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HOLISTIC UNDERTAKING

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requirement for the degree of
Master of Arts in Nursing

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This is to certify that **Bridget Burness** has successfully defended her Graduate Project entitled "**Holistic Undertaking**" and fulfilled the requirements for the Master of Arts in Nursing degree.

Date of Oral defense **June 26, 2014.**

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Abstract

In 2007, the Association of American Retired People (AARP) published its Funeral and Burial Planners survey key findings that revealed 12 percent were interested in green burial and that practitioners should provide education on environmentally friendly options to this audience. Nurses are currently knowledgeable about Advance Care Directives (ACD) for cessation of care. To gain a better understanding of nurses' attitudes toward green burial, a plan to create a holistic nurse-learning circle was developed to discuss the Funeral Rule, pre-burial planning for green funerals and flameless cremation, and the importance of collaborating with funeral directors. To facilitate this group, a Holistic Undertaking model was conceptualized integrating Jean Watson's post-modern vision of Caritas/Communitas where unique partnerships occur within systems to promote eco-caring and sustainable practices. This learning group would have the opportunity to discuss advanced care planning which includes burial in a gestalt space. If successful, nurses will become engaged in the community by attending death cafes and community groups to learn about new ecofriendly burial practices with the result of intergenerational equality – the preservation of earth for future generations.

Keywords: advance care directive (ACD), advance care planning, green burial, biocremation, Funeral Rule, Watson's Caring Theory, nurse learning groups, modern death, intergeneration equity, Tame Death

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Dedication

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Holistic Undertaking

Chapter One: Introduction

Environmental health is a core value of holistic nursing which has a vision of holism attuned to the environmental movement and its determination to reduce the carbon foot print and decrease the greenhouse effects arising from society's dependence on outdated technologies by engaging in learning groups (Dossey & Keegan, 2013). Relating to the concern for the environment is the evolving paradigm shifts in North America of a societal change from the traditional norms of embalming and cremation to a more natural form of burial. In 2007, the American Association of Retired Persons (AARP) published a landmark survey that revealed 80% of the seniors surveyed chose alternative burial practices with 12% stating that they wanted a relatively unknown practice called a "green burial" (Chol-Allum, 2007, p. 27). A green burial is the name given to burial preparation without embalming, replaces the casket with a cardboard box or a burial shroud, and includes biodegradable cremation technologies that are flameless. The transition from traditional burial practices to a sustainable practice is in sync with the trend that moves away from the modern era's definitions of death to a postmodern view where Caring Science is the bedrock of nursing practice (Watson, 2008). As perceptions on burial practices are undergoing changes, Watson (2008) theorized that nursing was also in a paradigm shift from the modern to the post-modern period. Nursing practice has transformed itself into Caring Science, which questions the present day definitions of death and how communities care in the future. It is imperative that holistic nurses, through informal, small learning groups, understand the life ways of the green burial movement to provide culturally competent care in advance care planning that

complements directives already in place and to create with other nurses a gestalt space for caring and existential discussions of death.

Background

When nurses seek to find a language to engage in discussions to find new meaning, they need to look at the past and how systems were formed to find new meaning. A historical search puts into perspective how literature and events shape a society's systems and views of death, the environment, societal influences and health care institutions (Ogren, 2001). By peeling back the antiquated customs that bound society in the past, the process unearths the distinct mores common today. What was seen as a short-term solution of embalming soldiers' remains for the journey home for burial has become imbedded and integrated into culture culminating in a modern view of death. This new view transferred care from the family to the professional undertaker. This short-term diversion has lasted over 100 years and the practice of embalming is not in agreement with today's era of environmentalism.

Modern Death

Forty years ago, Ariès (1974) defined a modern death in America as a "technical phenomenon" that occurs when "a cessation of care" (p. 88) is determined by doctors in a hospital or healthcare system. This declaration of death has been the foundation on which society views death and Western medicine has deemed as traditional care practice. This practice was the norm until the United States Congress enacted the Patient Self-Determination Act (PSDA) mandating that health care organizations inform their patients about their legal right to make the decision as to when "cessation of care" will occur in the form of a signed Advance Care Directive [ACD] (Crisp, 2007, p. 180). This change

essentially put the prescription pad in the patient's hand but did not move away from the definition of death as a cessation of care, which now patients decide under the advisement of doctors and healthcare institutions.

Imbedded in the PSDA was the edict that confines a nurse's discussions with patients concerning advance care planning to cessation of care (Crisp, 2007). This definition does not consider the caring moments that occur after death in that threshold period of time preceding discharge from the institution. Prior to the Civil War, nurture and care of the dying was considered a "duty" and "devotion" by the community where the body was bathed and dressed by family members (Thursby, 2006, p. 22-23). The fragmentation of care was enacted slowly during the Civil War due to a new French embalming procedure that returned soldiers to their homes for burial directed by an undertaker who prepared the bodies. This disconnection from the death process evolved into two distinct systems: the hospital for the living and the undertaker for the dead.

The sacred duties of caring for the dead place nurses outside the modern definition of death care practices where nurses are often placed in the realm reserved for undertakers. Because more deaths take place in hospitals than at homes, nurses watch over patients during their last moments. In the past, it was not uncommon for a person to awaken from a "death-like slumber, and as a result a watcher was usually beside the bed, hired by the family or the undertaker prior to burial" (Thursby, 2006, p. 61). Today, a nurse takes vital signs to assure the patient has passed on, thereby crossing over to an undertaker's duty. The nurse also bathes and dresses the patient according to the family's wishes, which falls outside of the modern definition of death.

It is essential for nurses to understand society's negative view of funeral directors due to past exploitive practices of the bereaved (Huntington & Metcalf, 1979; Laderman, 2003; Slocum & Carlson, 2011; Thursby, 2006). Jessica Mitford's (1998) *The American Way of Death* marked the end of the undertaker's quiet subsistence and gave birth to a public relations problem that is present today. Huntington and Metcalf (1979) stated that Mitford revealed funeral practices that profited through selling "unnecessary" and "expensive" services to a "captive clientele under great temporary stress," but more importantly the "funeral ritual itself" (p.3). The book was a catalyst for change where everything from the price of a casket down to the flowers has been quantified and critiqued by the mainstream public and academic circles. Since Mitford's book, undertakers have been "working against type" (Laderman, 2003 p.) even though the industry has made limited changes to their practices; they simply have not been able to sway the negative public opinion after Mitford's book where she created the caricature of the funeral director as a villain (Laderman, 2003).

Environmentalism

Holistic nurses are actively engaged in discussions and learning groups that focus on environmental issues to create sustainable practices under "environmental health" in their practice (Dossey & Keegan, 2013, p.685). Feagan (2007) described the environmentalist as one who sees death in life. This philosophical thought contradicts the modern definition of death and expands the definition of death to creating life that is circular where green burial practices have returned to the agrarian era practices that preceded the industrial revolution. Traditional burial practices have had toxic effects that amount to "827,000 gallons of embalming fluid, 1.6 million tons of reinforced concrete,

20 million feet of wood, and thousands of tons of metal” are placed into the ground every year (Crabbe, 2006; Cullen, 2006, p. 52; Feagan, 2007, p. 167). This tally does not include the “varnishes and sealers on wood coffins or the metal coffin remnants of lead, zinc, copper and steel” or the arsenic and mercury that was normal practice when embalming was in its infancy (Feagan, 2007 p.167).

Intergenerational Equity

The philosophical principle of intergenerational equity is rooted in environmentalism. Humans shift their “actions” and “behaviors” so that future generations have access to a “similar functioning biosphere” that is present today (Feagan, 2007, p. 163). This principle essentially claims that current burial practices are not sustainable. Changes need to occur. One change is society’s view of death practices. This includes cremation by flame, which is toxic to the air, or vaults and marble and granite head stones that are not natural to the habitat.

Today, a holistic nurse straddles both the modern world where technologies are being created to have a greener burial juxtaposed with the antiquated practices of the undertaker as a caregiver to the dead. This is the threshold space where innovation is occurring surrounding death, and discussion is needed with a society that has distanced itself from death and is venturing into the unknown to carry out the wishes of those who seek a green funeral. Nurses need to be prepared for questions and inquiries into natural burial or alternative burial by those seeking professional advice. The purpose of the proposed project is to inform nurses of the revival of green burial practices including flameless cremation to compliment advance care planning.

Significance to Caring Practice

Caring Science is essential in creating a learning community focused on green burial practice. Holistic nurses are ideal members of such a community because of their sensitivity to ecological factors and intuitive practice of “working from the inside out” in which they not only educate others but also put into practice their beliefs about the environment (Dossey & Keegan, 2013, p. 657). Caring brings to the attention of nurses the grief that those who have dealt with the death of a loved one experience and the coping skills needed to overcome heartache. The focus surrounding green burial is technical, but its main core is to help people cope with death by planning for a funeral and reducing the stress of a traditional burial on people and the environment. It is common knowledge that funerals are expensive and a fully present nurse will perceive that some people may not be able to afford a funeral (Slocum & Carlson, 2011).

It is imperative that the discussions are existential and creative to help others generate ideas that will soften the burden of burial costs and eradicate the notion of a “traditional funeral” the funeral industry perpetuates (Slocum & Carlson, 2011, p.21). Dossey and Keegan (2013) stated that holistic nurses are also able to channel change occurring outside their practice by creating caring spaces for evolving changes in discourse by building learning communities where a culture of discovery and change occurs. A holistic approach may be to just be present to see the world behind the eyes of someone experiencing grief. The focus is on creating meaning for the participants where their insights into their own lives will project their vision of after-death care. This form of self-discovery compliments the current way that grass roots organizations are meeting and gathering in small informal learning groups to discuss burial alternative with people

from all walks of life, but most importantly those who cannot afford the high cost of a traditional funeral.

Health Inequalities

Traditional funerals are escalating in price and in this present economical climate, can place a family in debt to bury a family member. Banks (1998) reported that the average cost of a traditional funeral per family is \$4,217 - \$7,434 “excluding flowers, burial clothing and obituary notices” posted by newspapers (p. 270). The percentage a family income pays toward funeral expenses is substantially higher in low income homes which ranges from “32 percent” to three times their income, thereby creating hardship on the family pressured to bury their loved one in the “traditional manner” (p. 283). This hardship is compounded by lack of planning which is the norm where less than 25% have planned for a funeral (Chol-Allum, 2007).

The reason green burials are accessible to everyone is that they are affordable to undertake and plan making it possible for the working poor subsisting on minimum wage to bury their own on their own terms. Pricing a funeral is difficult because of the funeral home industry’s limited transparency. With the exception of California, where prices per service are documented on websites and literature is mandated by law, uninformed consumers are at the mercy of funeral directors when most vulnerable. A funeral director is not mandated to discuss laws surrounding home burial unless asked. In some states, a family does not need a funeral director or at most, limited services such as signing a death certificate (Slocum & Carlson, 2011). It is in the best interest of a consumer to plan for a funeral to offset costs or look to the community or groups to perform a home burial, which will substantially lower costs.

Theoretical Perspective

Jean Watson is the nursing theorist chosen to support this project because of her theoretical perspective on caring and is the inspiration for an informal nursing group to grapple with new technologies and views on environmentally sustainable burial options. Watson (2008) first theorized that postmodern frameworks of ontological competences were needed to compliment the symbiotic relationship of “humankind-technology-nature” and expanding consciousness (p. 7). Watson later stated that that Caring Science was a “starting point” (p.15) toward a foundational move to a “caring-healing-person-nature-universe” (p.16) framework that compliments postmodern ideas about the world. This evolution from the medical model started with caring and is ever expanding as the universe. Her initial intention of framing an ontological framework took the form of the 10 Carative Factors and later expanded to the 10 Caritas Processes.

Holistic nurses use the first two parts of Watson’s descriptive interpretation of Caring Science caring-healing as the starting point of “holistic communication” between a nurse and another person (Dossey & Keegan, 2013, p. 622). Dossey and Keegan (2013) used the last two parts of Watson’s interpretation of nature-universe to describe the phenomenal field where holistic communication “incorporates consciousness...the symbolic nature of one’s perceptions...in the present moment as well as the imagined future” (p.622). Dossey and Keegan perceived that the field adds a holistic approach to communication, where in the “gestalt of one person interfaces with another ...to develop ways of being...that embrace the whole” (p.622).

Caring Science also brings into discussion intentionality, where the nurse is fully present of the caring-healing-nature-universe framework (Watson, 2008). The intuitional

choice of a nurse is transpersonal caring, which “calls forth respect and honor despite social status” and “respect for the mysteries of life,” which is “existential-phenomenological-a process by which the meaning of experience is felt, expressed, reflected on and revealed” (Ray, 1997, p. 28). Watson (2008) contended that the caring moment can be an “existential turning point” (p.5) because of the intention to pause, the choice to see, and intention. Caring does not just occur as unknown phenomena, but occurs because nurses’ intentionality frames their practice.

This interconnectedness with another occurs through a nurse’s preparation and is not an inherent gift or trait; it is conscious contact with self by manifesting intention (Cowling, Smith, & Watson, 2008). Holistic/Caritas nurses are aware that this is occurring and prepares for a caring moment by centering themselves and silencing inner dialogue prior and “reading the field” (Watson, 2008, p.5). Presence is not a list, or performing a skill: it is being still in the moment (Watson, 2008). This will not occur if nurses do not perform self-care to gain knowledge of their inner space; without love of self, a nurse cannot transmit love (Watson, 2008).

Watson (2008) evokes the use of caring literacy and tone when conveying new ecological technologies instead of using “detached dogmatic words” (p.6). The environment’s impact on health is often referred to in the detached term of pollution. This term does not express the complexities that relate to the holism of this postmodern nursing theory. Watson chose the Halldorsdottir Model: Biocidal to Biogenic (Caritas) Caring for inclusion of the environment in caring. “Biocidal (life destroying)” used in place of pollution conveys much more as does “Biogenic (life giving)” in communicating healing and green funerals” (p.85). Using this model transmits to a learning group that

the current practice of embalming is biocidal not only to the body but also to the biosphere, whereas green funerals and flameless cremation are biogenic to the environment and fulfill the wish for intergenerational equity by environmentalists. The partnership that is envisioned between holistic/Caritas nurses and home burial or funeral directors brings to fruition Watson's image of *Communitas* (see Appendix A) where a Caritas/holistic nurse partners with others to create a new practice:

As we more publicly and professionally assert a model of caring relationship, grounded in notions of *caritas* and biogenic/transpersonal dimensions of caring for self and other, we locate our self and our profession within a new cosmology... through this shift...thus invoking and transposing *Caritas* to extend to *Communitas* in thinking and actions as a new and deep form of Practitioner-to-Community Relationships and an evolving relational, eco caring worldview.
(Watson, 2008, p. 93).

Holistic Undertaking is a *Communitas* practice between a holistic/Caritas nurse and nontraditional death practitioners in healthcare and the funeral industry to create a new space to practice, thereby helping other nurses create an advance care plan that is environmentally sustainable and fulfills the wish of intergenerational equality, which is a moral imperative to environmentalists.

Chapter 2: Review of Relevant Literature

In order to develop a model to help facilitate a holistic nurse learning circle to address the need for practitioners to discuss green burial practices, a review of the literature is essential to examine the concepts surrounding after death care. The first segment of this literature review describes the modern funeral industry and the implementation of Funeral Rule (Slocum & Carlson, 2011). The second segment is a historic ethnography of the revival of the green burial/death movement in the United States. The third segment is a review of literature on the three legal burial practices currently used in the United States. Intertwined within each segment is the caring philosophy of nursing theorist Watson (2008) who creates a textural balance of healing and an expanding consciousness toward the environment and its role in healing through her vision of *Communitas*. The final segment introduces the concept of Holistic Undertaking, which combines health care institutions and burial practices in a newly expanding conceptual model for advance care planning.

Modern Funeral Industry

At present, there is not a complete and thorough ethnography about modern North American death practices to compare to other cultures. In the modern era, the funeral industry is a socially constructed business to dispose of the dead. The funeral industry is not imbedded in any culture and is a modern profession where anthropologists and ethnographers study culture under the lens of “ritual uniformity and indeterminate ideology” (Huntington & Metcalf, 1979, p. 187). This loss of cultural folkways makes it difficult to compare U.S. death practices to other cultures because the ritual is now an ensemble of many mores that all occur in one generic building to appeal to a

multicultural clientele. The transference of caring for the dead to an industry has delayed an in-depth study of modern practices, yet there is a lot of cultural content to be uncovered from the days preceding the modern era of death and the views of society about the undertaker prior to this position becoming a profession.

The Civil War of the United States acts as the catalyst of modern death practices in the United States. Burial practices enacted during this era remain ingrained in society today. Thursby (2006) explained that the French invention of embalming came into practice during the Civil War era and became the birth of the funeral industry as families relied on outside proprietors to place their sons on trains and “wagons” (p. 23) to carry their loved ones home. What started as a family’s control over a body slowly evolved into an industry of embalmers, schools, casket makers, and modes of transportation of the body (Laderman, 2003). At the same time, the changing demographics and overcrowding in cities led to building of tenements where families lived in close quarters. This caused a problem when laying out a family member for a funeral and receiving visitors, which led to families renting the front rooms (parlors) of homes to welcome mourners and relatives. Over time, this accommodation and rental practice grew to what is now referred to as a funeral parlor (Thursby, 2006).

The creation of the profession of undertaking marked a significant change in how society viewed the people who handled corpses. Laderman (2003) wrote that anthropologists and ethnographers have studied the care of the dead and that one thing remains the same: the “corpse-handlers” have been historically seen as “lowest of the low” in society (p. xvii). What makes a distinction from societal scorn is the cultural complexity of whether they get paid for their efforts which makes them “professionals”

(p. xvii). This cultural transformation occurred during the 20th century in the United States when undertaking emerged as a distinct profession by charging for body disposal. Prior to the undertaker, the family and community tended to their dead. Laderman reported this change occurred due to changing U.S. demographic patterns after the Civil War producing a new profession that has been an organized industry for over 100 years.

The current burial practice the modern funeral industry performs is a billion dollar industry that has spent a majority of the profession unregulated with limited oversight and consumer protection and education. The AARP, published the results of its third survey directed at its members about burial preferences, but most illuminating is its call to the community for education and planning of advance care directives or discussing alternative burial practices. Nurses need to follow the organization's key response to its survey:

Given the large number of individuals 50+ who are preplanning and prepaying for funerals and burials and the sizable portion who express interest in alternative options, consideration should be given to educating the 50+ population about the advantages and disadvantages of the full range of funeral and burial options available to them, including providing more education around environmentally-friendly burial options. (Chol-Allum, 2007, p. 7)

This recommendation includes understanding consumer protection, the funeral industry, and key players in the funeral industry, including nurses. Assisting patients with advanced care planning places a nurse in a less defined role of a holistic undertaker.

Funeral Rule

Nurses need to know that the governing body that oversees the funeral industry and provides consumer protection and oversight is the Federal Trade Commission (FTC). Even though laws are different state to state, the FTC oversees the “Funeral Rule; the first and only federal regulation giving grieving consumer specific rights” (Slocum & Carlson, 2011, p. 98). Enacted in 1996, the law has several features:

- Gives you the right to pick and choose only what you want-funeral homes cannot force you to buy a complete package and they may not condition the sale of one item on the purchase of another
- Gives you the right to a printed, itemized price list at the very beginning of any discussion about arrangements
- Gives you the right to obtain price quotes over the phone
- Gives you the right to see a casket price list before being taken into the showroom or shown any caskets by catalog or computer
- Bars funeral homes from lying about nonexistent laws in order to sell you embalming, caskets, vaults, or anything else you may not want or need.
- Bars funeral homes from refusing to service you if you build the casket or buy one from an outside source
- Bars funeral homes from charging you a handling fee if you bring in your own casket (Prior to the Rule, many charged a casket “corking fee” to discourage outside coffins). (Slocum & Carlson, 2011, p. 98-99)

Prior to the Funeral Rule, funeral homes forced consumers to buy a full price package.

After the Funeral Rule passed, The FTC allowed funeral homes to set a “non-declinable

fee” for “Basic services of staff” (Slocum & Carlson, 2011, p. 40). This has caused a gray area, and funeral homes are “loading prices while low balling the actual goods” (Slocum & Carlson, 2011, p. 40). It is not uncommon to see a fee for \$2500 added to a bill: thus if a family takes a lower arrangement, they are still paying the same.

The second thing nurses need to know is that state funeral licensing boards do not protect the consumer only the FTC oversees grievances. In the past all laws governing funeral homes were “instigated” by the National Funeral Directors Association (Slocum and Carlson, 2011, p. 19). Consequently, a majority of those sitting on state funeral licensing boards are funeral directors. This entrenched atmosphere has also insulated it from the free market system with no changes in technologies or aesthetics of parlors for over a century. Slocum and Carlson (2008) asserted that “families cannot even imagine a funeral home free of faux-Victorian sitting rooms and a fleet of Cadillac’s” (p.21). In an era where sustainability, energy conservation, and multiculturalism are the preferred practice, this business plan is outdated.

Consumer protection laws are rare in this industry and rules and laws favor the undertakers. When thinking about a funeral home, it is best to think of it in the context of a franchise. For example, complaints about third party caskets (not sold by the funeral home) seem to be a gray area for funeral homes that ignore laws. Slocum and Carlson (2008) advised consumers who choose a third party casket (not sold by the funeral home) with the exception of Louisiana, Oklahoma and Virginia where it is mandatory to buy a casket from the funeral home that:

- Funeral homes can’t require you to be present when the casket is delivered.
- Funeral homes can’t require you to inspect the casket on delivery.

- Funeral homes can't refuse to allow third-party delivery staff to use the funeral home's equipment to bring the casket inside.
- Funeral homes can't refuse to accept a third party casket during any time period in which the funeral home would ordinarily accept delivery from its own casket supplier. (Slocum & Carlson, 2011, p. 52)

This example shows that consumers and those who advocate for patients need to have references nearby to answer questions and to prepare patients for pre-funeral planning. Another needed change is for the nursing profession to sit on funeral boards or become members of funeral advocacy groups to better understand this industry because laws differ state to state.

Nurses advocating for patients need to know that the franchise concept is a practice of funeral homes, and that a local funeral home may belong to a corporation. Key players in the funeral industry hold monopolies on homes and goods, and it may be difficult to price certain items. McIntyre and Sauter (2011) published an article in *The Atlantic* that educated the public about the key players in the funeral industry:

- Hillibrand, a national manufacturer of hospital beds sells 45% of the caskets sold in the United States. Selling approximately 800,000 caskets per year with quarterly revenue of \$212 Million.
- Matthews International holds a monopoly on bronze funeral plaques quarter revenues of \$256 million with bronze funeral plaques making up 27.7% of its income.
- Rock of Ages granite holds the monopoly on granite memorials and plaques quarterly revenue of \$15.8 million through its 115 independent retailers.

- Service Corporation International (SCI), owns 372 cemeteries in 43 states, and 1,254 funeral service locations, in 24 states and 58 nursing homes quarterly revenue 533.2 million. (Mcintyre & Sauter, 2011, Para. 7)

SCI's business plan is to purchase a group of funeral homes in close vicinity because even though it is mandatory that each funeral home has an embalming laboratory, it is not law that the services have to take place in that funeral home. SCI's practice is to embalm in a central location similar to an assembly line. Bodies may be transported to another location without the family's knowledge. SCI does not have to specify to the public that the funeral home is owned by SCI, and it is common for them to buy an established funeral home and keep the name (Slocum & Carlson, 2011, p. 43-44).

The injustices Mitford (1998) investigated and wrote about over 30 years ago are still occurring, so much so that she has written a revised version of her book to combat the escalating prices of cremation which have "doubled in price in thirteen years," and the "upgrading of services" turning a cremation into a "full-fledged funeral (p. xix). She has seen little change in the industry and thinks that the FTC is not doing its job because customers still do not know that embalming is not required by law in any state and that inflation of services still exists.

Historic Ethnology – "Tame Death"

The cultural literature that details the mores of death practices in the United States was documented in the agrarian era where death was close and not as distant as it is today. In the days prior to the Civil War, it was common for families and society to care for their dead: historically these were seen as the days of the "Tame Death" (Ariès, 1981; Feagan, 2007). Ariès (1981) stated that this time was called a Tame Death not because

civilization had tamed death, but quite the opposite. When families chose to have others take care of the death of a loved one, the ancient practices were “obliterated” and death became “wild” and “terrifying” and society “no longer dare [sic] say its name” (p.28). This disconnection in society is present today, and to understand the green burial movement is to recognize that some pioneering people stepped into unfamiliar surroundings to answer a calling both professionally and in some cases personally.

The following four individuals in this ethnography were chosen because they are pioneers in their vision and moved beyond the status quo of a Tame Death resulting in movements across the country and igniting fervor of change in current burial practices. The three women who had no experience in caring for a dead body or any healthcare experience chose to honor the wishes of those they cared about through threshold networks. Threshold work is defined as being present to care for loved ones in that space where life arrives at birth and departs at death (Westrate, 2004). After their experiences with a home funeral, they all have become advocates for advance care planning and offer guidance to families with no experience to care for their family members in a home funeral or ritual. Bernard Crettaz defied the status quo by hypothesizing that people in Switzerland wanted to talk about death so he started a death café where people meet and existentially discuss death around a table drinking coffee and eating cake. His hypothesis was right. Today, according to the website deathcafe.com/what, there are hundreds of death cafes held across the world with a majority held in the United States.

Nancy Jewel Poer – Walden School

Nancy Jewel Poer (2002) is a native Californian artist and Waldorf early childhood education teacher and lecturer. Poer oversaw the home funeral of her mother

over 30 years ago and has since started community groups and lectures across the country to help others journey beyond the Tame Death and experience death on their own terms. Poer stated that she didn't plan on becoming an undertaker, but recounts as a child she held elaborate funerals for pets where "crosses were reverently made, and stones and flowers were placed over the crypt" (p.9). Her calling is to help others to be able to die at home and also to be honored through storytelling and advice.

Poer's (2002) book, *Living into Dying –A Journey of Spiritual and Practical Deathcare for Family and Community* was one of the first books that introduced families to home funeral practices. The first step is an advance directive to tell others their wants and wishes and to transmit these wishes to the community. An advance directive is an imperative in her state of California because the family needs the death certificate. Each state differs in its practice but an advance directive either filled out at a hospital or a lawyer's office is a step that cannot be skipped. Planning for a home funeral involves preparation. In her book, she gives step-by-step instructions on how to perform a home funeral.

The vigil is important to Poer's (2002) threshold practice and philosophy. A vigil usually lasts 3 days after death. She wrote that this vigil is important to the family and community and where caring takes place to heal:

The point of an all day and night vigil (when it is practical and reasonable to do) with readings, poetry, music and prayer, is the creation of a continuous stream of human consciousness and caring; this stream will follow the one who has made the transition. It creates an accompaniment of warmth and spirit truthfulness for the individual adjusting to a new state of existence. Spiritual substance is built up

through the natural comings and goings of the family around a death, and through the prayers and readings. (p.47)

During the 3 day vigil, Poer (2002) described that the one who dies goes through two processes where in the beginning the “physical body is left behind” and at the end of the 3 days “the life body...dissolves away into the general life vitality of the planet”(p.149). This circle of life is important, and people read and sing and experience the expansion of the wholeness of a life lived.

Nancy Manahan – Threshold Network, Minnesota

Nancy Manahan and Minnesota State Representative Carolyn Laine in 2013 lectured at the 32nd Annual Women & Spirituality Conference held at Minnesota State University, Mankato, Minnesota, by the Women Studies department. Their lecture, Home Funerals and Green Burials: Ecological Sacred Traditions was held before a packed room and outlined the changes Representative Laine has made concerning home funerals and burials; she has changed laws and made it easier in Minnesota to hold a funeral at home and forgo the practice of embalming for open casket viewing, which was a law prior to her changes. Manahan, a retired college professor, gave a narrative of her sister-in-law's death from breast cancer and her participation in her home funeral. In Manahan and Bohan's (2007) book, *Living Consciously, Dying Gracefully – A Journey with Cancer and Beyond*, they provide a detailed account of a home funeral with advice and checklists with a portion of the proceeds donated to Diane's Room in the Nursing Department at Minnesota State University, and Diane's Hope a support group for women diagnosed with cancer.

Manahan's sister-in-law, a well known nursing professor at Minnesota State University, planned her own funeral and died peacefully at home among her family. Manahan, with permission from the family wrote Diane's story and also described how her experience with a home funeral initiated her into community activism and advocacy. The first step in planning a funeral is an advance directive and second is choosing the people who will carry out wishes stated in the document. Manahan and Bohan's (2007) step-by-step guide addresses everything that needs to be planned. Manahan is also a member of the Minnesota Threshold Network, a working group that will help and attend a home funeral. This network holds monthly meeting in the Twin Cities, Minnesota.

Jerrigrace Lyons – Final Passages

Jerrigrace Lyons is the founder and director of Final Passages, an organization that consults and facilitates home funerals and green funerals in California. She became involved in threshold care because of a legacy bequeathed to her by her Reiki Master Carolyn Whiting, who died unexpectedly of respiratory failure at age 56. Unbeknown to Lyons were Whiting's written wishes held in trust to a friend that in the event of her death, Lyons along with her friends would fulfill her last wish of a home funeral. Whiting was prepared and chose her closest friend Norma to be her health care agent in her advanced directive. She went as far as to carry a card in her wallet that stated the name of the person to contact in case of her death. Whiting was very detailed including her favorite music, poetry to be read, flowers, and what to place on the altar. Her foresight allowed Norma to access the plan and put it into motion Whiting's wishes and changed Lyon's life.

Lyons lectures and trains death midwives through workshops held across the country. Participants are trained in the practice of bathing the body, positioning the body, and placing the body on dry ice similar to Poer's (2002) and Monahan and Bohan's (2007) work and directions. Lyon's first step in every workshop is to have everyone fill out an advance directive and follow her teacher's example of precise planning, especially identifying the people involved.

Westrate (2004) interviewed Lyons about home funerals in her documentary *A Family Undertaking*. In it, Lyons commented on the current state of society's Tame Death which she refers to as "a gap of knowledge" of care. Lyons declared that "What we don't know, what we haven't seen, looms out there, like a big demon." She spoke of her experience and stated that "once we have seen it, touched a body of a loved one" it isn't a mystery anymore. Lyons says after-death care instructions are a gift because often loved ones are in an "altered state," given materials, and are not aware of what questions to ask. Lyons, a death midwife, asks those questions and also at the request of clients, works with a funeral director in her city to make sure that the family is involved from illness to burial.

Bernard Crettaz – Death Café

Bernard Crettaz is a Swiss sociologist who hypothesized that death was not a taboo subject to discuss in public and that people wanted to existentially discuss death. His concept was to create a caring space where people could meet which he called "Café Mortal" noted on the website deathcafe.com/what/. It was successful because people really wanted to talk about death. In 2011, Jon Underwood created the first death café in the United States based on the Swiss Café Mortel movement in the United Kingdom

(U.K.). Underwood held the first death café in the U.K. (Tucker, 2014). Underwood stated that Western society had “outsourced” conversation regarding death to healthcare professionals, clergy, and undertakers (Tucker, 2014, para. 2). After his success in the U.K., with psychotherapist Sue Barsky Reid, he wrote a guide on how to run a café. In 2012, Lizzy Miles in Columbus, Ohio ran the first U.S. death café.

Death cafés are social events and are not to be used to promote a business; anyone can follow the simple directions post it to the website. The process is very simple. Anyone can host a death café and post it the Death Café website. It is normally free, but the host can ask for a fee to cover space and food if needed. This simple idea has links on social media such as Twitter and Facebook and is successfully adding more meetings in the United States and in Minnesota where cafés are held monthly.

Holistic Undertaking

The conceptual framework of Holistic Undertaking combines Watson’s (2008) “eco-caring world view” (p.93) of “caring-healing-person-nature-universe” (p.16) and Carlson’s (2011) journalistic voice of a holistic death to create a Caritas/Communitas space between the modern practices found in healthcare and funeral homes to create a postmodern death practitioner. In this community space, there is not a separation of caring for the living and the dead: instead, Holistic Undertaking is advance care planning that includes funeral discussion. In this threshold space, holistic nurses will encounter the inclusion of biogenic technologies and partnerships that are examples of the paradigm shifts currently occurring in niche spaces in the healthcare industry. Today, there is a need to understand and convey its benefits because it enhances advanced care planning, where an ACD is the beginning and not the end of the discussion.

Watson (2008) in theory foresaw a “Communitas” evolving and expanding from the “Caritas and biogenic/transpersonal dimensions of caring” to “Practitioner-to-Community Relationships” (p.93). Communitas was a conceptual model, but found its roots in reality in recent literature documenting unique relationships between health care practitioners and entrepreneurs’ in new technologies and ecological insights that are evolving caring postmodern death care practices. The first is the unique partnership of a death midwife and funeral director for home and green burial. The second is a physician’s partnership with a funeral home to create a conservation cemetery. Finally, is the Mayo Clinic’s partnership with a flameless cremation company to cremate bodies donated to the clinic on site.

Denise Carson – Holistic Death

Carson is a journalist for the *Orange County Register* in Southern California who writes a column about death rituals. She received a graduate degree in journalism from Columbia University where she started her career by writing her thesis on end-of-life rituals in the United States. Carson (2011) commented that the books and research on death are segmented by profession or certain aspects in the process, but there was not a book that holistically guided the “whole” journey from illness to death (p.4). Carson (2011) wrote *Parting Ways: New Rituals and Celebrations of Life’s Passing* with the intention to explore the role of the family in death care and to “wrest control back from the white coats in hospitals and the black suits in funeral homes at the turn of the twenty-first century” (p.2) that she had been reporting on in her column.

Carson (2011) wrote that rituals are important to society. In her research, she has found and that as a society, “we are three, nearly four, generations removed from

knowing how to be at the bedside of the dying” (p.5). She brought up this reference similar to a Tame Death to explore the frame of reference of people seeking alternative burial methods. Carson looks to death midwives and doulas to help in this transitional period, and stated that like birth midwives, death midwives will have a “family centered” approach and revise traditions as they did in the birth movement of the 1970s (p.3).

Carson (2011) reported on a new holistic approach to funeral and cremation, documenting the relationship of a death midwife and a funeral director in California. Barbara Kernan, a registered nurse, and Eric Putt, a funeral consultant, visited each family in their home to design their funeral and follow their wishes. Until Kernan’s death in 2008, this unique partnership allowed Kernan to help clients make advance care plans from illness to burial in the comfort of their surroundings. Putt consulted on funeral and cremation costs, and together he and Kernan transported the bodies to their final resting places.

Carson (2011), when reporting on the entirety of death, addressed the subject of patient placement and the indignity of transport in healthcare institutions through antiquated viewpoints and practices, which when looked at from families’ point of view are indignant and ugly. The reality is that people who die in a hospital are placed on a gurney and transported to the morgue in an elevator that is designated for trash. The alternative is to take them on the elevator and transport them out the front door. In interviews with Putt, he reported, picking up a body for transport at the front door of a healthcare center in his practice. He recounted that, first, he had to get clearance from administration, and when the time came, pushed the gurney through the halls while “strangers stopped quietly, made way and paid reverence, “while the family member

followed with dignity “ (p.251). This experience made Putt question practices of having the deceased sent out through the door designated for the dumpsters.

It was a common practice for Kernan to navigate the healthcare system for patients. For instance, she would be the liaison between family and administration about when the family would have to vacate the hospital room after the death of a loved one. On one occasion, a family was asked to leave after the patient’s last breath, and she negotiated an hour, so the family could stay with the body until she could arrive to transport the body to the basement for pickup. She called the morgue “the most undignified chamber in a hospital” (p.233) and would accompany the body, wrapping it in a shroud before transporting it from the hospital while the family went home to prepare for the funeral.

Carson (2011) documented that it was once common practice that when a person was cremated, there were witnesses, but that over time, family and friends were “banished” from the furnace room and by the 1990s a majority of cremations occurred without the family present (p.238). Prior to this, there were “peepholes” for the family members to witness the cremation (p.238). By 1912, the rite was changed to “committal” where the ashes are given to the family at the Columbarium, a place where the ashes are placed in an urn after being “transferred over the coals” (p.238).

The ritual of watching cremation of the body is slowly being reinstituted by crematoriums practices entering a renaissance period, not because of tradition but because of the need of the family to make sure their loved one is cared for with dignity. Carson (2011) reported that violations and stories about crematoriums implying that the wrong body given to family members has made people more vigilant and crematoriums

more transparent. Carson interviewed a funeral director who has installed a window in his crematorium so that family members can see that the chamber is clean. He also stated that “ninety-nine percent of the time” a family member will choose to ignite the fire (p.241). In the past he would ask family to accompany him to the cemetery, and now it is his practice to ask them to follow him to the cremation center to witness this ritual.

Dr. William (Billy) Campbell – Ramsey Creek Preserve

Campbell is the founder of the first green cemetery preserve in the United States. Ramsey Creek Preserve, located in South Carolina, is where bodies are buried un-embalmed in burial shrouds or pine caskets. Indigenous stones are the markers, and GPS is used for tracking. Campbell has a partnership with Sandifer Funeral Home, so that no matter where a person is the country, Sandifer can arrange for the body to fly to Ramsey Creek for \$780 (Cullen, 2006, p. 44). This partnership allows Campbell to concentrate on his biogenic vision of preserving “2 million” acres of land that will last one thousand years (Campbell, 2013).

Through his partnership with Sandifer, Campbell is able to abide by all laws, and “link land conservation with ritual” to preserve land for generations (Cullen, 2006, p. 46). His partnership with Sandifer is limited to outside the preserve. Campbell sends a picture of the plot chosen for the client, which allows him to document the habitat, so he can return the wild flowers to their place after the hole is filled (Cullen, 2006). The graves are only three feet deep to “nourish the earth” (Cullen, 2006, p.44). Campbell drives the body to the designated area on his golf cart, and those buried can be buried in a ‘\$375” artisan pine box made by a local cabinetmaker, not the Sandifer funeral home (Cullen,

2006, p. 45). Another choice is to be sent the dimensions of the box, so the client can choose another woodworker.

Campbell is the local physician in town and discusses advance care planning from “cradle to grave” because his wife inhabits the funeral office next door to his clinic (Campbell, February 21, 2013). Campbell also conducts tours on the reserve, takes donations, and has a business plan where all profits after operating expenses go to “expanding and restoring” the preserve (Cullen, 2006, p. 44). Campbell is transparent in his practices, and will not take any money initially in the planning stage. Instead, he and his wife educate people on the vision and ask them to really think it over before committing.

The Mayo Clinic - Biocremation

In 2006, The Mayo Clinic located in Rochester, Minnesota, backed a law that allowed them to independently dispose of bodies donated to the clinic using a flameless cremation technique that they call biocremation (Mayo Clinic, n.d.). Minnesota Statute 149A.025 Alkaline Hydrolysis essentially allowed this healthcare institution to bypass a funeral home and cremate donated bodies on their premise. Although, the Mayo Clinic only offered this service in house for body donation, the popularity of flameless cremation was instrumental in a funeral home offering biocremation in 2012, thereby, offering a third choice for funeral planning to Minnesota residents.

This simple choice by the Mayo Clinic to become its own undertaker allowed for changes in burial practices to evolve in the state of Minnesota. The Mayo Clinic is a partner with Resomation Ltd., who patented the alkaline hydrolysis machine where a body is broken down by an alkaline solution instead of by flame. This process lowers the

carbon footprint used by traditional cremation practices where the body's nutrients become air pollution and the process "burns enough fossil fuel to propel a family car 4800 miles" (Campbell, 2013).

Investing in new technologies has the disadvantage of having a high buy in cost, which for Resomation Ltd. is \$400,000 for the machine, which does not include maintenance and training of new technologists (Reade, 2012, p.38). The Mayo Clinic chose to have a sustainable way to dispose of body donations led to a funeral home in Stillwater, Minnesota to take the chance to become a partner with this new cremation and places Minnesota in a position to lead other states toward flameless cremation (Divine, 2011). The process of alkaline hydrolysis is described as follows:

The body, clad in silk or woolen robe, is placed into a stainless steel chamber, which is filled with water and a small amount-around 5% by volume-of potassium hydroxide. The chamber is heated to around 175°C and kept at 10 atmospheres pressure. Within three hours, the organic matter breaks down into liquids, leaving bone fragments, which are crushed and returned to the family (Reade, 2012, p.38)

The biggest problem with discussing this process to laypersons is the question about the remaining liquid. According to Resomation Ltd., the remaining liquid is sterile and contains no DNA (Reade, 2012). The waste essentially goes to the waste removal site like everything that people place in their drains. This emphasis on waste water was the undoing of a bill in California, where it was determined that samples submitted by the Mayo Clinic for examination "exceeded legal limits for hazardous waste in California" (Mishak, 2011).

The partnerships formed in Holistic Undertaking are cocreating and fulfilling Watson's (2008) vision of *Communitas* (p. 95). Watson explained that once awakened *Communitas* leads to a learned humility by "acknowledging that no one discipline, person, or profession works alone and has all knowledge" (p.98). The partnerships between healthcare professionals and the funeral industry show a *Caritas/Communitas* space within previously defined practices and brick and mortar institutions to create sustainable practices in death care for the future. This will be instrumental in caring for people choosing an alternative burial or flameless cremation.

The review of the literature has recognized the need for an informal holistic nurse learning circle to discuss advance care planning beyond cessation of care. The institutions involved in the death process have defined roles in society that over time have changed the social order by systematically distancing society from the whole cycle of death. Chapter Three will demonstrate how the knowledge gained from the literature review can be instrumental in developing a model that can be used by a facilitator to introduce green burial and alternative burial practices to holistic nurses in an informal setting.

Chapter Three: Development of an Informal Holistic Nurse Learning Group

In 2007, the AARP, published the key findings of their fourth *Burial and Funeral Planning Survey*, which for the first time, posed questions surrounding alternative burial methods including the emerging practice of “green burial” (Chol-Allum, 2007, p.1). Green burial, for the purposes of this paper, is the name given to burial preparation without embalming, replaces the casket with a cardboard box or a burial shroud, and includes biodegradable cremation technologies that are flameless. One of the key findings of this survey was a call to action directed at practitioners to consider providing more education about burial planning, including environmental friendly burial options (Chol-Allum, 2007). The lack of green burial preparation in nursing literature, community participation, student discussions, and Watson’s theory were the catalyst of the idea to form a nurse learning group to prepare holistic nurses practicing complementary/alternative modalities (CAM) to learn about green burial practices (Dossey & Keegan, 2013). The holistic group was chosen because Watson’s Caring Theory is used by the Holistic Nursing Association in their research on dying and grief (Dossey & Keegan, 2013). This chapter will explain the process of starting a five-session informal nurse learning circle to gain knowledge about green burial planning. The Holistic Undertaking model (see Appendix B), will act as the visual reminder of an eco-caring space where advance care planning is the foundation and descriptively carves out a new space between the traditional systems of healthcare organizations and the funeral industry to form partnerships that complement the needs of those seeking green burial or flameless cremation.

Integration of an Informal Holistic Nurse Learning Group

The emergence of green burial and flameless cremation practices in Rochester, Minnesota is relatively unknown and at the time of this paper had gone unnoticed by nurses and professors in my graduate nursing courses. After hearing about my community experience and participation in eco-friendly burial practices, my cohort group of graduate nursing students and my professors helped me see that an informal nurse learning group needed to be formed, and under the advisement of one professor, I chose holistic nurses as my audience. With the knowledge that my audience supported Watson's (2008) post modern theory, I focused on the systems that a nurse will work with the pre-burial planning. I used the Holistic Undertaking model as my facilitator's guide. My literature review found unconventional partnerships between healthcare practitioners and the death care industry ranging from flameless cremation to coffin makers.

After discussing my interest in forming a nurse learning group, I sought the advice of local activists I have met and decided that to inform individuals about the nurse learning group, flyers (see Appendix C) would be placed on community boards at alternative healthcare centers, community acupuncture centers, food Co-ops, an alternative art gallery, and Community Supported Agriculture (CSA) drop off sites. Due to the seasonal changes in the upper Midwest, the group will plan to meet in the months of May through September to be able to visit cemeteries, symposiums, and death cafes. A disposable pre-paid phone number will be on the flyer and the phone will be disposed of after the first meeting. The first five who call the number will make up the group, which is similar to other community groups that I have participated in the past.

In planning for the nurse learning circle, the number of participants, the length, and frequency needed to be determined. The number of participants, based on my past experience of participating in death cafes, normally consisted of five participants due to the subject matter. The meetings usually finished in an hour. The group will meet at 3 p.m. on the first Sunday during the months of May through September. The choice of time provides for open space in a local coffee shop and also gives participants time to attend the numerous death cafes, community groups, and the public forums by alternative burial advocates.

This learning group will be a public forum because it will take place in a café that is open to other diners. All participants will be advised of this and will be given the opportunity to leave. Purchases of coffee and cake/pastry will be at the discretion of the participants and is not included in the meeting, but highly recommended since the coffee space is provided. Discussions will be informal and center on a predetermined topic, based on the results of an Opening Survey (see Appendix D), the contents of two books (Manahan & Bohan, 2007; Slocum & Carlson, 2011), and another questionnaire (see Appendix G) on the last day. The following section will discuss the predetermined topic for the month and how the topics of each month were planned.

The intention of making the group informal was deliberate, and the choice of using books instead of handouts was determined because it mirrors book club meeting practices that occur in cafes, and allows the group to blend into the environment. In May 2015, I will be facilitating the first group with a time limit of one hour. After introductions by first name only, I will discuss the topic of completing an ACD, and encourage participants to attend a death café, if they wish to discuss their previous

experiences with death. I will also talk about where to find other public forums on burial practices listed on community boards as well as pass out the Opening Survey. As a facilitator, I will have a discussion on the importance of having an ACD as the first step of green burial planning. I will stress the importance of having this document for patients to convey final wishes concerning cessation of care to their families and health care providers. Our group will not discuss the specifics of completing an ACD as the process will be different for each nurse based on different health systems. The nurse participants do not have to acknowledge if they have an ACD themselves. Manahan and Bohan's (2007) guidebook was chosen to facilitate discussions about the importance of an ACD (see Appendix E). The book will be passed around and each person can read a section out loud or pass. The purpose of this discussion is to generate conversation about the process of filling out an ACD at their healthcare institution and who to seek out if they have questions to exchange knowledge.

My choice of using Manahan and Bohan's (2007) guidebook coincides with Watson's (2008) views on interpersonal teaching and learning where learning is more than information retrieval but honors the "whole person" (p.125). The guidebook does not use dated words specifically "compliance" and meets the criteria for the "Caritas Process of teaching-learning" which results in "self-knowledge, self-care, self-control, and even self-healing possibilities" (p.125). The use of dated words denotes a detachment from an authentic learning experience, and discerns the participants as compliant or non-compliant which does not honor the participant.

The June meeting will focus on pre burial planning with limited use of funeral directors. Manahan and Bohan's (2007) guidebook will be used to generate discussion

(See Appendix F). The meeting will begin with introductions using the first name only and a check-in about their findings regarding an ACD. The purpose of this meeting is to generate questions that are traditionally answered by a funeral director, and introduce partnerships with morticians. In addition, the discussions on the need for advanced care planning, and researching the cost of a funeral because the green burial process will take a community of volunteers or designated family members to carry out a burial without using a funeral home.

The July meeting will focus on the Funeral Rule and the professional service fee charged by funeral homes. Slocum and Carlson's (2011) *Final Rights, Reclaiming the American Way of Death* will be used to get a firm understanding of the Funeral Rule which is overseen by the FTC (p. 98), and of the ambiguity of service fees that are not listed, which is part of the Funeral Rule. The purpose of this discussion is to focus on advocacy and will give the participants specific departments to contact if dissatisfied with funeral services or if someone believes there is a Funeral Rule violation. It would benefit the nurse to have this book, because laws change state to state and each state is represented in this text.

The August meeting will focus on green burial practices and the location of a green cemetery in the city. The meeting will begin with a check-in regarding participants' research into price lists during the break between meetings. (Slocum and Carlson (2011) *Final Rights, Reclaiming the American Way of Death* will be used to generate a discussion about green burial. The purpose of this discussion is to demystify the process of embalming. As the facilitator, I will open the group to discuss their views on embalming.

The September meeting will focus on flameless cremation or biodegradable cremation™ that uses water and potassium hydroxide (alkaline hydrolysis) which breaks down the body to bone and is used by the Mayo Clinic in Rochester, Minnesota for body donation remains (MayoClinic, n.d.). Mayo Clinic was also an advocate and petitioned that the Minnesota State Legislature have biocremation™ (alkaline hydrolysis) be a third choice in burial options for the state, which was enacted into law in 2006 . The purpose of this discussion is to introduce the group to flameless cremation to share with other nurses and the communities that they serve. The participants will be encouraged to visit or go on-line to learn about this third burial option that is now available to them by a funeral home in the city. This discussion also introduces the group to the partnership between a health care provider and an innovative company for advances in green burial practices.

September's meeting is the group's last meeting and the post learning circle survey (see Appendix G) will be distributed to the group. If the meetings went according to the plan, the learning group will be able to advocate for their clients and engage in advance care discussions including alternative burial practices when questions arise from their clients. The survey will determine how comfortable the participants are in initiating conversations about burial wishes with others in their community, which suggests interest in advance care planning beyond cessation of care by nurses. It will also ascertain if the complexities of the Funeral Rule dissuades nurses from advocating for their communities, or answering questions about green burial posed by their clients.

Holistic Undertaking Model

The development of a postmodern nursing model that explains the caring partnerships between nurses and healthcare and funeral proprietors in advance care planning to guide nursing practice in green funeral and flameless cremation is guided by Watson's (2008) caring theory designated a place within her Caring Theory where she described "Communitas" (p. 94). Watson (2008) chose to include the eco-system and expand her definition of community as represented by her conceptualization of "Caritas-Communitas," caring partnerships (p. 95). She used the 1990 Earth Day Poster by artist Suzanne Duranceau as her metaphor to depict the evolving paradigm shift toward an "eco caring cosmology" (p.94) (See Appendix A).

The Holistic Undertaking model (see Appendix B) translates Watson's metaphor of "Caritas-Communitas" into a working model that symbolizes placement of her caring/eco conscious vision of unconventional partnerships between the healthcare system and funeral industry. The visual representation of the earth overlapping the spheres of the healthcare and the funeral industry illuminates a threshold space where there is not a separation of caring for the living and the dead. The Holistic Undertaking model is a metaphysical placement of Watson's (2008) metaphor into traditional systems to intentionally look for nontraditional partnerships that are biocentric to the ecosystem.

I created this Holistic Undertaking model to facilitate a holistic nurse learning group. As a transcultural prepared nurse, I trusted and embraced Watson's postmodern nursing viewpoint to create a space within traditional systems to educate about green burial and flameless cremation. I focused on that "intersubjective" space within a transpersonal caring moment where "moral thought and action are lived out" (Ray, 1997,

p. 26). I followed her processes and arrived at a space where “Communitas” could occur and is the sphere where postmodern nursing theory “extols choice, personal knowing, pluralism, and interconnectedness” (Ray, 1997, p. 25).

In my model, the healthcare industry sphere represent the traditional white coat and the absence of evidence-based nursing research on green burial, flameless cremation, and advance care planning beyond cessation of care. After my literature review, I placed current nursing research on advance care planning in the modern era, in a system that is concerned with cessation of care. The arrow is pointed toward post-modern because within this sphere, healthcare institutions are working as partners with third party flameless cremation companies and quietly extending burial alternatives to the public.

The right sphere represents the biocidal partner in the system. The current practices of embalming are harmful to the eco system. There has been limited innovation in burial practices, compared to healthcare systems where innovation and technology is a hallmark of practice. This sphere was also labeled as modern. The arrow below the sphere spotlights the advancement by third parties that are creating biocentric alternatives such as flameless cremation. The antiquated modern views of traditional funerals are unsustainable in an eco-conscious community. The circle is black to signify the limited oversight of this industry and the need for reform and transparency in current practices and the traditional black suit that an undertaker wears.

The earth sphere designates where holistic nursing circles reside. Innovations in ecofriendly burial practices are in this domain. This sphere is labeled Communitas to convey that caring partnerships are occurring in this space. It is also labeled as post-modern because it is where “community-based participatory inquiry” occurs (Ray, 1997,

p. 25). The facilitator remains within this space to teach-learn with other holistic nurses on alternative burial practices. This is the base for innovative ideas to advance holistic nursing practice partnerships in the 21st century.

Personally, my choice to study the systems involved in advance care planning that includes green burial and flameless cremation stems from the fact that I have never attended a traditional funeral. It was essential to me to understand the process because of the distribution of power that is present, and because the gray areas of the death care practice of embalming, which originated during the Civil War to transport numerous bodies' long distances (Laderman, 2003), is still ingrained in society as a needed component in burial.

To understand traditional funeral practices I immersed myself in the community where I attended death cafes, threshold groups, public presentations, and had candid conversations with artisans that sell caskets. During this immersion, I also visited two funeral homes where I felt uncomfortable asking for a price list. The experience was similar to walking on a car lot to negotiate the purchase of a car. This occurrence was different from my interactions with the societies and communities advocating green burial, where caring for the dead and their wishes were the highest priority.

The evaluation of the use of the Holistic Undertaking model by a facilitator will be further explored in Chapter Four. Throughout my immersion, local grassroots organizations and supporters of green burial practices and flameless cremation were instrumental in understanding the changing views on burial practices in the community. I found myself attending meetings, became a member of a home funeral alliance, and wanted to help others prepare for a funeral. I incorporated their public forum approach to

facilitating groups, and used literature that I was introduced to in meetings. I am now able to initiate, advocate, and answer questions concerning advance care planning beyond cessation of care to those seeking eco-friendly burial alternatives offered in Minnesota.

Chapter Four: Evaluation

In order to measure the success of the holistic nurse learning circle for green burial presented in this model, several criteria can be used for assessment. This chapter will examine those points, reflect on the process, as well as contribute to post modern nursing theory through the use of the Holistic Undertaking model for inclusion of Watson's (2008) *Communitas* (p.94) vision for the adoption of green burial and flameless cremation into advance care planning discussions.

The use of a post learning circle questionnaire (See Appendix G) will evaluate the success of the Holistic Undertaking model for use by a facilitator creating a holistic nurse learning circle to address the key findings of AARP, Inc.' 2007 *Funeral and Burial Planners Survey* that asks providers to provide education on "environmentally friendly" burial options (Chol-Allum, 2007, p. 1). It is essential that the participants are able to answer questions from their clients about green burial and flameless cremation practices. It would also inform me if they are comfortable initiating a conversation in their current working situation. The learning circle's purpose was to generate conversation among holistic nurses about preplanning for green burials that focus on the systems, and diverse professions who can make the request to educate our communities successful.

The results of the survey will be offered to the participants of the learning circle by gathering email addresses at the last meeting. Each nurse has their own practice, and may want to facilitate a group by initiating conversations with other CAM practitioners. There is also the chance that some may not want to initiate conversations. Some may feel comfortable answering questions posed to them by clients, others may not. Advocating for a client before a large bureaucratic agency may be intimidating because nurses have a

limited knowledge of the FTC and may find it outside their practice to file a complaint to a trade agency on behalf of a client. I will also the survey with other graduate nursing students that are interested in research on advance care planning. The decision to discuss advance care planning beyond cessation of care using Watson's (2008) model initially started the conversation and guided facilitation of the group. It would be in the best interest to nursing research, if other nurses build on the information gathered by the learning group and explore other theorists to create a paradigm shift in current nursing practice.

Personal Reflection

The process of creating a holistic nurse learning circle started with researching nursing history to find out how nurses answered questions about death practices in the past (Ogren, 2001) As guidance, I chose to trust Watson (2008) as a theorist and visionary. Watson (2008) guided me through the entire process of moving from the medical based model of "humankind-technology-nature" care (p. 7) to implementing post-modern nursing practice of "caring-healing-person-nature-universe" (p.15), which has the same world-view as environmentalists and those seeking environmental equity. Watson's choice of using The Halldorsdottir Model to lead nursing theorists was essential in creating a model for facilitators that shows that "Caring/Communitas" (p.95) is biogenic for the earth and also for creating unique partnerships with other practitioners in the community. In essence, I left the medical model behind when I started this project, and essentially followed her and gained knowledge to transmit "Unitary Consciousness" (p.95) within a group structure.

Watson (2008) was present in my thoughts throughout the process of wading through the plethora of scientific literature. I intentionally looked to community members to guide my language in "Caritas Coaching (p.127). The choice of avoiding medical terms was intentional to create a caring environment where there was an atmosphere of "honoring the whole person" (p.125). Another factor that influenced the model and group is that changes are occurring outside of healthcare due to patient choice. This allowed me to gain experience and learn with others from the current literature and community forums that were not generated from a healthcare institution.

In future holistic nurse learning circles, it would be beneficial to intentionally invite public health nurses into the conversation because of their experience of working in a regulatory environment and working within a community with vulnerable populations. The choice to focus on systems was needed in the first group because of the complexity of death care, but a future group will need to address health inequalities. Public health nurses also have experience with finding funding for people unable to afford a funeral, where the practice of embalming is excluded from the burial services due to expense (Duchschere, 2011).

The rising cost of funerals is exceeding county budgets that offer assistance to those who cannot afford a funeral. Hennepin County in Minnesota spent "\$1.2 Million on indigent burial and funerals," which exceeded their budget by \$250,000" to accommodate the rising costs (Duchschere, 2011, para. 4). The escalating price has led Minnesota legislators to pass a bill in 2011 to make "cremation the default method" (Duchschere, 2011, para.18) for people seeking public assistance who do not have family members to

provide a funeral because cremation is less expensive than a funeral and the counties do not have to purchase land (Duchschere, 2011).

Burial practices traditionally sold by funeral homes change significantly when dealing with government agencies due to the oversight by officials about the pricing of funerals. Public health nurses attending a learning circle can rename public burial options as green because they do not embalm. In Olmsted County, Minnesota, the cost of a burial is about “one-third” the cost of a private funeral (County Burials, 2012). In retrospect, Olmsted has enough evidence and data about green burial to conduct nursing research due to their partnerships with funeral homes and their purchases of land for burial (County Burials, 2012).

At the end of the process of trusting Watson’s (2008) Caring Theory to guide nursing practice, I could not conceptualize the outcome of nurses collaborating with funeral homes. By actively engaging in community, and doing a literature review, I found a lack of oversight actively occurring in the funeral industry, and nurses’ advocacy is vital to preventing institutional violence to communities. Yet, a nurse cannot fully engage in green burial practice education in isolation within the profession of nursing and needs to seek out partnerships that are caring to both the community and the environment. A Communitas space for nursing research is a usable tool. The conversation about green burial practices and flameless cremation has just begun, and I look forward to learning with diverse nursing disciplines to meet the shared societal goal of intergenerational equity.

The choice to start an informal holistic nurse circle about advance care planning beyond cessation of care is needed because of the lack of literature and absence of

nursing in the green burial movement. There is the possibility that if nurses engage in informal conversations about green burial that it will expand the current ACD to include burial. To meet the AARP's request for practitioners to enter into conversations about burial choice, nurses need to know the systems involved and the laws because they differ according to the state where they practice. This project has demonstrated that there is a need for informal nursing groups to gather information about green burial and flameless cremation to serve their clients in the 21st century.

Chapter Five: Conclusions

The success of the Holistic Undertaking Model for a holistic nurse learning group can be measured by increased awareness of green burial and flameless cremation practices in advanced care planning discussions within a learning group. In particular, if the nurses state that they feel comfortable initiating advanced care discussions including green burial and flameless cremation, it would indicate that they have included the vision of *Communitas* into their nursing practice. This expansion of practice can occur in the city where the circle was held, but there is the chance that other states will not welcome holistic nurses becoming partners with nontraditional institutions or practitioners. In these states, the information may have to change, but one-thing remains the same, embalming is a choice not a requirement in all 50 states. This chapter will describe how the Holistic Undertaking model can also be used for social justice to aid nurses in evaluating the currents systems in a caring space to advocate for the underserved in the communities they serve.

Expanding the Holistic Undertaking Model

The Holistic Undertaking model was created to look at the systems involved in death care practices in the United States to supplement advanced care planning discussions. The model can also be used for social justice. The specificity of institutions stems from Farmer's (2003) writings on social justice and the liberation theology, in which he stated "genuine change will be most often rooted in small communities of poor people" (p.140). Farmer's use of the methodology of "observe-judge-act" was central to the Holistic Undertaking model because it is a visual "observation" of the distribution of power institutions of healthcare and the funeral industry (p.147). The inclusion of the

Holistic Undertaking model displays a space within the power structures of healthcare institutions and the funeral industry where nursing research can judge current practices and act to amend laws to protect vulnerable populations which includes the environment.

The implication of my literature search calls into question the current use of embalming in the United States. Throughout the process, I did not find any culture that names embalming as part of their death care practices or includes it in their mores. Further research is needed to disentangle the myths surrounding embalming, and judge if its departure will have a cultural impact on society. Lastly, partnerships between nurses and scientists regarding ground water and soil erosion resulting from over 100 years of embalming fluid should be investigated to see its impact on the environment and health.

In the current distribution of care shared by healthcare institutions for the living and the funeral industry for the dead, nurses are able to provide education on green burials if they are willing to enter into unique partnerships with funeral homes. Nurses are knowledgeable about ACD's until cessation of care, and will need to further their education about the death care industry to answer society's need for alternative burial options. I have identified a need, which was verified by research, to provide nurses with education about advance care planning beyond cessation of care in small informal holistic nurse circles to provide a different viewpoint where the ACD is the beginning and not the conclusion of the conversation. By using Watson's (2008) postmodern view of "Caritas/Communitas" (p.95), which involves unique partnerships by professionals, I created the Holistic Undertaking model to be used by facilitators which is a visual representation of leading nurses in advance care discussions beyond cessation of care and the Communitas that can be created by nurses if they choose to partner with the funeral

industry. Through this model, I hope that facilitators will be able engage nurses in creating a paradigm shift in current nursing practice and research that identifies the whole picture of advance care planning which includes sustainable burial which result in intergenerational equality – the preservation of earth for future generations.

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Appendix A

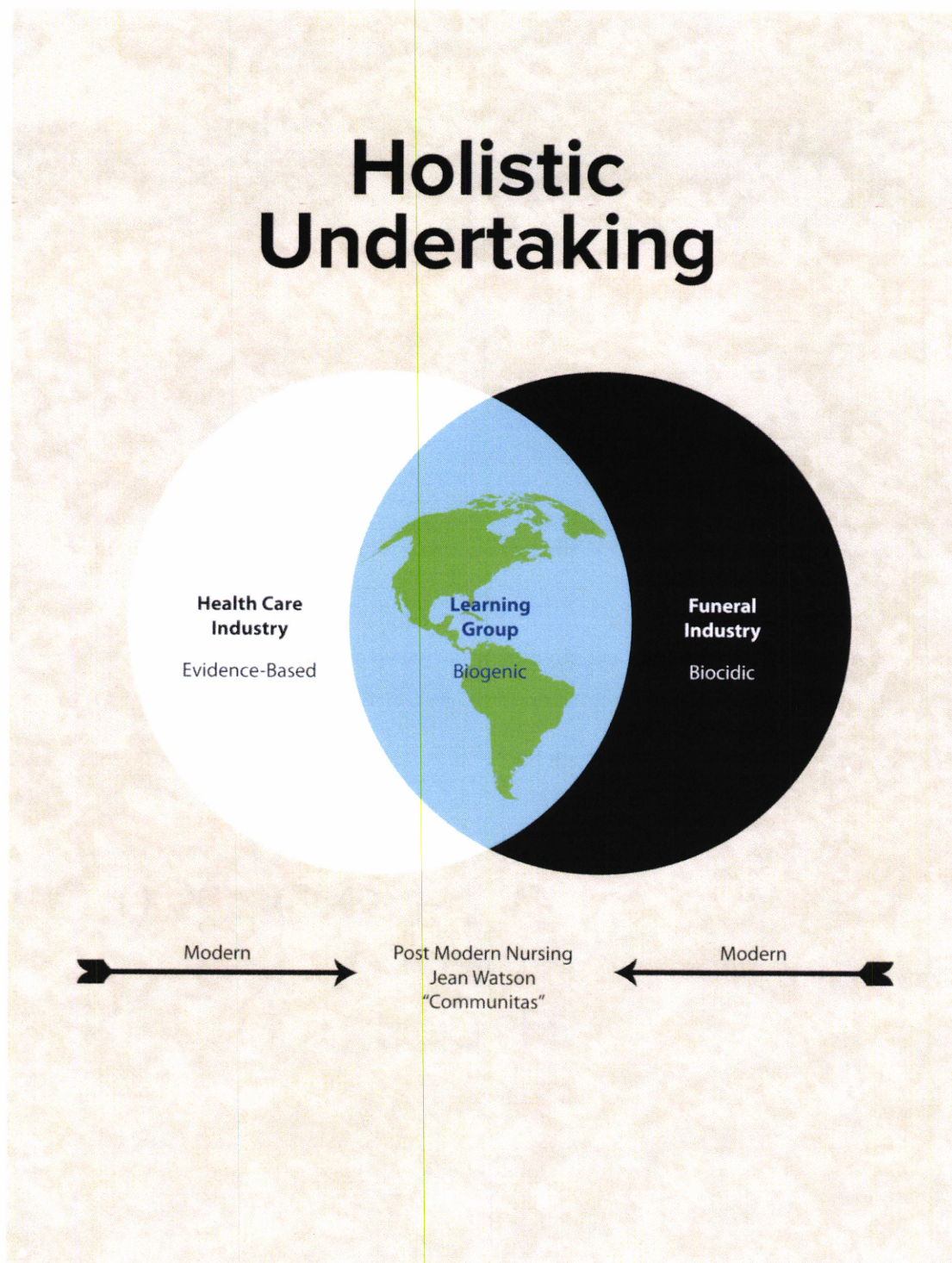
Communitas



Susan Duranceau 1990 Earth Day Poster .Retrieved from
<http://greenmuseum.org/c/aen/Images/Ecology/paradise2.php>

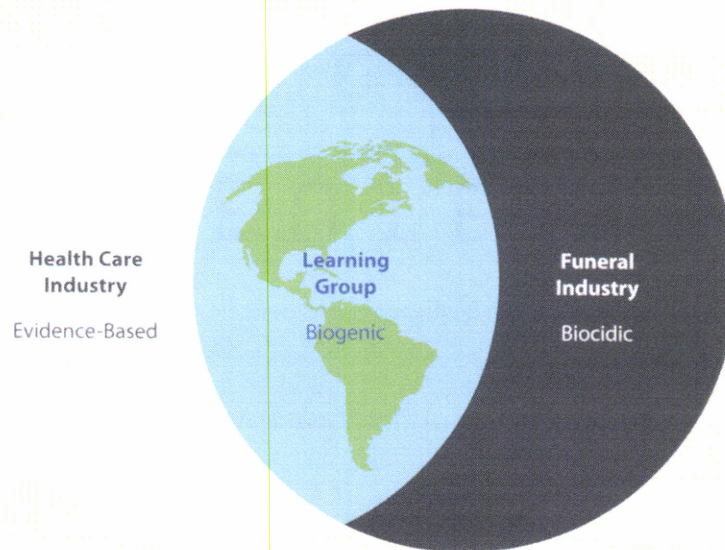
Appendix B

Holistic Undertaking Model



Holistic Nurse Learning Group Participation Flyer

Are you interested in:
Complementary/alternative modalities (CAM)?
Want to learn more about green burial planning
and flameless cremation practices?



(555) 555 - 9999

Holistic Undertaking

(555) 555 - 9999

Holistic Undertaking

(555) 555 - 9999

Holistic Undertaking

(555) 555 - 9999

Holistic Undertaking

(555) 555-9999

Holistic Undertaking

(555) 555 - 9999

Holistic Undertaking

(555) 555 - 9999

Holistic Undertaking

Appendix D
Opening Survey

Have you ever done any comparative shopping of funeral or burials for yourself or someone else?				
YES				
For funerals	For burials	Both funerals and burials	No, neither	Don't know
Have you preplanned any part of a funeral or burial for yourself or someone else?				
YES				
For funerals	For burials	Both funerals and burials	No, neither	Don't know
Where would you go to ask for help or file a complaint if you experienced a problem with your funeral and/or burial plans or in fulfilling someone else's funeral and or burial plans?				
Attorney General's Office		Religious leader		
Better Business Bureau		Veteran's Administration		
Cemetery		Insurance Company		
Federal Trade Commission		Funeral Directors Association		
Lawyer		State Funeral Director's Board/Association		
Police		Other		
Government Agency or commission (county/state, etc.)		Don't Know/ Not sure		
Family member		Refused		
Have you heard of any of the following types of alternative funeral options?				
Cremation (IF NECESSARY: Cremation is the act of burning a deceased body to ashes)				
Yes, heard of it	No, have not heard of it	Don't know		
Using a blanket or a shroud instead of a coffin				
Yes, heard of it	No, have not heard of it	Don't know		
Not using a concrete vault (IF NECESSARY: A concrete vault is a lined and sealed unit that is designed to support the weight of the earth above the grave, as well as heavy equipment that passes over it. A coffin is placed inside of the vault)				
Yes, heard of it	No, have not heard of it	Don't know		
Open casket without embalming (IF NECESSARY: Embalming is a chemical process used to delay the decomposition of a body)				
Yes, heard of it	No, have not heard of it	Don't know		
Green burial (IF NECESSARY: A green burial tries to leave the burial site as natural as possible - such as using a biodegradable coffin or blanket. No embalming fluids or concrete vaults are used)				
Yes, heard of it	No, have not heard of it	Don't know		
How interested would you be in having a burial that is more environmentally friendly than a traditional burial with embalming? Would you say...?				
Very interested		Not very interested		
Somewhat interested		Not at all interested		
Neutral		Don't know		
In your personal opinion, is an open casket viewing an important part of a funeral?				
Yes	No	Don't know		
Have you ever considered not using a funeral home?				
Yes	No	Don't know		

(Chol-Allum, 2007)

Appendix E

Advance Care Planning

Consider how you would like to die and discuss it with your partner and/or caregivers.

Questions to ask include:

- Do you want to die at home? In a hospice facility? In a hospital?
- Make back-up plans so your caregivers have options in case your first choice isn't possible
- To what extent do you want to be in charge of your pain medication?
- What types of medical tests do you want/not want performed on you?
- If your heart stops, do you want to be resuscitated? If not, you need a Do Not Resuscitate order as well as a Living Will. If you are in a care facility, a "Do Not Resuscitate" sign should be in your charts and posted on your door.
- Whom do you want with you when you die?
- What will provide you with comfort on your deathbed? Do you want music playing?

Ask for whatever you want. Don't be afraid to change your mind.

Manahan & Bohan, 2007, p. 157

Appendix F

Making Plans for After You Die

Think about what you want to happen after you die and discuss it with your family and/or caregivers. Questions to ask include:

- When you die, how do you want your body handled? Do you want to be washed and dressed by those close to you? If yes, determine how that is to be done. Do you prefer professionals to handle your body?
- Do you want/not want to be embalmed? Cremated? Do you want a casket? An urn?
- If finances are an issue, research costs of each service from a mortuary. There is a wide range. if you have specified a low-cost service, your loved ones will not feel they are being “cheap”
- Do you want a viewing of your body? if so, where do you want it viewed? What clothing do you want to wear?
- Make sure your loved ones have the legal powers to carry out your wishes.
- Find a mortician who will follow your directions.
- Determine what kind of service, memorial, or celebration you want. Remember, this is the time to honor your life. Don’t be shy.
- When death comes, whom do you want to be notified? Where are their telephone numbers or e-mail addresses?
- What do you want in your obituary? Do you want to write the basic text yourself or have someone else write it?
- What type of legacy do you want to leave? Identify any organizations that you wish to receive money.

- Do you want to create a remembrance for your loved ones? it can be as simple as giving away photos or writing a card. It can be as artful as making a scrapbook full of pictures and descriptions of your life's highlights. it could be a personal video or a site on the internet.
- Do you want to make presents of some of your belongings while you are still alive?
- Get your paperwork in order. get all your insurance belongings and legal documents in one folder. Do you want to destroy journals or pass them on to someone?
- Do you have unfinished projects you can pass on or train someone to finish?
- Develop your own ways to be at peace with the dying process. You will know when the time is right to leave, just as you knew when the time was right to be born.

Manahan & Bohan, 2007, p. 157

Appendix G

Post Holistic Nurse Learning Group Survey

1. How comfortable are you answering questions about advanced care directives?

Uncomfortable Neutral Very Comfortable

☐ ☐ ☐ ☐ ☐

2. How comfortable are you in initiating conversations about advanced care directives?

Uncomfortable Neutral Very Comfortable

☐ ☐ ☐ ☐ ☐

3. How comfortable are you in answering questions about green burial and flameless cremation options?

Uncomfortable Neutral Very Comfortable

☐ ☐ ☐ ☐ ☐

4. How comfortable are you in initiating a conversation about green burial and flameless cremation?

Uncomfortable Neutral Very Comfortable

☐ ☐ ☐ ☐ ☐

5. How comfortable are you in advocating for clients using the Funeral Rule?

Uncomfortable Neutral Very Comfortable

☐ ☐ ☐ ☐ ☐