org/five-stages-of-grief/>

This is a foreword to a different edition of *On Death and Dying* than the one I read for this project, but I found it online and thought it relevant to my argument in “Stages.” Kellehear addresses some of the problematic misappropriation and misuse of Elisabeth Kübler-Ross’s work since the book’s publication and stresses that the five-stage model was meant to be a “heuristic device,” not a prescriptive model of how grief progresses.

Klaassens, Mirjam, Groote, Peter D., and Vanclay, Frank M. “Expressions of Private Mourning in Public Space: The Evolving Structure of Spontaneous and Permanent Roadside Memorials in the Netherlands.” *Death Studies*, vol. 37. Taylor & Francis Group, 2011, Abingdon-on-Thames.

This article views the phenomenon of roadside memorials for traffic accident victims as a specific kind of contemporary Western funerary ritual. It explores some patterns in these memorials, making distinctions between those which pop up spontaneously and those which are constructed purposefully to be permanent. This article gave me one of my examples in “Some funeral practices.”

Konigsberg, Ruth Davis. "New Ways to Think About Grief." *Time Magazine*, 29 Jan. 2011. Web. 2 Feb. 2017.

Konigsberg's essay is another look at the cultural power that Elisabeth Kübler-Ross's five stages have had since their publication. She recognizes that many of Kübler-Ross's ideas have been frequently misrepresented and levels new criticisms about the work, namely that it paints grief as being an arduous process or journey. Konigsberg points at some scientific studies on grief which refute the basis on which grief support groups are built. I read this article in preparation for writing "Stages" to get an idea of some more nuanced criticisms of Kübler-Ross's work, beyond the concept of the five stages alone.

Kübler-Ross, Elisabeth. *On Death and Dying*. Scribner, 12 Aug. 2014, New York. Kindle version.

This text almost needs no introduction. It is a landmark text in the study of death and dying in which Kübler-Ross interviews people close to death about coming to terms with their own mortality. This text was the inspiration for my structural idea to use the five stages as chapter headings, being the origin of those stages. I also read it more critically in order to write "Stages" and considered its approach the psychology of the patients while writing my own "Stages II."

McCallum, Nancy L. and McGlone, Matthew S. "Death Be Not Profane: Mortality Salience and Euphemism Use." *Western Journal of Communication*, vol. 75 no. 5. Taylor & Francis Group, 19 Oct. 2011, Abingdon-on-Thames.

This paper outlines a study in which 154 subjects were asked to view a series of images and write descriptions about what occurred in them. Some of the images were "neutral," such as a beach scene or a woman holding a viola. One of the images was chosen from three of a dog "performing a bodily function." Each participant filled out a questionnaire before performing this task, some of which (in the test group) had questions designed to make the participant aware of his or her mortality. It was found that the group which was made aware of death

before performing the task was more likely to use euphemistic language when describing the image of the dog defecating. I used this experiment as an example in “Euphemism.”

Meirelles, Roberto Ferreira Júnior, Salvalaggio, Paolo, et al. “Liver transplantation: history, outcomes and perspectives.” *Einstein*, Jan. – Mar. 2015. Instituto Israelita de Ensino e Pesquisa Albert Einstein, São Paulo.

This article is a brief medical history of liver transplantation. It discusses the circumstances of Dr. Thomas Starzl’s first liver transplantation and the changes in the procedure that enhanced the success rate of the procedure over time. The article also gives some information about the procedure’s history in Brazil specifically and how the authors expect it to change in the near future. I referenced this article in “Liver transplant.”

Murphy, Sherry L, B.S.; Kochanek, Kenneth D., M.A.; Xu, Jiaquan, M.D., and Heron, Melonie, Ph.D. “Deaths: Final Data for 2012.” *National Vital Statistics Reports*, vol. 63, no. 9. U.S. Department of Health and Human Services, Center for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, 31 Aug. 2015, Atlanta.

This is an enormous report on United States health issues and statistics for the year 2012 prepared by the CDC. I sampled some of the statistics relevant to my father’s death from this report and framed them selectively to write “2012.”

Obituaries. Carson Stapp Funeral Home. n.p., n.d., Ogden, IA. Web. <http://www.carsonstappfuneralhome.com/obituaries.aspx>

This webpage contains a print of my father Dan Uhl’s obituary. The obituary was written by my brother Adam, and was actually a beautiful memorial – so my apologies to Adam for re-working his piece. I used Dad’s actual obituary as a template for writing “Husband, father, fisherman,” and some of the language remained, mostly at the beginning of each paragraph.

Retford, Kate. "A Death in the Family: Posthumous Portraiture in Eighteenth-Century England." *Art History*, vol. 33. Association of Art Historians, Feb. 2010, London.

Retford's is an art history piece studying patterns of representation in memorial portraiture. She meditates on the possible emotional, social, and psychological functions of these portraits and gives examples of paintings which depict the deceased among family or familiar symbols of death, explaining their meanings. This article was used for "Postmortem portraiture" in order to establish the history of memorial portraits before the daguerreotype.

Schonfeld, David J. "Talking with Children about Death." *Journal of Pediatric Health Care*, vol. 7, no. 6. National Association of Pediatric Nurse Practitioners, New York.

Schonfeld's article is written to explain the best ways for parents to explain death to their children, conceptually as well as in the event of a traumatic loss. He takes great care to outline the most important and concepts to highlight for children about death, though he names four instead of three – he includes "causality" as a necessary component to understanding, whereas other sources seem to exclude this concept. He then discusses the differences in how children of different ages may experience grief, and what problems in their grieving processes may arise from misunderstanding. I used this information to write "Children and grief."

Sharma, Mimi. "Review of *Contentious Traditions: The Debate on Sati in Colonial India*." *American Ethnologist*, vol. 27, no. 2, p. 534 – 536. American Anthropological Association, May 2000, Washington D.C.

This is a review written by Mimi Sharma about the book *Contentious Traditions* by Lata Mani. The review goes much further than just considering the book, though – Sharma takes this opportunity to give a brief summary of the colonial pressures involved in banning the practice of sati, as well as a consideration of the denial of the sati's agency that is often present in discussions about the practice. I quoted this review in "Sati."

Shermer, Michael. "Five Fallacies of Grief: Debunking Psychological Stages." *Scientific American*, 1 Nov. 2008. Web.

Shermer's article is a brief interest piece that critiques the sanitation of the five-stage model of grief as it has been extrapolated from the work of Elisabeth Kübler-Ross. He does not seem to recognize that the stages are usually misrepresented, but he does make interesting points about why we may be attracted to the five-stage model. I read this article in preparation for "Stages."

Steiner, Michael Joseph. "The Democratization of Immortality in Nineteenth-Century America." Doctoral Dissertation, retrieved from *Dissertation Abstracts International*. 1994, Ann Arbor.

I used only a portion of this long text – a chapter that dealt with the concerns of "Postmortem portraiture." The wider text is a study of the mid-19th century preoccupation with death, and Steiner uses the discussion of postmortem portraiture (alongside modern mortuary customs and the rise of garden-style cemeteries) to prop up his ideas about changing cultural values regarding death during this time.

Whittaker, William G. "Funeral Services: The Industry, Its Workforce, and Labor Standards." Congressional CRS Report, 9 Feb. 2005.

This piece notes the shift away from small businesses and toward increasing standardization, consolidation, and commercialization in the funeral industry from the perspective of the laborers those changes affect. I used the broad information about the funeral industry's reach and how it works on the ground in the piece "Funerary lobbyists."