**Living-Death Doula:**

*Midwifing Rebirth from the Ashes of Living-Death as Queer Grief Care*

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*“Narrative was before us. Narrative is us.*

*Narrative will be after us. Narrative is the caring.”*

*-Katherine Kussmal, Death Doula*

Gender and sexual non-conforming, or queer, people of faith experience living-death when, after being told that they are ‘wonderfully and perfectly made’ that message is contradicted by the actions of exclusion from service in a church, exclusion and abandonment by family and community, thus creating a core fracture to queer people of faith’s institutions. There is a cyclical nature to the living-death narratives that are harbored within the minds, bodies, and spirits of Queer people of faith. Grief insulates living-death narratives through the cyclical rhythm of dissociation, minimizing, persistent themes, and spiritual rationing. Without liberation from the disembodiment living-death creates, this cyclical nature will continue to sever personhood and spiritual life of queer people.

Living-death narratives are not isolated, they can be heard across the many voices of Queer people who dare to share despite historical data that doing so is dangerous. Queer people of faith’s comfort – the church – is an active agent in continuing their narratives of living-death. And the church too, holds its own living-death worth being discovered, interrogated, and transformed.

Too often the modality of pastoral care offered is in the form of a cognitive understanding of the biblical case for inclusion. This approach further disembodies a queer person’s living-death narratives from being fully discovered and continues a binary disembodied approach of care that separates the mind from the body and the spirit.

Drawing on my narrative pastoral caregiving informed by the lens of sage death doula wisdom, this paper will present what is possible when queer people of faith are liberated. The living-death doula directive offered within this paper midwives restored embodiment rebirthed from the ash of death.

*A Queer Narrative*

From an early age Devon Coulson knew that queerness existed within her personhood and these circling questions around sexuality and gender did not fit into the “rules of how to be a Christian that were being presented” to her.[[1]](#footnote-1) An invitation to a sports ministry program in high school would begin a beautiful relationship of curiosity and joy with the divine at the expense of disembodiment of the curiosities and desires of her person.

Through spiritual leaders, churches, and a missionary program post high school, Devon’s life would begin to revolve within living-death’s constricting phases. Her living-death narratives have caused painful splits of her spiritual being, mind, and body. Her grief encapsulates and feeds the living-death and with only the biblical case as offering, her journey toward flourishing has been full of pain. On one hand there was this “freedom in getting to know God” and on the other hand a “closeted freedom” from the friction of leaders around her presenting a black and white guide of how to be Christian which excluded her queerness.[[2]](#footnote-2) Now in her first year of college post missionary work, Devon is facing the “trauma that has been stored through all the years of being told a rhetoric of non-affirming and spiritually conflicting teaching.”[[3]](#footnote-3)

**Cyclical Phases of Living-Death**

Even as America has grappled with human rights and marriage equality for the past decade, there are still not enough pastoral care resources for queer people of faith. Meanwhile, queer people are still physically, emotionally, and spiritually dying. One care modality that has received attention is the biblical case, offering a variety of theological arguments for LGBTQ+ inclusion within the church as well as affirming same-sex relationships as holy.

The biblical case can support a process of a church becoming affirming or a human being affirming their sexuality or gender. Yet, from queer people of faith, I continue to hear a resounding and “clanging gong” of just how un-loving and violent the biblical case can be as our sole work of care. So, resounding that queer people of faith have spoken an almost identical sentence in my research – *“but what do I still not feel good enough.”*

After hearing the biblical case for the first, second, third, or even hundredth time, this question still reverberates through the church pews – *“am I good enough for God?”*

The biblical case alone is not enough to midwife restored embodiment from the death-dealing cycles of traumatic history from the Church’s decades of complicity and silence on queer persons of faith living-deaths. Compounded trauma has resulted in dissociative ways of being – not just for the queer person – but for churches, too.

When queer people of faith are re-introduced repeatedly to the biblical case as the best and only thing that church has to offer, both queer people and churches continue to be stuck in the binary of living-death experiences/narratives. According to trauma worker Laura van Dernoot Lipsky, in this, continued exposure to trauma, “it is important to remember that any organism exposed to trauma will try to protect itself.[[4]](#footnote-4) When human beings experience dissociation, they sever themselves from the internal experience triggered by their trauma to protect their system from being overwhelmed.

*Disassociation*

 Devon shares, “When I started to recognize a pattern in spiritual leaders telling me how wrong homosexuality was, I started to separate these categories of sex, relationships, church…even myself…into things that weren’t important – things that just don’t need to be talked about.”[[5]](#footnote-5) For Devon dissociation could momentarily suspend the triggering nature of her living-death narratives in conflict. “I began to separate myself from certain parts of who I had been – I was dissociating from my environment, from certain people, and from myself.” As Devon left non-affirming spaces, the narratives and rhetoric remained embedded in living-death narratives and so did her disassociation. “I started to feel that I had to separate from loving myself or being involved in church – that I could not have them both.”

Diane Ranna, a queer hospice nurse, entered end of life care when the AIDS epidemic was beginning to peak in the United States. She experienced the bodies, spirits, and minds of queer people dissociate in their dying because the compounded grief was too intense. She writes,

“There was an overwhelming sense of fear each time (members of the queer community) advocated for care, because if (they were) not heard that put them at risk of greater harm. To be that vulnerable - compounded by death and dying - and having to continually seek community while actively dying - it was fracturing to the rituals of end of life and the capability to stay present.”

Ranna confidently shares that the death care needed for queer people is uniquely different. “(Queer people) are processing end of life within their physical bodies and what they’ve experienced in memory and our spirits during our lives - the deaths of being rejected.”

If death care for queer people is uniquely different because of the processing needed within the body, mind, and spirit, then I argue so is the pastoral care for living-death narratives of queer people of faith. Living-death’s cyclical nature begins with disassociation which begins to split a queer person’s grief into various directions of their mind, body and spirit. Tucking away and hiding the living-death narratives until appropriate uniquely informed care can midwife its existence.

*Minimization*

“For queer people death unfolds in our families - the systems that raise us,” writes Mara Collins, LMFT. For queer people, like Dev, one of those family systems is the Church.[[6]](#footnote-6) “In a lot of ways, we as queer people have had to suicide parts of ourselves in big and small ways. From people actually being killed by their parents for their queerness to the people and institutions who are supposed to love us casting their eyes down on us. It’s death by papercut – a thousand paper cuts.”

Queer Christians live in a paradox of living-death. If queer people of faith have been told that Jesus is the route to salvation - a life where one truly never dies - then there is grief and death harbored “in the conditions of Christianity for the queer person which might result in death.”[[7]](#footnote-7) This paradox disrupts the ability for queer people of faith to explore and know who they are from childhood to adulthood. Their circulating living-death suppresses the queer person’s full story, hinders their ability to make meaning, and offers a narrative that there isn’t a “good story to tell.” [[8]](#footnote-8)

Queer people have learned to minimize themselves after the disappointment of not finding embodied healing through the biblical case. They have accepted the anguish as a living-death narrative that one must live with and thus live in this narrative as truth.

“I felt that there were certain aspects of myself that I couldn’t rejoice over or talk about in spaces with other Christians. I didn’t want to disappoint (the church/spiritual leaders/Christian friends) and I began to accept this idea that maybe I’m just not chosen to partake in God’s gifts or blessings.”[[9]](#footnote-9)

*Persistent Theme*

Through this minimization persistent themes and deep feelings of never being enough for family, church, or for God begin to form and gain traction as a distorted truth. “What began to surface in this tension between what I had been told versus what I felt could potentially be true, was a deep seeded fear and theme that God really doesn’t love me like (the church/leaders) told me if I chose to love who I love. I continue to toss over in my mind even after leaving these non-affirming spaces if I’m good enough, if I’m worthy, and being terrified that perhaps God doesn’t love me and there isn’t a purpose to my life.” [[10]](#footnote-10)

*Spiritual Rationing*

From these persistent themes arises aspiritual rationing that cultivates continued disembodiment and survival over flourishing.[[11]](#footnote-11) The spiritual self of a queer person seeks nourishment only from the crumbs of the table and cannot foresee that the divine longs for their flourishing. Genesis’ truth of God’s desire for the flourishing of all has been rationed with limited access.

Psychologist Peter Levine offers that a “traumatized person’s nervous system is not damaged, yet frozen in a kind of suspended animation.”[[12]](#footnote-12) While suspended, the traumatized can move out of an embodied state and live solely in a state of hyper intellectualism within their minds. This rationalization of trauma lives in the left brain which harbors the place where we continue to seek reason or meaning of why a thing happened. When a person loses sense of their whole self - or becomes disembodied – their living-death narrative can become suspended within the left hemisphere of the brain, neglecting the right hemisphere of the brain, or the “felt-sense,” where a person finds grounding in where they are, who they are and how they feel.

Living outside of non-affirming spaces hasn’t brought spiritual flourishing for Devon. She still finds herself in a suspended animation of spiritual rationing living within the living-death of spiritual anguish and isolation. “I live within this tension of not being able to be inside church spaces due to the spiritual anguish of not belonging and my spirit just feels hindered and deeply crushed.”[[13]](#footnote-13)

In end of life care many death doulas rely on advance directives as a living-document that ensures the dying process for the patient does not experience a severing of care. Ranna has seen western medicine “get away from listening to the body and what the individual is expressing that directly impacts their care” through lack of communication about the role advanced directives play.[[14]](#footnote-14) “Everything has become so specialized that the whole person gets lost.” A hyper focus on new treatments to extend the dying process tries to remove the emotional process of dying from end-of-life care. When physical changes and noticeable markers - mentally and spiritually - are not normalized the dying can live inside hyper intellectualization rationing their flourishing through their dying.

In this kind of rationing headspace, Devon was unable to view the biblical case as healing. Any interaction with the biblical case brought forth anger and a recall to how the biblical text was used to ingrain a non-affirming stance toward Devon’s own personhood.

“Spiritually there is still so much to deal with here – the ways leaders have spoken to me, the internalized homophobia I still have…I haven’t had time to process it all. I know the biblical case (cognitively), but it has not been enough for me. At times the biblical case feels too good to be true. I have felt feelings of being overwhelmed by what cognitively was told to be me prior. There is so much harm in the way the biblical text has been used against me. The biblical case by itself is not enough. There is so much more to this trauma within me – it’s cultural, it’s relational, its family oriented. This teaching of how unworthy I am is ingrained. The biblical case isn’t enough because it’s lost its power due to the perpetuation of harm that the text itself has done in the wrong hands. I just need God to be gospel enough and even that is still so hard for me.”[[15]](#footnote-15)

The biblical case is a specialist. When left alone as the one and only resource to do the work of restoring embodiment and uncovering living-death, it will fall short as it cannot speak toward or offer room for queer people to notice the physical, mental, and spiritual markers of living-death’s phases. The biblical case does not need to be thrown out yet reunited with a more embodied approach for care. A form of care that brings the core of queer people of faith’s narratives to the center of the work can avoid extended grief and continued disembodiment due to living-death. Queer people without intervention such as a midwifing living-death doula can remain in hyperawareness of their suffering and remain incapable of re-integrating their harm into new flourishing.[[16]](#footnote-16)

**Grief’s Role in Living-Death Phases**

Because queer people of faith’s meaning making can predictably become trapped within the hyper intellectualization of their right brain, I believe, the grief of living-death’s four phases - disassociation, minimization, persistent themes, spiritual rationing - hold queer people of faith captive in a cycle that repeats the transfixed narratives. When loss occurs within a person’s life, they’re thrusted into the process of re-building from the narrative they knew to the story they’re going to tell next. This struggle can be heard in the echoes of responses to loss such as, “I don’t know how to make sense of this.” [[17]](#footnote-17) For some in this process, those grieving are able to restore their narrative through something already established - a core truth that grounds an individual. [[18]](#footnote-18) For queer people of faith, their own person doesn’t make sense because the core truth of who they are has been fractured from the rupture of living-death. When caught in a cycle of living-death, a queer person of faith’s personhood is the cause of grief in the first place.

“There is immense tension – even now – in what I was taught about the bible, Christian belief and observed leaders modeling and the deep belief I have in God’s love for all people. It impacts my ability to see the affirming case as true. It impacts me psychologically, in my body and in my spirit and it is so hard to live with.”[[19]](#footnote-19) For Devon, her healing cannot be binary – there must be a reclaiming and reintegrating of the diverse representation of stories of her own and a breaking through the barriers of all that disembodies her.

“I’m at this stage of what if I am getting it wrong, still. What if I can’t trust myself and my own conclusions.”[[20]](#footnote-20) What Devon has shared is he heavy and isolating grief of living-death left untouched. When a cycle of loss of such magnitude takes place repeatedly to a queer person’s core personhood, living-death can cast a fog over that person’s future. At the rupture where grief begins is where the cyclical phases of living-death spin and disembodiment thrives.

Within the cyclical phases of living-death queer people of faith become disembodied living cutoff from their felt sense of their full humanity and spiritual beings. Survival becomes the sole modality for living. Unable to break free from living-death, queer people continue to succumb to a life full of death by a thousand papercuts. For queer people of faith, the Church, even when embracing an affirming stance, can make things worse.

**Church’s Correlating Living-Death:**

The Church must relinquish its binary view of the biblical case. Human life is complex and full of unique being – not a universal standard. And thus, the biblical case alone as a modality of care cannot offer or sustain embodied living. The biblical case in isolation subconsciously suffocates the complexity of human and spiritual life offering only two options: accept the offering or wonder in isolation why it is still not enough. This lack of complexity directly impacts the queer person of faith’s repeating of *“never being enough*” and continues the narrative of disbelief that they are God’s beloved.

This binary offering impacts the church too by disassociation, minimizing, persistent themes, and spiritual rationing to communities under-served in the ever-evolving world of spiritual care.[[21]](#footnote-21) The church often suffers from hyper intellectualism as well which continues to suppress the felt sense of embodied living. This disembodiment with binary thinking of how to offer care, disrupts the church’s ability to believe and name its own moral injury, or living with doing something that opposes your core moral beliefs. However, the church could also own its own living-death and be re-birthed from its disembodiment by addressing its complicity for the living-death narratives of queer people of faith. The pain and suffering of queer people of faith’s grief does not have to result in living-death on repeat for queer people, for allies, or for churches. Unique death requires unique and imaginative living to usher in responsive care. The church is capable of such – it too has to observe, believe, and name its living-death narratives to resurrect and embody the living-death doula.

**Who is a living-death doula?**

The rupture of living-death does not have to be a paralyzing affair. Dr. Robyn Henderson-Espinoza resurrects the hope that a rupture can also “motivate us and help create conditions of possibility for change.” [[22]](#footnote-22) Naming cycles of Living-death can become a condition of possibility and embodiment.

Living-death doulas journey with the “sound of the genuine” to excavate and caress the imagination to transform living-death’s ruptures toward possibility, so queer people of faith can stop surviving on the breadcrumbs of living-death narratives alone and start believing in their embodied flourishing.

Christian mystic Howard Thurman’s 1980 Spelman College baccalaureate address on the sound of the genuine illuminates the core need of the living-death doula’s work with queer people of faith.

“You are the only you that has ever lived; your idiom is the only idiom of its kind in all the existences, and if you cannot hear the sound of the genuine in you, you will all of your life spend your days on the ends of strings that somebody else pulls.”[[23]](#footnote-23)

Christ calls for Christians to love neighbor as we love ourselves. If we are committed to this practice, then love for our queer neighbor is refusing to allow queer people to live without the knowing of the sound of their genuine self. Love for our queer neighbor looks is refusing to allow any end of the strings of somebody else to control a queer person’s flourishing. As pastoral caregivers find themselves at the intersection of life and death, this work of the living-death doula sooths the fear of human messiness with a clear directive: make space for genuine flourishing. Making way for the sound of the genuine is an awesome task. Death doula wisdom parts the sea of confusion to illuminate a path forward.

Death Doula Francesca Arnoldy describes, “Through all the ways we doula, we promote empowerment and healing born of processing and bravely facing that which threatens one’s sense of intactness.”[[24]](#footnote-24) In order to bring a full sense of intactness to queer people, grief needs to be dislodged and narrative promoted to empower brave processing and healing.

Katherine Kussmal, a presbyterian preacher and trained death doula, lives in this liminal space between her pastoral and doula caregiving roles. Her wisdom unfolds a mantra for living-death doula work. “Narrative was before us. Narrative is us. Narrative will be after us. Narrative is the caring.”[[25]](#footnote-25) Thurman offers that to seek the sound of the genuine means individuals must travel through all the voices that pull at the genuine.[[26]](#footnote-26) The work of the living-death doula is to walk alongside as a queer person of faith walks through the pain of the disingenuous narratives to discover the narrative that cares. It is more than listening to what is said, it is also listening for what is not said - “the story that has not yet been coaxed out.”[[27]](#footnote-27)

In death doula work embodiment is at the core of its commitment. And is that not our work as pastoral caregivers to signal to the beloved that they too are made for full embodiment of their Imago Dei in the human community? At the end of life, the work to hold intactness with advance directives and the truths of our bodies' capability, rests in the journey leading up to the point of dying. As a human community, bound in kinship through the divine, we all serve as living-death doulas with a call to bear witness to each other.

“The body is very good at the steps of end of life. It’s been making this journey for thousands of years. The body knows what to do - if we only allow it.”[[28]](#footnote-28) Ranna walks with patients to help them realize the grief of dying is normal and healthy. She also walks with those grieving the dying process of the patient. She offers to them that the noticeable markers of death aren't because they didn’t feed their loved one right or moved them incorrectly. “I tell (the patient and family) that they are doing everything right, which leads to a place of release.”[[29]](#footnote-29) This release offers an embodied and willing “goodbye” as the dying process continues and availability to focus less on the brain’s meaning of death and more on the emotions at hand.

Grief in living-death isn’t to be disassociated, minimized, placed into a looped theme, or rationed. It is meant to be felt in the whole of embodied life. Living-death doula do the bold work of letting die what must and re-birth what needs to arise intact.

**A living-death directive**

*No Expectation*

As a living-death doula, one does not promise hope or a new future, one walks hand-in-hand with those in need of care scanning the body, mind, and spirit for where living-death hides, creeps, and swirls. I propose a three-part living-death directive as a pastoral care modality of living-death doula work.

The first directive in this model of pastoral care is no expectation. No promise of eternal life. No promise that there won’t be death along the way. No promise that it will be painless. No expectation in the work of living-death makes space for the actualized narratives to come out. Expectation can create a muzzled imagination, suffocating space for the true narrative to be lovingly coaxed outward, as Kussmal shared.

*Making Space*

The second directive of the living-death doula model is making space. Caressing the imagination through mindful questions without expectation coupled with mindful listening without interruption can makes space for a more embodied narrative of the true knowing of pain and identity felt at the rupture of living-death.  “We must ask meaningful questions and then shut up,”[[30]](#footnote-30) said Kussmal. Thurman believed and encouraged silence as a practice of readying the spirit.[[31]](#footnote-31) This practice made way for the sound of the genuine to emerge through the voices. The moment that living-death narratives emerge and collide with a new future for re-birth is sacred. This is where queer people of faith say goodbye to the death that is needed – goodbye to the living-death narratives that held them captive - and begin to feel the emotions of that death.[[32]](#footnote-32) Living-death doulas have the difficult task of bearing witness to this painful parting and realization of living-death narratives harm. Thurman gives wisdom for living-death doulas at this juncture:

“The seeker is not told what to think, what to believe, what to do. Instead, he or she is helped to listen inwardly for the sound of the genuine in him or herself by means of penetrating questions.”[[33]](#footnote-33)

These searing questions are informed by the felt-sense: where they are, who they are and how they feel.

*Break from Culture*

The third directive of a living death doulas work is to encourage and embrace how queer people break from culture. “In our queerness we break from the culturethat won’t accept death is finite. We experience death daily and I think our queerness can further break us from the culture that harms us,”[[34]](#footnote-34) Collins shared. When living-death narratives are integrated between the rational and felt sense part of the brain true re-birth can begin. Death indeed does not have the last word.

For queer people of faith to be restored in embodiment that includes their deeply held faith, the church also has to do some living death doula labor.

**A living-death directive for the Church**

Queer people know death intimately, but does the Church? The heart of the Church’s searing question is *does the Church know queer death*? Loosening the grip of expectation on how the Church “should” serve, makes way for the hold on the binary of its service to unravel. This unraveling can take place through the Church’s open testimony of its moral injury.

Reversing the binary of expectation makes space for truth that the biblical case by itself is not enough. If the mystery of faith lives through our idioms, then we are more than the biblical narrative offered. And, more imaginative than a singular way of care.

 The biblical case for Devon does not offer a way to embody and name her unique living-death narratives. In the throws, of her living-death, Devon would be unable to see the biblical case as helpful if not harmful to continuing the living-death narrative of the non-affirming biblical case. “I don’t want to be continually trying to figure out how I can affirm my existence as a queer person, I want to experience communion with other people without categories.”[[35]](#footnote-35)

Breaking from the binary narrative that the Church offers for queer life and death, creates space for more bold and imaginative ways to stay intact and grow together in human community.[[36]](#footnote-36)

 **Conclusion**

Devon’s genuine self is in emergence now that her living-death narratives have been laid bare and fully accepted as truths of her present moment. Accepting these living-death narratives where Devon has separated certain parts of herself, minimized connection to people, harbored themes of not being good enough, and spiritual rationing ignites flame where there once was ash for Dev’s restored embodiment of being. She shares,

“Being offered a space where there was lack of expectation was comforting and brought power back into my own person. There wasn’t a terror in owning my story. I felt like I offered it in its most pure and honest form and was able to rest in it. Unscrambling this knotted up ……”[[37]](#footnote-37)

When the living-death doula model of care is brought into pastoral care and who we are as a people within the Church, death care is not isolated or disembodied. Living-death is heard, seen, and fully explored allowing the body, mind, and spirit of queer people to participate in their living in the ways of which the divine designed and created their idioms for - flourishing.

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1. Coulson, Living-Death Doula Interview [↑](#footnote-ref-1)
2. Coulson, IBD [↑](#footnote-ref-2)
3. Coulson, IBD [↑](#footnote-ref-3)
4. Lipsky, 92 [↑](#footnote-ref-4)
5. Coulson, Living-Death Doula Interview [↑](#footnote-ref-5)
6. Collins specifically works with queer people of faith who have experienced spiritual trauma [↑](#footnote-ref-6)
7. Collins, Embracing Death Interview [↑](#footnote-ref-7)
8. Collins, IBD [↑](#footnote-ref-8)
9. Coulson, Living-Death Doula Interview [↑](#footnote-ref-9)
10. Coulson, IBD [↑](#footnote-ref-10)
11. Lipsky, 78-79 [↑](#footnote-ref-11)
12. Lipsky, 131 [↑](#footnote-ref-12)
13. Coulson, Living-Death Doula Interview [↑](#footnote-ref-13)
14. Ranna, Embracing Death Interview [↑](#footnote-ref-14)
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17. Kelley, 81 [↑](#footnote-ref-17)
18. Kelley, 83 [↑](#footnote-ref-18)
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20. Coulson, IBD [↑](#footnote-ref-20)
21. Lipsky, 70-73 [↑](#footnote-ref-21)
22. Henderson-Espinoza, 21 [↑](#footnote-ref-22)
23. Ellison, 41 [↑](#footnote-ref-23)
24. Arnoldy, [↑](#footnote-ref-24)
25. Kussmal, Embracing Death Interview [↑](#footnote-ref-25)
26. Ellison, 42 [↑](#footnote-ref-26)
27. Kussmal, Embracing Death Interview [↑](#footnote-ref-27)
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31. Ellison, 43 [↑](#footnote-ref-31)
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33. Ellison, 45-46 [↑](#footnote-ref-33)
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37. Coulson, IBD [↑](#footnote-ref-37)