

Living, Dying, Death,
and Bereavement
(Volume Two)

Living, Dying, Death, and Bereavement (Volume Two):

*Conversations with
Thanatologists*

By

David E. Balk

Foreword by Paul C. Rosenblatt

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Conversations with Thanatologists

By David E. Balk

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This book is dedicated to Mary Ann Balk and to Janet Renee Balk, my wife and my daughter, in thankfulness for and appreciation of their savvy, grit, love, support, courage, help, intelligence, senses of humor, commitment to achieving social justice, and fervent outspokenness about equality. Each has core values and beliefs by which she leads her life. My heart smiles when each enters a room where I am.

Also this book is dedicated to the administrators, faculty, and staff of Brooklyn College, particularly to the faculty and staff of the Department of Health and Nutrition Sciences, who made welcome during 15 productive years at CUNY a wandering thanatologist from the wilds of the American Midwest. I appreciate the trust and friendship you offered.

TABLE OF CONTENTS

List of Tables.....	x
Foreword	xi

Volume One

Chapter 1. Introduction.....	2
Chapter 2. Robert Fulton	23
Chapter 3. Sandra Bertman.....	54
Chapter 4. Colin Murray Parkes	64
Chapter 5. Sister Frances Dominica	86
Chapter 6. J. William Worden	112
Chapter 7. Robert L. Wrenn	139
Chapter 8. Paul C. Rosenblatt.....	165
Chapter 9. Dame Commander Barbara Monroe	191
Chapter 10. Myra Bluebond-Langner.....	216
Chapter 11. Dennis Klass	245
Chapter 12. Nancy Hogan	265
Chapter 13. Elizabeth (Betty) Davies	284
Chapter 14. Stephen R. Connor	333
Chapter 15. Dale G. Larson	363

Chapter 16. Charles A. Corr	393
Chapter 17. David K. Meagher.....	415
Chapter 18. Robert A. Neimeyer	444
Chapter 19. Thomas Attig	463
Chapter 20. Kenneth J. Doka.....	498
Chapter 21. Donna Schuurman.....	518

Volume Two

Chapter 22. Danai Papadatou	546
Chapter 23. Irwin G. Sandler.....	574
Chapter 24. Simon Shimshon Rubin	606
Chapter 25. Illene Noppe Cupit.....	640
Chapter 26. John R. (Jack) Jordan.....	681
Chapter 27. Jeffrey Kauffman	712
Chapter 28. Holly G. Prigerson	740
Chapter 29. Heather Servaty-Seib	764
Chapter 30. Darcy Harris.....	784
Chapter 31. Christopher Hall.....	813
Chapter 32. Carla Sofka.....	839
Chapter 33. Harold Ivan Smith.....	870
Chapter 34. Phyllis S. Kosminsky	898

Chapter 35. Louis A. Gamino.....	923
Chapter 36. Tashel C. Bordere	954
Chapter 37. Mary Alice Varga.....	971
Chapter 38. David Fajgenbaum	992
Bibliography.....	1021
Index of Names.....	1122
Index of Key Words and Subjects	1136
Author Biography	1147

LIST OF TABLES

Table 1. Structured Questions for Interviewing Thanatologists

Table 2. Dates When Interviews Occurred

FOREWORD

This book features life histories, gathered by David Balk, from 37 leaders in the field of death, dying, and bereavement (thanatology). The book is a treasure with many different potential uses.

For qualitative researchers, the life stories are a resource for exploring a wide range of issues in the lives of thanatologists, the field of thanatology, what people include in their life stories, and the interview process. I can imagine these life stories fueling projects in such research areas as the psychological and social aspects of occupational choice and personal development, the sociology of occupations, the sociology of developing disciplines, the history of death, dying, and bereavement as topics for academic study and professional training, thanatology as it relates to the culture(s) in which it developed, and gender as it relates to interviewee lives and the development of thanatology.

The interviews are valuable resources for learning about the field of death, dying, and bereavement—its complexity, its social networks, the influential ideas, and the different and sometimes opposed lines of thinking. The people interviewed offer insights into themselves, the academic and professional disciplines in which they have worked, and the society they live in as they talk about how they became involved in a field that focuses on death, dying, and bereavement.

The interviews are a unique resource for learning about each of the 37 people. Included in that are their constructions of their personal histories, their stories about themselves, things they have accomplished as thanatologists (including research, writing, teaching, work with the dying and their families, mentoring, program development, grief counseling, grief therapy, editing, and popularizing), what they make of those accomplishments, and what they hope to accomplish in the future.

I know many of the 37 people interviewed, have read and cited publications by, I think, 26 of them in my own writings, and listened to talks by many of them. But as much as I know these people, I learned things about every one of them by reading the interviews, and for me that was sweet, interesting, informative, and sometimes emotionally touching. It is a book about good,

interesting people who have lived good, interesting lives, and have done important things.

The life stories Balk elicited from the interviewees are filled with engaging, moving, remarkable, fascinating stories. I think each of the 37 life stories is worthwhile reading and reflecting on its own. But I also think there are some striking things that a number of the life stories have in common. Others may read these life stories differently than I, but one thing I think that is in stories and that is striking to me is how often in the lives of the interviewees, one event, one person saying or doing one thing, one opportunity, one random choice, or one coincidence led an interviewee into thanatology and into projects that have done great good and made an enormous difference in the lives of others. Another thing that is striking is how these people have not gone it alone, but have been richly connected to others. Thanatology leadership and good works involve inspiration by others, collaboration with others, help from others, and help given to others. And as part of that, quite a few of the 37 interviewees talk about others of the interviewees.

As Balk points out in his introduction, there are many leaders in the field who were not interviewed (and I include David Balk among those leaders who were not interviewed). So I do not think of this as a book that offers life stories of close to all the leaders in the field, but if one learns the life story material from the 37 people interviewed by Balk one would know a great deal about the field. So I see this book as a valuable educational resource for students of thanatology. Of course the interviews only touch on what they touch on, so if one were interested in becoming more expert on the life of Colin Murray Parkes, Thomas Attig, Sister Frances Dominica, or Charles A. Corr (I used a random number table in choosing these four), one would have to go well beyond the interviews of them in this book. But still the 37 interviews in this lovely book provide quite an education in the field of thanatology.

Paul C. Rosenblatt
Professor Emeritus
University of Minnesota
July 3, 2020

VOLUME TWO

CHAPTER TWENTY-TWO

DANAI PAPADATOU

Danai Papadatou is a Professor of Clinical Psychology in the Department of Mental Health and Behavioral Sciences at the National and Kapodistrian University of Athens. She is a Founding Member and the President of Merimna, the Society for the Care of Children and Families Facing Illness and Death. Her university education is international: undergraduate and graduate degrees in Clinical Psychology from the University of Geneva; a Master's degree in Family Counseling and Guidance and a PhD degree in Counseling Psychology from the University of Arizona. The University of Arizona singled out for distinction her dissertation *Psychosocial Factors related to the Onset of Childhood Cancer* (Papadatou, 1983). She is a licensed clinical psychologist in Greece. Among her publications are *In the Face of Death: Professionals Who Care for the Dying and the Bereaved* (Papadatou, 2009); an article written with many colleagues in the International Workgroup on Death, Dying, and Bereavement titled "Can Individuals Who Are Specialists in Death, Dying and Bereavement Contribute to the Prevention and/or Mitigation of Armed Conflicts and Cycles of Violence?" (Armed Conflict Work Group, 2011); a chapter titled "Childhood Death and Bereavement across Cultures" (Papadatou, 2015); and "A Proposed Model of Health Professionals' Grieving Process" (Papadatou, 2000). Among her numerous awards are the Death Educator Award given in 2001 by the Association for Death Education and Counseling and the Award for Outstanding Contribution to the World of Hospice Support for Children given in 1989 by Children's Hospice International. She has been the project leader on several funded research studies examining such topics as palliative care, trauma and disasters, and organ donation. She has turned her attention more and more to the plight of refugees. This conversation took place on July 10, 2016, with subsequent editing in 2019.

David: How are you, Danai?

Danai: I couldn't understand the instructions for the phone call. (Laughs)

David: Well, thank you very much for working so hard. (Laughs)

Danai: I sent you an email in desperation.

David: I saw that. Well, I appreciate your persistence. This is great. Well, I know it's getting towards evening for you.

Danai: No, don't worry.

David: Well, you have family and children and all that so...

Danai: No, no, no. My daughter is visiting; she lives abroad and right now she's out of the house so don't worry.

David: Okeydokey. Well, let's just start the way I have with other people. Would you tell me about your background and your upbringing?

Danai: Yes. I was the first born in a family of two daughters born in Athens with two parents who were very loving and have a very harmonious relationship with each other up to this day; my mother is 91, and my father is 96. They are good role models for Daphne and me. We had a large extended family; had more than ten first cousins and twenty second cousins and many uncles and aunts, and I'm saying this because we held regular gatherings. So our family comprised the nuclear family and a large-extended family that got together. My family was carefree, happy. I had an excellent education and many opportunities besides going to school. My parents highlighted the significance of learning languages and provided my sister and me with many opportunities to develop various skills such as guitar, ballet, and opportunities for travelling. My dad was professor of pediatrics at the medical school of the University of Athens, Dean of the medical school for several years, and after retirement he was the director of one of the largest pediatric hospitals of Athens in Greece.

David: What kind of patients did he deal with?

Danai: Children. The Children's Hospital "A. & P. Kyriakou" had a pediatric university department and throughout his entire career at the university he chaired that department. So he cared for children who were hospitalized, and developed many clinics and programs in that Children's Hospital under the umbrella of the university during his term. My dad was a very gentle, loving, humble, active person; very democratic; had very good relationships with his colleagues and with his interns and has an

excellent reputation. To this day, when people meet me, they say, “Oh, he was the best ever” so I’m very proud of my dad.

David: Yeah, that comes through very strongly.

Danai: Yeah, and my mom was a very dynamic woman. She organized conferences; most of them were my dad’s conferences because he organized many international and national conferences in Greece. She was very involved with social and volunteer work. She had an education from the University of Geneva and was involved--and this is very interesting because it is related to my career choice--she was involved with the Adlerian society; Adlerian psychology. When it was founded in Greece, they had courses for lay people on how to raise children based on the book of Rudolf Dreikurs (1972). She went as a participant, then she was trained as a group leader, and led groups for parents; but the thing I remember distinctly was that some things changed in the family because my mother was more, I won’t say autocratic, but she tended to impose her ideas--and after the training and her involvement with the Adlerian Society, she was much more democratic, “Okay, you have a choice. What do you think about this or that?” So I experienced a change that made me wonder how without a degree in psychology, she could change so much. In fact, I asked her one time, “Can I come to the groups that you are facilitating?”, and she said, “Of course, yes.” I liked very much what I saw and then I said, “Why not? I would love to be trained as a psychologist.”

David: How old were you at the time?

Danai: Oh, young. Before adolescence

David: This was really in your childhood.

Danai: Yes. My sister and I had a very good relationship. We were in some ways different and in other ways we shared common values. Education and languages were high values in the family so both of us were kind of attracted by that.

David: So how many languages, besides Greek and English, do you speak?

Danai: We learned Greek and French at the same time. We had a nanny that spoke French and my mother spoke French to us when we were just my mother, Daphne, and me, not in front of other people. So French was my second, like a maternal language. English, I learned in school but I also had private lessons. My mother spoke more languages including Arabic. She

was born in Alexandria in Egypt. Her parents were Greek from a small village in the mountain of Pelion, and they moved to Alexandria, made a big fortune, and had children there. My mother was born and went to school there, and afterwards travelled to Switzerland to study because she insisted on having a University education instead of getting married, which was the custom back then. So that's about my family. It was an open family and our house welcomed our friends who would come and stay overnight. My parents' friends were also coming and going. There were a lot of people around all the time.

David: Yeah. Well, you've made it very clear that your father and your mother had a big influence on you. Were there any other people during your childhood, during your adolescence, who you thought influenced you?

Danai: Yeah, I think the nanny was also an important figure. She was a very loving, very caring person. My mother was involved in raising us, but my nanny later became the nanny of my daughter.

David: Oh my goodness. (Laughs)

Danai: She was family to us.

David: It's clear; multigenerational

Danai: The message of my parents to both my sister and me was that education is your dowry; that you had to get the best education. My mother's message to me was "You can do it" because I was shy, a reserved little girl. My father's message to me was an interesting paradox: "Be prepared for the unexpected" which implied, "learn to rely on yourself," "stand on your feet," if life brings unexpected or major adversities.

David: You said that your mother's—I might say abrupt change—but the change that occurred from her when she began to study psychology really influenced you. But I get the impression from your career that your father must've had some influence because of all the work you've done on children in hospitals.

Danai: Absolutely, there is no doubt about that. For example, when I was a student I would volunteer in the play-therapy department of the Children's Hospital, over the holidays. I could see what was happening in the wards and in my dad's office; the door was open; anybody could go in and out; there was always a good atmosphere. He was highly respected, very open to everybody and most encouraging to young interns. Both my parents were

concerned for people who had less, were in trouble, or had had difficulties in life. During adolescence, I would say three things were most influential: friends, the Greek junta, and my cousin's death—to answer one of your questions about what influenced me most.

David: Tell me about that

Danai: Yeah, Nikos. He was a cousin who--we weren't that close in the sense that we didn't really see each other besides the summer holidays that we spent in the same village of our grandparents. Nikos died in a car accident on the 1st of January after New Year's Eve when he was returning home with two other friends. I was 15 years old and this shocked me. There was some grieving over his death, but I think what was even more important than that was that all of a sudden I realized that it could happen to me or to any young kid; that death was not for old age. This realization was a turning point because I went from being shy and reserved, to reaching out to others. It was a time when I was affected by the realization of my own mortality; if I were to die tomorrow some people would not know how much I love them, or how angry I am, and that type of stuff. That made me move towards people instead of waiting for people to come to me.

David: It made you more socially interactive?

Danai: Absolutely. I had friends and I became more open to others. It wasn't that I had "more" friends after that, but I was more open with my feelings

David: You let your own positions be known to other people, you mean?

Danai: Yes, much more. So, that was a big thing, and I remember writing in my diary about it and being concerned and taking notes for months. Also, valuing even more some things like friendships and not taking things for granted, but the most important gain was that I got out of my shell and shared with others how much they meant to me, you know. I didn't leave something unfinished if there was any issue in friendships and relationships.

David: You mentioned that your parents very much valued education and that you received a very good education, so why don't you tell me about your experience in college and university.

Danai: When we finished high school, my parents told Daphne and me that "you can go anywhere in the world, but you have to leave home and get an education elsewhere." So I chose the University of Geneva. In fact, they

sent me a year before my graduation from high school to Switzerland to do a summer course in French at that University to decide whether I would like to study there. And of course I loved Geneva, and I prepared myself, passed the exam, got accepted, and had a five-year education, got an undergraduate and a Master's degree in clinical psychology. I was very fortunate that Piaget (1954) was alive and he was teaching us. I had an excellent education and I was very happy.

David: Yeah, some people would call it a pedigree that you can identify the people who formed you and when you mention their names, people say, "Oh, I've heard of that person." So why did you decide to come to the United States?

Danai: During one of the summers, when I was a student, I attended a summer school in Adlerian psychology as a participant. There I was totally fascinated by the work of Oscar Christensen (1972) who was an Adlerian expert in family counseling from the University of Arizona. So, I had a feeling that I needed something more than what I had received in Geneva, and I applied to several American schools, but I wanted to go where Oscar was teaching. Luckily I was accepted at the University of Arizona, where I got a second Master's in Counseling and Guidance, took a year off, and then returned to the USA for my PhD.

David: What did you do on your year off?

Danai: I came to Greece and I volunteered my services at the Children's Hospital.

David: I see, so it really wasn't a year off. It was just doing familiar work, but it wasn't in school. So, you had already applied for the PhD program in Counseling Psych?

Danai: The beginning of my studies in the USA was very interesting, I'll tell you. I had my undergraduate degree from the University of Geneva, had completed the internship for the Master's degree, and at the same time I was applying to various American universities. I had come to Athens for Christmas holiday while I was doing my Master's in Geneva and then I received a telegram saying that "you can register on the 10th of January at the University of Arizona." I dropped Geneva and I left for the United States. I wrote to my professors that I will write my thesis from the US and return to defend my thesis, given that I had completed my internship. I sent my thesis, and they said, "Don't even come; you got your degree." So I started with the Master's in Arizona while finishing the Master's in Geneva.

I did both at the same time, and after I finished both Master's, I was homesick so I came home for a while.

David: So you hadn't applied to the doctoral program yet?

Danai: Oscar Christensen told me, "Start a PhD" and I said, "Yes, I will, but not now." I needed time, a year off, because I was homesick. I already had a scholarship from the University of Arizona, so I took a year off, then applied for the doctoral program and they accepted me immediately.

David: I understand that. You, I'm sure, distinguished yourself. Plus, the fact that Oscar Christensen must've been somebody who was an advocate for you.

Danai: Absolutely.

David: Where did you meet Bob Wrenn (1970, 1982) by the way?

Danai: At the PhD program.

David: So you didn't know him before that.

Danai: As part of my doctoral education, I had to take some classes and I chose Bob's, who has been most influential to my career. Of all my professors during my whole education, those who were the most influential were Oscar Christensen, Bob Wrenn, and Phil Lauer (Schram and Lauer, 1988), all from Arizona. I don't have a model from the University of Geneva. I was fascinated by Piaget, but my role models were American professors.

David: What led you deciding to do a dissertation focusing on childhood cancer?

Danai: It was a book I read by the Simontons (Simonton, Creighton, and Simonton, 1992) who had written something about cancer and about how personality issues may affect the development of cancer, so I said, "If this holds true, I want to explore that with children. I will interview parents and see what's happening in the family when the child is just diagnosed, and before the family establishes coping patterns to manage the disease."

David: That's Adlerian stuff, isn't it?

Danai: Yes, very Adlerian in some way. It was a qualitative study; I collected data in Athens, at the oncology department which had just opened,

and concurrently provided my services for free. Then, I came to an awareness that *this* was the field where I wanted to work. So when I finished my PhD and returned back to Greece, there was an opening for a psychologist—the oncologists had posted a position for a psychologist because they had realized the value of integrating a psychologist in their team, so I applied and got that position. So yeah, my PhD influenced my career; Bob Wrenn influenced my career; my dad influenced my career, but two additional experiences.

One was my friendship with Melanie, whom I met through Bob Wrenn. We both went to listen to Bob playing the piano at a bar and chatted all night. Then the next time I saw her was in Bob's class; she was the invited guest and told her story about her cancer. I didn't know anything about it, and from that day after we left that classroom, we never separated. We became best friends. She had a terrible story with ovarian cancer at the age of 30, and was most of the time hospitalized. Health professionals always thought that I was her sister because we looked alike, and we felt like sisters; we called each other "sister." My dissertation is dedicated to Melanie. When I left Tucson in December 1983 to come back home she was free of cancer, which was unexplainable. The doctors couldn't follow what was happening with Melanie. She had planned to come to Greece in May, and then I had some metaphysical experience, that something was wrong, and it was indeed. So I called her and found her in the hospital; she had metastasis in the liver and when I asked her what she decided to do, she replied "I'm not accepting any further treatment." That was the last time we talked; the next thing that was extremely intense for me was that I sensed the very moment when her death happened and this was confirmed later by Bob Wrenn. It was a very intense experience because I knew when it was happening to the minute, and I was in communication with her.

I experienced a comfort with whatever had to do with death and dying. I wasn't afraid to be close to people and children who were dying, so that also influenced my choice. I found myself at the bedside of a dying adolescent who had committed suicide. I was the person left with the child because the parents couldn't be there, the physicians were away, and it didn't scare me.

There is another reason why I felt "that's the field where I want to work." In Arizona, I attended a training program on crisis intervention that was offered by Pima County. The instructor was Paul Forgach, a guy who had developed a renown "Victim-Witness Program" in the USA.³³ He trained

³³ His program was part of the Office of the Pima County Attorney in Tucson, Arizona.

laypeople to work alongside the police and intervene when the police got a call for a rape, domestic violence, or suicide threat. As trainees we were the first to reach out to the people in trouble, followed by the police. I did that for a long time and went out with a team of crisis interventionists. This experience made me realize that I functioned effectively in crisis situations and could be supportive to others under extreme situations. So Bob Wrenn, my doctoral research, Melanie, the training on crisis intervention, Nikos's death, were all factors that contributed to my choice. I wouldn't say it was one single factor.

David: Right, it was multiple things. Trying to figure out which influenced what is probably difficult, but you recognize that all of these influences were there.

Danai: Yeah.

David: One of the questions that I know was on the list of things that I sent you was about any kind of life-changing events--I know you said the death of your cousin. I get the impression that perhaps you've been saying to me from your experiences in Arizona, some other life-changing events. I just don't want to put words in your mouth, but from what you said about your connection to Melanie, even though they were so different...

Danai: Absolutely, Melanie is a life changing event. The life changing events I noted down are Nikos--my cousin-- and Melanie. Another life changing event is the birth of my daughter, being a mother, and coping with her very troubled adolescence. A life changing event was growing under a dictatorship, because I belonged to the generation that experienced the effects of the military junta in Greece. During my adolescence I was involved in various activities against the dictatorship and the passage to a life that was free and more democratic.

David: That came across to me, when you said it. I thought if you were opposing that government, then you were taking serious risks.

Danai: Yeah. But then my daughter was in an equally dangerous situation during her adolescence when a policeman killed one of her friends and then half of the city of Athens was burnt and youngsters were down in the streets protesting for weeks. I never told her "don't be involved," but at the same time I was scared to death for her safety. This happened at a time of deep social unrest in Greece.

David: Let's switch to your work history. Tell me what you did once you got your doctorate. What did you do?

Danai: When I got my doctorate, I came back to Greece. There was a position at the Children's Hospital at the oncology department specifically. They didn't have a psychologist before so I organized psychosocial services in the pediatric oncology department and challenged the administration about the mortuary. Where they placed the dead in that hospital, was unacceptable. They did not allow me to see a dead child so I made a huge fuss and when I saw that the conditions were unacceptable, I wrote to the Hospital's Director and conditions changed halfway suddenly. My main contribution was in pediatric oncology, and I have to say that if there weren't any problems with the team, I wouldn't have left the Children's Hospital. I didn't imagine having an academic career. I loved teaching and I was doing it already, but I didn't want to become a professor; however, there were team issues and I quickly realized that if we couldn't work collectively on these issues, I would have to leave because there were dysfunctional patterns of coping with dying and death. Our team did not adopt an impersonal approach towards children, rather the opposite. They held undifferentiated, enmeshed relationships--which were not healthy. So I suggested that we needed supervision by somebody from outside the team; they didn't want to, they were not ready, so I took care of myself and went into psychotherapy. I didn't want to be trapped in a dysfunctional team, and at that moment there was an opening at the University so I applied. At that time, I could hold two positions, both at the University and at the Children's Hospital so I thought this would be a good balance. However, after a while there was a law that one had to choose one position, and I chose the University. So I've been an academic since 1989 till today.

David: And you are now a full professor.

Danai: Oh, a long time ago.

David: I know, almost 20 years ago. Yeah, but I mean, it's no small deal to rise to that rank.

Danai: For me, the titles were not important; it never was. The only time I use my title is to "open doors" for other things related to my humanitarian work. So, I'm not a "common" professor. I must admit, I love teaching. At the University I got the opportunity to introduce courses on death and dying, to teach palliative care and related topics which were introduced into my health psychology courses, and to participate in the development of two

Master's programs in palliative care. All of the theses of my PhD students for the last 20 years, are in the field of death, dying, and pediatric palliative care, with very few exceptions. So in Greece I'm known as one of the first to introduce the concept of palliative care.

David: I'm sure that is true. Well, tell me about the contributions you've made. You've already been talking about some of them; about introducing courses, mentoring students, and you know putting the focus on children and dying. But tell me, what do you consider the major contributions you've made to the field of thanatology?

Danai: One that I haven't mentioned is "Merimna"; it's my baby; it's all my volunteer work. My goal was to develop a pediatric palliative care program within the hospital. So I went to the E.U. (European Union) in Brussels and I submitted a research program that was funded to conduct a feasibility study (Papadatou, Yfantopoulos, and Kosmides, 1996). Then I went back and told them that we needed to educate professionals to provide palliative care at home, and created a 700-hour training program for physicians, nurses, psychologists, and social workers (Papadatou, 1997). Ida Martinson (1976) came and helped to inspire participants and share her wisdom. Then I went to the Greek Ministry of Health and said, "Here are the needs; here are the educated professionals who are already working in the hospital. Let's develop a home care palliative care program." And I got a response, "No need; these children are going to die anyway, and the place of work of physicians and nurses is not in the home but in the hospital." That got me extremely angry, but at least I used my anger positively, and I chose a Board of Directors of 8 colleagues with whom I collaborated very effectively. We formed an interdisciplinary team and founded "Merimna," a civil, non-profit organization for the care of children and families facing illness and death (www.merima.org.gr) (Papadatou, 2010). We decided not to start with pediatric palliative care services because it was too much of a taboo in this country but developed first childhood and family bereavement support services. We developed our first bereavement counseling center in Athens; fifteen years later a second Childhood and Family Bereavement Counseling Center was developed in Thessaloniki, in northern Greece. In 2010, we developed the pediatric palliative home care program. At the same time, "Merimna" offered psychosocial services after a disaster, which had a two-to three-year duration (Papadatou, Bellali, Giannopoulou, Bitsakou, et. al., 2012). We supported communities that were affected by wildfires, earthquakes, or by the trauma of road traffic accidents that caused the death of several adolescents. At the same time, we ran many training programs, organized six national conferences, and we have been busy forever. They

are 20 people working and we've served more than 50,000 children. So that's my major contribution, I think.

David: Yeah, I've read the brochure you sent me.

Danai: Yeah, the brochure for lay people.

David: Yeah, it's impressive.

Danai: Some of the things we did, we put on a documentary (Papadatou and Galankis, 2008) that is also with English subtitles and narration. I use it outside Greece for training and education. Now, we are opening a door and I don't know where it will lead us, because we have tremendous financial problems due to the economic crisis. We've been in trouble for at least four years. However, we are opening now a door to support traumatically bereaved refugee children and I don't know where that will lead us but it has become my priority right now.

David: Who are some of the people who work with you?

Danai: We have an excellent Board of Directors; outstanding. It has changed over the years. Every time a member leaves, we have to change the bylaws—it's a complicated thing—but I think now it's the best ever. Some are professors but not all of them; there are clinicians, pediatricians, psychologists, a child psychiatrist, and an educator. We are very dedicated. So I have a good Board of Directors and 20 staff members who provide grief counseling and therapy or pediatric palliative home care. They were hand-picked and they've all been trained by us so we've known them for years. Half of them have PhDs and the rest have Master's Degrees. They love what they're doing, have a lot of experience and expertise, and that's important. Currently we're facing changes in service delivery

David: What you mean by changes in service delivery?

Danai: For example, the childhood bereavement counseling center in Athens; instead of providing free of charge services five days a week, provides four days a week because we don't have enough money to cover everything. At the same time, we developed a new project, named "Family to Family" through which parents who have been helped by Merimna, after receiving some training and supervision, support newly bereaved parents who seek our services and create a network of mutual support. On the other hand, we run a project involving 2000 educators, and developed a kit for schools which includes an educational DVD, a book with guidelines, and

leaflets which are distributed to 2000 schools; so it is an excellent opportunity to pass on our knowledge to educators. We have opportunities to do new things in addition to what we are providing, whenever we are funded; otherwise we have to stick to what we can manage. Then we rely on the funds of another Association, “The Friends of Merimna,” which does fundraising for us given that the Board of Directors are all scientists

David: You mentioned you’re now going to focus on distressed immigrant children. Doesn’t that mean more training, different groups, different types of volunteers? Tell me more about that.

Danai: I have crazy ideas ...I love art so I saw a photographer that is doing fantastic work with children who live in extreme situations. He's from Bangladesh and his name is GMB Akash.³⁴ So I went on the Internet, saw what he was doing, and realized that he was displaying in an art foundation in Switzerland. I know the chair of the foundation from the time of my studies in Switzerland, so I contacted and invited Akash and said to him, "We have no money but we can pay your ticket. Can you come in and photograph refugee children on the move as they travel from Turkey to Greece and from the Aegean Islands to the borders in northern Greece? We will then organize an exhibition in Greece," and he said yes. And the Swiss came in and said, “We will fund this project.” This happened within 3 months; for a month he photographed children and families. We got permission for him to photograph all over the place. We went to the most prestigious museum, the Benaki Museum in Athens, and concurrently published a document on the rights of the refugee children on the move because we wanted to advocate for them; we didn’t want to have only a photography exhibition but to advocate for their rights. So we put the exhibition under the auspices of the President of the Greek Republic. It was a big project and within 3 months we organized it; this exhibition will go to Switzerland at the Palais Wilson,³⁵ and then to Brussels, and we hope to the European Parliament, to sensitize politicians on the needs and rights of refugee children. And it’s going to travel in Europe, that’s the goal. In the meantime, the borders are closed and 60,000 refugees are currently trapped in Greece. Many are unaccompanied children; others lost their parents along the way. At our bereavement counseling center, we see foster families who

³⁴ <https://www.panos.co.uk/portfolio/gmb-akash/>
<https://www.bing.com/images/search?q=akash+photographer+refugee+children&qpv=akash+photographer+refugee+children&FORM=IGRE>

³⁵ The headquarters of the Office of the United Nations High Commissioner for Human Rights.

care for children who lost their families on the passage from Turkey to Greece; they drowned or are missing, and now we've been asked to do trainings on loss, grief, and refugee children. We have one starting on the sixth of September for an organization. At the same time, I've been invited by the Ministry of Health to help them with a proposal for providing psychosocial services to refugees; in addition, we formed a work group at Merimna that I've been chairing with the purpose to conduct some semi-structured interviews in order to collect research data from the field before proposing guidelines—because the situation is pretty bad for those who are trapped here right now, pretty bad on a psychosocial level. Also, Greece doesn't have money to ensure good standards of living for them. The European Union doesn't give the money to the government but to NGOs and that's a big mistake. So the government is trapped and the NGOs have a lot of money and not all of them are of high standards.

We are already providing services to refugee children and we are going to do training about unaccompanied refugee adolescents and provide supervision to field workers who are involved. I'm already involved. I was invited by Stanford to give a lecture in April, which had a good impact (Papadatou, April 29, 2016). Then there were professionals from Stanford who came here, and now we are in collaboration. I don't know what will come out of that but...

David: Are you concerned that the situation could end up being like a permanent refugee situation for these children; that they'll never be out of that?

Danai: Yes, and for many refugee families. And I'm concerned that this is not the end; Turkey is not on good terms with Europe and very tense with Greece. If they let all the refugees come to Greece, it will be chaos, total chaos because we have not the infrastructure to host them. There is concurrently great turmoil in Africa—there are many conflicts in Africa right now—and if it becomes untenable then there will be an incredible flow towards the southern part of Europe, Spain, Italy, and Greece; Europe won't be able to control it. We have our own economic and social crisis and the refugee crisis has been wild. I'm very concerned.

David: Yes, the long-term implications are filled with dread, I would say. And then you are saying in the midst of all that you're still going to do what you can.

Danai: Yes, always. It's always a question: "What can we do that may alleviate some of the suffering that is around us or at least facilitate adjustments in most challenging situations?"

David: Yeah, I remember one person who said, "I can't change everything that's bad right now, but I can work with these people I'm with right now and I can give my attention to them; at the same time realizing it's not going to change everything." I think that person said, "I refuse to do nothing."

Danai: Absolutely! My thing is to have a stronger voice, that's why I say "yes" to the invitation of the Ministry. That's why we organized Akash's photo exhibition which was so powerful; his photos need to go to the European Parliament.

David: Things are in such turmoil right now, both with Brexit and with the Turkish attempted coup, with all the terrorist attacks, and Donald Trump deciding that the United States will close its borders to everybody and everyone. It's scary. I'll ask you this question. Have you ever felt on the margins or as an outsider in all that you're trying to do?

Danai: Yes.

David: Tell me more about that.

Danai: Yes, and very lonely. Especially in the beginning; I didn't have anybody who had the same knowledge and background and ideas when I first came back from the USA to Greece and especially when we founded "Merimna," but I had always IWG. For me, IWG was a lifesaver at that time because I knew the field and its members; I had studied the field. I always left IWG with new ideas and things to reflect upon. So, at the beginning it was very lonely, but I never wondered whether I should give up. Never! I was most determined.

David: Well then, tell me; you've rubbed shoulders and read books and contributed with others in the field of thanatology. Who in your estimation are the major figures that have influenced the field?

Danai: Herman Feifel, first of all--historically (Feifel, 1959); I met him and I was totally fascinated by him. Kübler-Ross, who I had a personal relationship with (Kübler-Ross, 1969). One of my contributions to the field is that I organized the 1st international conference on children and death in Athens in 1989, and that's when people from all over the world came from 24 countries. Then with my dad we published the book on children and

death (Papadatou and Papadatos, 1991). Kübler-Ross was invited to that meeting, but I had already met her in Arizona because she visited Melanie, and I went to her presentations and lectures. Then we became very good friends; she sent me her books and self-made crafts, and when she was sick, and I happened to be in Arizona, I went to see her. So yeah, I knew her and I admired her. I didn't always agree with everything she said, but I admired how she would move people and fascinate her audiences with her stories; she was fantastic.

David: I think she had the same sort of tenacity you do.

Danai: (laughs) Yeah, perhaps. You would never imagine that a short lady like her had so much strength and so much passion.

David: Well, passion is clear. The difference I say is most people I know--this may not agree with your impression of her--but most people I know who knew her said she had become almost like a diva, but I don't think that's how you are at all. I think you still are more reserved.

Danai: (laughs) I hope I'm not like that.

David: No, I don't see you like that at all. You're more than willing to fight, but stay in the background, and I get the impression that Kübler-Ross was never willing to be in the background.

Danai: Yeah, that's true (laughs).

David: Who else would you say has influenced the field?

Danai: Of course Cicely Saunders (1990) and Jeanne Quint Benoliel (Benoliel, 1982; Benoliel and Degner, 1995); I admired Jeanne I have to say.

David: Yeah, she was really smart.

Danai: I remember I heard her for the first time at a conference in Spain and she was the keynote speaker, and it was the first time that I wanted to stand in line and say to a presenter "you moved me." And then the next time I saw her was when I was first invited to attend IWG. As soon as I came in the door and I saw Jeanne, I said to myself: "If Jeanne is here, this meeting (IWG) must be important." I think Jeanne was very influential to me; we had some private conversations and I had a lot of admiration for her.

David: She was really bright.

Danai: And then Cicely Saunders of course, for adult palliative care; Balfour Mount (1983) who introduced in hospitals the palliative concept; in pediatrics, I would add Ida Martinson (1976) by far. This is the old generation I'm talking about, okay because the younger generation....

David: I think we should pay attention to them. I'm glad that you are because it's almost like when you talk to people, the only people they know about are the ones who are current and it's like we forget our legacy. So I'm glad you're talking about some of these people who preceded.

Danai: Of course. To me some are like mentors and having a personal relationship has affected me even more in understanding--through our discussions--all of the challenges they had at the time when they started doing pioneer work in this field. For bereavement, I would say Colin Parkes (1972, 1988, 1996) whom I love dearly, to pieces. We are mostly in the same IWG work groups; I think he's so sharp. Bill Worden, of course (Worden, 1996, 2018). The other person who is not perceived as an expert in death and dying but I think he's in our field, is Robert Lifton (1967, 1996) who did all this fantastic work with survivors of Hiroshima and of the bombings; he is a person whom I consider a pioneer in our field. Phyllis Silverman in bereavement (Silverman, 2000).

David: Phyllis was going to take part in this interview process, and then her husband contacted me and said "I'm sorry, she is failing so quickly. She just can't do it."

Danai: Oh, so sad.

David: Yeah, I think so. Anyway, who besides Phyllis?

Danai: Phyllis has been influential in adult bereavement with her work on the "Widow to Widow" program (Silverman, 2004) as well as in childhood bereavement along with Worden (Worden and Silverman, 1993); he has also made a significant contribution in both adult and childhood bereavement. With regard to education in thanatology, I would like to mention Chuck Corr, Jack Morgan, Hannelore Wass, Robert Stevenson; and if I think of the younger generation, I would include: Betty Davies in pediatric palliative care, Barbara Sourkes in pediatric palliative care, and Myra Bluebond-Langner; I would add Stroebe and Schut in adult bereavement, Ken Doka with all his work on disenfranchised grief, Jack Jordan who I respect for his work with bereavement after suicide, and Bob Neimeyer who introduced a constructivist approach to the understanding of grief. The one I like particularly and I don't know him but I like his writings,