

Hannelore Wass: Insights Into Creative Teaching and Other Ways of Knowing When Facing Aging and Mortality

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Art is about freeze framing life and making it available for contemplation. This article describes creative strategies for teaching meaning-making and critical thinking through the use of imagery and the visual arts and how they have been influenced by the wisdom and guidance of Dr. Hannelore Wass. Dr. Wass's passion for encouraging death educators to explore "other ways of knowing" is reflected in the connections between visual imagery and topics such as caregiving, aging, self-care, and professional boundaries. The group known as Women in Thanatology as a mechanism for professional mentoring and support is described, including Dr. Wass's role in its history and evolution.

FIRST ENCOUNTERS

Hannelore Wass was one of those behind-the-scenes women I feel I'd known forever. Brilliant, accomplished, formidable, but gentle, soft-spoken, unassuming, self-effacing, even shy, she had a way of building you up so you thought you could do anything. We must have met in the early 1970s. Both of us were founding members of ADEC (Association for Death Education and Counseling), and IWG (International Workgroup for Death, Dying and Bereavement).

Never a researcher or scholar myself, I believed the disparaging idiom that only those who couldn't "do," taught. Hannelore's tolerance for other ways of knowing, for challenging traditional education pedagogy, academic pedigree, and silos for who was allowed to teach what and to whom, ignited my joy in the creative potentials of teaching. Her encouragement for thinking outside the box was testament to the paradox that in teaching, one continually learns, and, accordingly, must be mindful of expanding the dimensions of the box itself. Furthermore, her ability to question authority, blur the boundaries between teacher and student, between trained professional and novice, and between doctor and patient fundamentally encouraged open

mindedness, building self-esteem and the cultivation of wholeness in teachers and practitioners, especially in medical settings. Our task as teachers is to provide the raw materials for meaning-making and critical thinking. She taught us that relevance to our world, besides an appreciation for the vast resources of literature, arts and all the humanities, a deep respect for the intuitive, intelligent, creative gene within every human being—and, perhaps, a healthy skepticism for divisions by disciplines, experts, and curators of culture (Bertman, 2015) are all vital understandings for teachers. The German poet Brecht (n.d.) wisely remarked: "Sometimes it's more important to be human, than to have good taste."

MULTIPLE VOICES AND THE UNIVERSAL LANGUAGE OF ART

In those early days as I worked with my students, I began mining the "multilingual" nature of all the arts—the poetic, narrative, musical, visual, comic, dramatic. That was probably when I realized that deep within each being, whatever their background or education, were multilingual creative selves craving to be set free. I came to understand beyond doubt that the unanswerable questions raised in poetry, stories, the arts and humanities, are never passé. How these existential themes are handled in popular culture—in the films, music, and cartoons of the day—are as relevant and informative today as they ever were. In the late 1960s

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and early 1970s, particularly for medical settings (Shattuck Hospital (1970–1971), Milton Hershey Medical Center (1972–1973), Tufts Medical School (1974–1975), University of Massachusetts Medical Center (1974–1980), I created 1/2-inch reel-to-reel video triggers on various themes, such as the handling of bad news. These visual case studies presented for discussion in Philadelphia, initially at the *Ars Moriendi* meetings (forerunner of the IWG organization) and subsequently for the Society for Health and Human Values (forerunner of ASBH, American Society for Bioethics and Humanities) elicited heated debate by the attending physicians, psychiatrists, and clergy. Hannelore's ideas and constant reassurances were part of the inspiration for these presentations. She firmly believed that helpers needed understanding of their roles, their capabilities, and their limitations. "To be frank," she wrote, "helpers want to know what to say, how to say it, when to be silent, and when to talk" (Wass & Corr, 1984, p. xvi).

Watching selected film clips, we witnessed certain classic scenes: Mr. Harrison receiving news of his paralysis from Dr. Emerson in the ICU (*Whose Life Is It Anyway?*), John Wayne's character learning of his cancer from his doctor Jimmy Stewart (*The Shootist*), Mr. Watanabe from the doctor in the Japanese Clinic (*Ikiru*). Avoiding the temptation to use didactic communication skills lectures, which keep suffering and our own discomfort at a distance, I would often "freeze-frame" scenarios, challenging participants to muse on and role-play responses. These vignettes exposed and helped address several value-based assumptions—elephants in the room—of the hidden curriculum: Doctors must be perfect, uncertainty and complexity are to be avoided, outcome is more important than process, and medicine takes priority over everything else. Most often we found that a side-splitting clip from the Tim Conway Show of a dentist's very first patient rounded out this provocative montage of dramatic and documentary encounters. Humor brought home the recognition of how hard it is to be truly present or to focus on the dynamics of the encounter when one has an agenda. Humor also built community among the practitioners of disparate disciplines (physicians, clergy, ethicists). In the viewing and discussing, participants seemed to take themselves less seriously, become less defensive or judgmental, and allow space for acknowledging their personal "mistakes." These short video vignettes took fledgling—even seasoned—doctors off the hot seat as the films provided instantaneous vicarious distance. Always collecting annotations for her resource guides, (Wass, Corr, Pacholshi, & Forfar, 1980, 1985), Hannelore was thrilled with these video triggers and she often included them. During those years, Hannelore recruited me as media editor for *Death Education* (the precursor to *Death Studies*), and we reviewed materials that attended to multiple voices (e.g., professional, patient, family member) and captured various perspectives (ethical, medical, legal, and personal) in current debates. A typical

column heading was, "A Life Worth Living? And Who Decides?" (Bertman, 1979a). The questions and the materials are basically the same ones we use today: Clark's (1972) original television play, *Whose Life Is It Anyway?*, is based on a real case in the United Kingdom (and eventually adapted for the Hollywood film starring Richard Dreyfuss as Mr. Harrison) and *Please Let Me Die* (1981) in which a severely burned patient, Dax Cowart, is interviewed by psychiatrist Robert White. Excerpts from the initial interview *Please Let Me Die* are woven through *Dax*, an expanded feature-length version that contains retrospective interviews with physicians and surgeons involved in this case. These comprise follow-up comments by Dr. White of his subsequent sessions with Dax, including their discussion of Dax's suicide attempts and current comments and footage of Dax's mother and Dax's second thoughts. If she were alive today, Hannelore, who ultimately at age 86 refused chemotherapy for her own life-limiting illness, would provide valuable commentary on the plethora of choosing-to-die articles gaining prominence and attention in today's press.

WORKSHOPS IN CARING REVISITED

Helpers . . . need understanding of their role, their capabilities and their limitations in the helping relationship. (Wass & Corr, 1984, p. xvi)

In the 1970s, inspired by Hannelore, I developed in-service course/modules for medical and nursing staff focused on managing grief and difficult emotions related to end-of-life care (Bertman, 1979b). Hannelore's requisites for effective thanatologic education argued that (a) educators must face their own mortality; (b) cognitive and affective domains must be addressed, and (c) that the work must be not only theoretical, but also practical. Influenced by her stringent requisites, my learning objectives included (a) becoming aware of one's own attitudes; (b) identifying the biases and concerns of other staff members, patients, family members and the institution toward loss, death, aging, disability; and (c) becoming familiar with such documents as the Patient's Bill of Rights, the Living Will and the current status of Advanced Directives (which today would include POLST: Physician Orders for Life Sustaining Treatment; Wass, Berardo, & Neimeyer 1988; <http://www.polst.org/programs-in-your-state/>). Participants in these workshops were invited to sketch their worst-case scenarios (Bertman, 1991; Bertman, Greene, & Wyatt, 1982). We found that more than catharsis, something as simple as taking marker to paper, could defuse stress, evoke curiosity and inspire creativity. The images were anonymously presented for all to discuss. Three different images created by experienced oncology nurses are presented in separate panels in Figure 1.

Why Draw?

“[Drawing] is an axe to break the frozen sea within.”

adapted from Franz Kafka

- To increase our understanding of ambiguity, nuance, metaphor and comfort with the inexpressible



FIGURE 1 Images from oncology nurses.

The image in the far left panel speaks volumes about healthcare practitioners' burnout and compassion fatigue; it shows one's self—an empty hole where the heart might be—having nothing left to give to the next assigned dying patient. In the image in the central panel, the rage expressed represented horror at needing to stand by helplessly—in silence—watching a novice resident torturing a leukemic patient while searching for a vein. (The nurses all wanted to call in an IV specialist immediately, but aware of the institution's protocol and routine, held off because the intern had to “learn.”) The third panel, at right, always generated the most discussion. Nearly all healthcare professionals, especially nurses and aides, identified with the split figure in the middle, saw the figure in the bed as the patient and the figure on the left as the administrator, physician or practitioner's significant other. Multiple models of professionalism were challenged. How much of the person behind the professional could or should be revealed? Surprisingly, our expectation that the stress experienced by this split figure was related to their interactions with dying patients did not turn out to be the case. Oncology nurses, hospice workers and palliative care staff specifically attributed increased stress to systems issues: unrealistic workloads, low level of staff involvement in decision making, and lack of social support (Vachon, 2004). Staff frequently discussed their struggles with the need to keep silent about work-related issues at home.

Hannelore's ideas about challenging hierarchies and blurring boundaries between professionals and patient were especially apt when applied to other institutional settings. Particularly in nursing homes, paternalism and the subtle use of pronouns (“and how are *we* feeling today?”) were identified as distancing techniques counterproductive to the desired comfort/goal of warmth and closeness. So, too, was the inappropriate and degrading intimacy assuming that an 85-year-old resident wanted to be called “Sadie”

(her first name) by a 22-year-old aide who addressed her 25-year-old supervising staff nurse more respectfully in the very same sentence as “Miss Brown.”

Hannelore's attention to boundary issues reminds us to recognize the distinction between our needs and the needs of those we are serving. For example, assuming the person on the left in panel 3 of Figure 1 to be the patient's husband, mightn't the nurse become more of the stage manager, removing herself from the center—“my patient”—to a behind-the-scenes approach (see Figure 2), allowing the husband to become closer to his wife, or even become her primary caregiver? If the scenario took place in a pediatric setting, though admittedly a nurse might be comfortable having practical tasks to do, mightn't s/he be sensitive enough to let a parent wash a child's face? After all, in the home setting, the parents are the caregivers; in the hospital setting, they are relegated to the visitors' role. Even in the nursing home setting, mightn't routines be modified to encourage residents to have more control? In the nursing home, doesn't the use of uniforms stress the importance of “nursing” over “home?” (Langer, 2009). Hannelore would have us consider such changes in these settings today by proclaiming adamantly that it is never too late in art, or in life, to revise.

Her thoughts about teaching—vision and revision—continue to inspire me. For instance, lately I have been using a detail of the image above, the split-figure, to illustrate an insight new to me, the value of the empty in-between space. Isn't it more a question of both/and rather than either/or in this image? The split image graphically demonstrates the recognition that the ability to straddle opposites in any dilemma allows us to increase our acceptance of instability, change, and the fundamental uncertainty of the situations with which we're confronted (see Figure 3). These are basic tenets of Hannelore's work. Essential to Stroebe and Schut's (1999) dual process model of bereavement is the oscillation between dwelling on what has been lost while

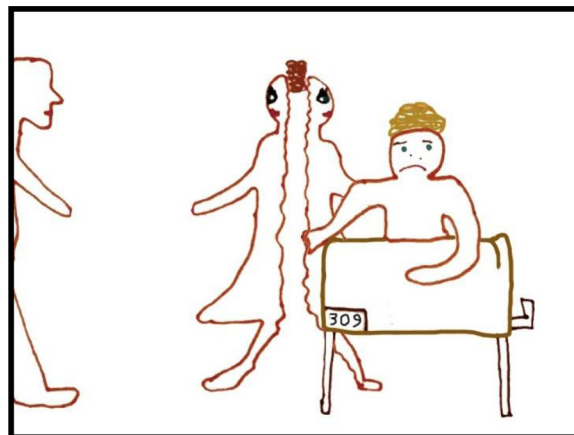


FIGURE 2 Changing the image.

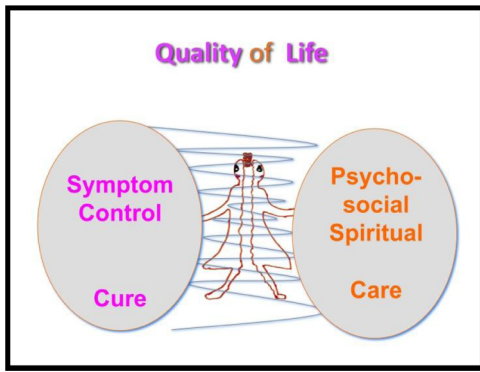


FIGURE 3 Quality of life.

reconstructing a new life (see Figure 4). This acceptance of oscillation, a constant back-and-forth between the two processes, is a profound addition to the multitude of stage, phase, and task theories of the trajectories of grief. But back to the metaphor of the split itself. The space in between, the emptiness, is neither a void nor a blank space but could be a place to discover the is-ness, the now-ness, the essence of things. “There is a crack in everything/That’s how the light gets in” (Cohen, 1992). The split creates a crack to be cherished.

Discussing how one might change the split image brings up another consideration that Hannelore passionately championed: how to keep oneself whole. How does one minister to the person-self within the professional one? This segue leads directly into strategies for self-care. Exercise, meditation, spending time in nature, in-service sessions, supervision, as well as the use of rituals—especially those that help separate work from personal life—are activities and behaviors that support physical, emotional and spiritual health.

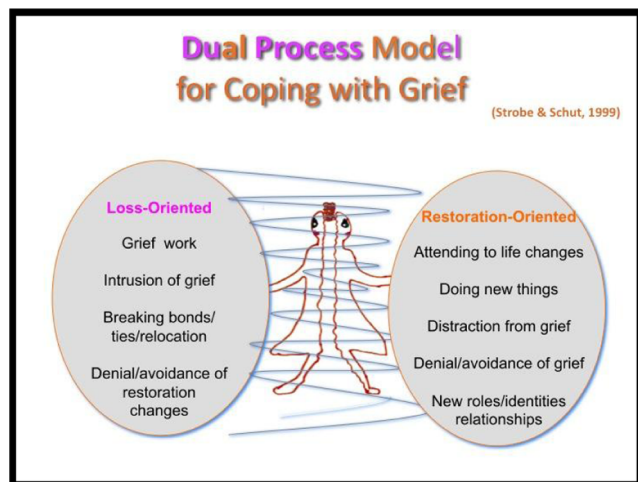


FIGURE 4 Dual process model.



FIGURE 5 Founding mothers conceiving/birthing the Women in Thanatology Project. L to R: Jane Nichols, Sandy Bertman, Judy Stillion.

During a keynote address delivered at an ADEC conference (Wass, 1985), Hannelore cited sociologist and thanatology’s historian Pine’s (1977) three distinct groups of death educators: the pioneers, the group that shaped the field further, and the *nouveaux arrivées*, who, according to Dr. Pine (1986), didn’t seem to be doing much mentoring. How long did it take for these words to truly become a call to action? During the 1994 ADEC conference in Miami, Florida, three educators—Judy Stillion, Jane Nichols, and I (see Figure 5)—committed to organizing a gathering for the women in our field, to share our knowledge and support the new members of our discipline.

Our first meeting was held in Cullowhee, North Carolina in 1996. A “gathering” rather than an academic conference, it was to be a time for replenishment, for inspiration, for blurring the boundaries, and for sharing and supporting the persons within the professionals. Hannelore attended these meetings, and it was here that she relaxed and shared much of her personal history and the lessons she learned from it with the entire group (see Figures 6A and 6B).

AGING GRACE RE-VISITED

Hannelore’s long distance caring for her mother raised her awareness of aging and the problems it caused. In the late 1970s and 1980s, merging my predilection for the visual and her drive for sharing “other ways of knowing,” I developed a curriculum in which children and adults were asked to choose an image to address issues of aging (Bertman, 1989). Two visual pieces (see Figures 7 and 8) present explicitly and with uncompromising realism the process of aging, granting us permission to stare without shame or wanting to avert our eyes. Both works invite close inspection, all the while leading us beyond the physical, beyond even the psychological.



(A)



(B)

FIGURE 6A A partial group of attendees at the first Women in Thanatology (WIT) Gathering, Cullowhee, NC, 1996. Front row: Roberta Halporn, Hannelore Wass; Back row: Sandra Bertman, Carol Berns, Henya Shanun-Klein, Judy Stillion. Photo courtesy of Henya Shanun-Klein. **B:** WIT Reunion, Daytona Beach, FL, 2010. Front row: Jeannie Harper, Barbara Paul, Janice Nadeau; Back row: Sandra Bertman, Joan Abess, Sarah Brabant, Helen Baker, Patty Stauber, Judy Stillion, Donna Shuurman Hannelore Wass, Edie Stark, Kathleen Moore, Linda Wexler, Shirley Scott, Delpha Camp. Photo courtesy of Donna Schuurman.

In one elementary school classroom, a youngster chose the Michael Jacques image (1980) (see Figure 7) for discussion because it reminded him of a class trip he had taken to a local institution: [Note: all participants' spelling and grammar are left uncorrected in the following quotes.]

The whole Jounor Coros (sic) [Junior Chorus] went on to—nursing home and it smelled worse than when someone wets his pants. PEE-YOO did it stink. But what I saw they don't treat the elderlees very nielsy. I saw an old man triing to lif his milk. Than when he did he spilled it then I saw one of the caretakers slap him on the hand. After than I didn't see any more thinks like that.

The child's response clearly indicates his empathy for the old man, despite his revulsion at the nursing home setting. In another comment, an elderly gentleman visiting a relative in a nursing home chose and commented on the often-reproduced Ghirlandaio painting of an old man and young boy staring into each other's eyes, lovingly embracing each other.

You can see in the man's face that he has problems with respect to his skin, which must be painful. On the other hand, you see the sympathy and tenderness in his attention to the child, who sees the beauty in him even though his



FIGURE 7 M. Jacques, Northfield convalescent. Graphic ©1980. Creative Storytellers Publishers. Used with permission.

face is disfigured. The child wouldn't be reaching out to the man if he didn't show similar compassion... It's human nature. People reach out to those who reach out to them.

This 70-year-old, a prominent lawyer, then commented on the Jacques image as a more dire situation of "existence without living. ... A man sitting, waiting to die, a man who has given up on life. A sad-looking sight." Asked "If the child were to visit him? "No, that wouldn't help him, because he's given up on life. He wouldn't react." Asked, if he were your father? "Ah, I should hope I would have kept him with a desire to live. If this man had children, they left a long time ago. Maybe they died."

Encouraged by Hannelore to take this project to a college classroom, a 19-year-old dismissed the Ghirlandaio, choosing the Jacques image "Because I like the man in a chair, because it's more like a cartoon. This guy looks a lot more casual or like an older man. He appeals to me more because the other one looks like a priest or monk or solitude and I can't relate to him." Focusing on the Ghirlandaio, this young man added, "the first thing I noticed was his nose. Is the message that he's an alcoholic? Is the message that he's going to die because of the way the child is looking at him?" Again the diversity of responses to these images is remarkable, as is the way people gravitate toward images with which they can identify.



FIGURE 8 D. Ghirlandaio, Portrait of an old man and a young boy. Oil on wood, 62×46 cm. CA 1490 Louvre. Paris. ©RMN-Grand Palais/Art Resource. Used with permission.

The variety and contrast in attitudes that these responses provide bear out Hannelore's beliefs about the need to be inclusive and "multilingual" in order to understand the full range of responses to the process of aging or of any major life issue. Using the figures and the techniques from this article 20 years later, I again sought responses from the Alpha and Omega generations as well as from those in-between. In these recent interviews, a 7-year-old second grader responding to the Jacques image sees "an old lady with glasses on sitting in chair holding her hands ... a pretty good image. I sort of like it but don't know why." If you were visiting her, I asked? "I might say hi." If she didn't say hi back? "I'd leave." How might you change the image? "I'd make something in the background." An adult in the group quickly chimed in, "If you said 'Hello, how are you?' And she just didn't answer, might you say, 'Nice to meet you' anyway?" "NO!" retorted the youngster. "I wouldn't even say goodbye because she's being mean." Her response to the Ghirlandaio painting: "A man holding a little girl. What nice scenery in the window. They are wearing a lot of red. I like this image better." She seems to prefer an image which she can see as positive, and to fear interaction with someone who might not respond to her, assuming that the person was "being mean." Most respondents seemed to make assumptions about the mood or behavior of the people in the pictures. Of interest are the

differences in the assumptions they make, even to the point of changing the gender of the people they are viewing.

For example, two teenagers were shown the Jacques image. A 13-year-old girl's response: "This picture reminds me of an elderly woman and man put together. The face reminds me of a woman because in my eyes it is more feminine in its expression, and a man because of the clothes and his body position. Maybe the person on the chair is transgender?" This is a particularly interesting response, combining two genders in one image. The other teenager, a 14-year-old girl, had the following response, "It looks kind of like this person is very tired from its life. This person is scrunching and slouching in the old chair. I think the feeling of the chair being old and all broken up, makes the person who is sitting in it look really old and worn out. ... This picture reminds me of an elderly person sitting outside in a chair watching there quiet neighborhood. This person is just sitting on the porch greeting anyone who comes by." The 14-year-old later added, "I think that this image shows an old man sitting in a chair looking very sad and lonely. The reasons I am making these assumptions are because of the wrinkles throughout his body and his bitter and glum body language. I believe that this image represents the idea that with age comes emptiness and the feeling of isolation. If I were to change or add one thing to the photo I would have the artist create the same positioned photo but instead have a loved one or person of importance by the man in the image. Once that drawing was finished it would be interesting to analyze the change in the old man's face, whether it worsens or becomes a smile ... to be able to see the affects humans have on elderly, or everyone in general and the changes they bring."

This 14-year-old has a sophisticated response to the exercise. She is fully aware that she is making assumptions about the figure and seeks to explain them. She moves from observing the person as an "it" to recognize that it is a man and to interpret his body language.

I also interviewed people in mid-life and older for this project. A 48-year-old female pediatrician sees "an elderly dwindling farmer who is very tired and rests more than he is active. His clothes are too big for him as he has lost so much weight. But he looks very comfortable with his situation as he is relaxing in his favorite rocker with pillows and his hands clasped. He does not appear to be suffering or upset. But probably lonely." A 77-year-old retired counselor sees "a drawing of a mature male sitting with crossed hands in a straight chair. If I elaborate I'd add that the male is portly, wearing suspenders to hold his trousers up over his belly and to have a double chin (or two) and thick arms. He appears to have a receding hairline, failing eyesight corrected by his large glasses and, therefore, over 55 years old and to be in an uncomfortable position, with his head turned away but his eyes directed ahead." "I've written what I see, trying to be objective and not to attribute emotion to the guy," she adds. Asked how she would change the image,

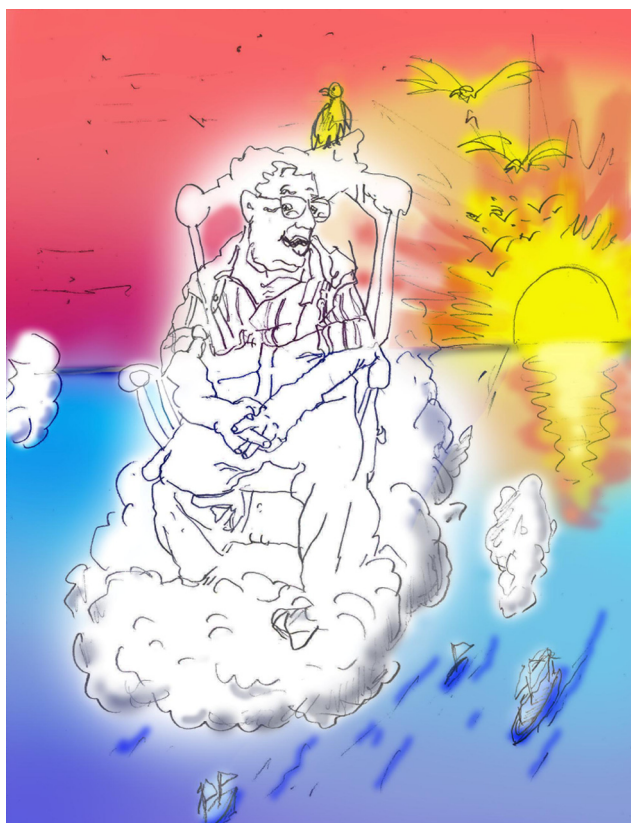


FIGURE 9 Revision of the Jacques image, 2014. Ward St. Studio Archives. Used with permission.

"If I could I'd make the image clearer and include the rest of his legs and feet."

In my final example, a 47-year-old male writer actually sketched how he'd change the image (Figure 9). When questioned, "Is he dead?" with a twinkle in his eye he retorted, "Why do you say that? He could be floating on Cloud 9. Watching."

ONGOING ENCOUNTERS

Hannelore would have me invite the readers of this article to comment on these two images: What they see, why they say that, how they might change the image, explain how it relates to their experience, or simply submit an original sketch, collage, or visual of their own view of aging. Clearly this woman is still mentoring me, affirming my commitment to process-oriented education. If relating on a human level is of paramount importance in humanistic education, then creating the space for a person to do so must be incorporated into the teaching structures (Bertman et al., 1982). In the act of contributing a piece to this Festschrift honoring Hannelore, I discover that she is still prodding me to think outside the box, blur traditional boundaries between disciplines, ages and experience, take seriously and acknowledge the

viewpoints and insights of authorities and experts, but focus rather on the specialness and unique perspectives of all involved. According to psychiatrist, philosopher, and another teacher extraordinaire Robert Coles (1990), we are all students, perhaps spiritual pilgrims or pioneers.

Thank you, dear Hannelore, not only for the opportunity to revisit images, revive and expand my teaching strategies, while instilling in me, yet again, respect, acceptance, pride, and joy in the label “teacher,” and, at the same time, at age 78, with gratitude and humility, the label “student.” You have re-ignited my belief that until the time comes for me to leave this planet, I will continue to be your grateful pupil and realize with delight that there is always more to see.

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