could not speak for a time. Because I was living on campus that spring I became physically aware of my father's illness only when I came home the weekend he went to the hospital. His half-open eyes, warily peering out from sunken sockets, still haunt me on occasion.

The recovery process replaced his nightly routine, and after weeks in intensive care receiving counteractive hormone shots and countless tests, he was able to come home in stable health.

My reaction to his cancer and the very real possibility of his death was admittedly selfish. Regrettably, I thought in terms of "me" and "mine." It was *me* who was losing a father, a male mentor, and one of my life's anchors. His near-death experience impressed upon me the absolute finality of death that can only be made real by its proximity in the home. Two years passed and his health was maintained by more shots, a specialized diet, and pure defiance. Bravery was not the banner my family rallied under; instead, we united in the name of tribal (i.e. familial) stubbornness. It seemed the natural Reed response. In spite of these developments he went back to work—this time burdened with the knowledge that life is too short to stock shelves.

This summer his symptoms returned suddenly. His weight dipped again, his eyes receded, and his hollow cheeks became bookends for his gray beard. Unlike the first time, I was home to witness the wheels fall off.

It was the night before he was admitted to the hospital for the second time that I was overwhelmed by his condition. I was no longer thinking in terms of "me" or "mine." In two years I had matured beyond that early, self-involved response and instead reacted with something more profound. I found myself evaluating my father's life for him while he struggled with death. It felt proper categorizing his victories in his absence but the process was heartbreaking. I genuinely feared that he would never be aware of the private achievements which were overshadowed at home by professional failure. Without question, his accomplishments and fatherly inspiration outmatched, in my mind, any portfolio or professional exploit.

In life and in spite of the threat of death my father has taught me the most important lessons by example. As I tearfully quantified his life, I began with what he has given me: confidence in my direction, encouragement as a human being, and validation as a man. He has given me every reason not to repeat his mistakes and at the same time taught me what it means to be strong regardless of circumstance. He and my mother raised two strong and self-reliant children, and both parents make me believe I will raise my own with the same success.

Because of the example of the would-have-been weatherman, I understand the necessity of choosing your own path and choosing well. With his encouragement I received my bachelor's degree in May and am setting out ambitiously to obtain my master's and PhD in Arabic history.

He is home now and healthy, although his cancer remains. His son is working hard to be his own weatherman.

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Reflections on the Death of a Colleague

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Over the past eighteen months, I have watched my colleague, office mate, and friend deal with a devastating illness that resulted in his death. As a witness to his heroic struggle with brain cancer, so many emotions have emerged within me about how one deals with one's own illness, more specifically a terminal illness as a psychotherapist.

I want to share my thoughts and feelings regarding this wrenching experience within the larger contexts of how we, as psychotherapists, do

or do not deal with issues of illness, disability, death, and dying both as individuals and within the profession. I hope that this paper will encourage further sharing and discussion as well as open up an ongoing dialogue concerning psychotherapy and issues of illness, death, grief and bereavement.

My interest in writing this piece has been thwarted by an overriding desire to do anything but focus on this subject. Whenever I have approached my computer and summoned up the file containing this article, I find myself checking my watch and thinking, "I don't have the time to do this right now, let me get to this later." Without missing a beat, I quickly close the file and shut down the computer.

For me, writing has always served as a way to clarify my ideas and feelings. I have also used writing as a way to integrate and synthesize difficult material. Unlike other projects, I find myself not wanting to write things down, not wanting to explore my emotional landscape.

In my experience as a psychotherapist, I have learned that my feelings of ambivalence or resistance are excellent indicators of a strong countertransference. My intention is to explore my ongoing countertransference in relationship to my colleague's illness and death.

When I first found out about my colleague's illness (heretofore to be known as "A"), I was quite unnerved. He had just returned from a wonderful trip and seemed so happy and relaxed. We had a conversation about our future plans for our shared office and all seemed so very right with the world.

In an instant everything changed. He complained of a severe headache on a Friday and by Saturday morning he took himself to the emergency room. He remained in the hospital for the next ten days. A close friend of his called me and told me that "A" was undergoing tests and that nothing was clear about what was going on.

On hearing this news, my mind began racing from one thought and feeling to another. What was going to happen to him? To the office? To me? To my business? Will I have to move? I kept thinking that I needed more information but I didn't want to bother his friend or his family with my concerns.

Eventually, "A" returned from the hospital and told me that he had cancer of the brain and that he would be undergoing surgery, chemotherapy, and radiation treatments. In complete shock, he spoke these words in a monotone, robotic voice. In response, I became an emotional cheerleader, uttering words of encouragement while feeling numb and wanting very much to run away.

"A" spent the next year and a half in and out of treatment. As time went on, he began losing his mental and physical faculties. He became forgetful, delusional, and an emotional roller coaster. He continued seeing patients but increasingly forgot his appointments with them. Finally, in late November 2007, he was hospitalized and then went into hospice. He died in January 2008.

Where did I go while all of this was happening? I alternated between feelings of compassion, sadness, terror, and rage. I took up the slack; I did the chores and upkeep of the office that "A" was "supposed to do." I'd mumble to myself, "I am a renter, why am I doing all this work?"

Then I'd feel guilty and do more.

As time went on, I realized that I would have to move. The lease was in "A's" name and I did not want to take over the suite. Another colleague, who also rented space in the suite, and I decided to begin searching for another location. Just thinking about doing this led me to feel guilty and that I was "abandoning ship."

While all of this was going on, I was dealing with my own health-related issues. I found out that I had severe arthritis in my neck as well as a bone spur at C5 in the neck. I was in moderate to severe pain a great deal of the time and I could not tolerate the pain medication. My neck problem was so bad that I was unable to drive because I couldn't turn my neck without going into spasm. I was going to physical therapy three times a week and very worried about the possibility that I would need to have immediate neck surgery. I had flashbacks of my aged grandmother crippled by arthritis. I was terrified and angry.

All around me swirled disability, illness, loss, and death. For months, I felt that wherever I turned (when I could move my neck), all that I saw was limitation and more limitation. I found that when I turned to other colleagues, many could not

deal with the "A" situation at all and that they would change the subject as quickly as possible. In regard to my "neck problem," one colleague suggested that the root cause was emotional and that if I worked out stress related issues then all would be well.

I experienced all of these responses as a variation on the theme of "Job's comforters" who told him that all his misfortune was his own doing. I realized that offering any explanation, even an absurd or negative one, is easier for some people than accepting the randomness and chaos of our lives. We want to believe that we are in control even though reality shows us otherwise.

It is almost a month since my colleague's death and nearly four months since my last physical therapy session. I still have neck pain but I am able to relieve a great deal of it though exercise. Surgery is still an option. I have relocated to a new office space and life moves on.

I have worked as a psychotherapist for thirty years. I have a specialization in the areas of loss and bereavement. I became involved in this specialty after the death of a close friend and the deaths of both my parents within five years of each other. By the age of thirty-three, I had lost far too many friends and relatives to cancer, AIDS, and Alzheimer's Disease.

Over the years, I have struggled with my own "death anxiety," by attending workshops with Elizabeth Kübler-Ross, training as a hospice volunteer, studying philosophy, practicing meditation, reading anything and everything related to grief, going on retreats, being in therapy, and working directly with those who grieve.

My experience with my colleague has taught me that I am still a novice in the face of grief and loss. His illness unnerved me. I could easily identify with his rage at what life had dealt him. Seeing him, I often felt, "this could be me." And then I would feel guilty as I breathed a sigh of relief at the thought that I was not him.

Yes, I have felt "survivor guilt" as well as anger, frustration, sadness, helplessness, and moments of existential despair. I questioned myself daily regarding how I would handle myself in the same situation. What would I do with my patients? When would I stop working? What do you do when sickness takes over your life?

I don't think that there are "right" answers to these questions. I think that each of us must deal with them in our own way. Even so, I would like us, as psychotherapists, to more actively engage in a dialogue with each other about these issues. At some point, we will all have to face our limits and how they affect our ability to work.

It has often been said that "absence configures presence." Our reticence to discuss matters of our own illnesses, disabilities, and deaths does not effectively remove them from awareness; rather, they are hidden in plain sight just waiting to burst forth into consciousness. The longer we repress and suppress our existential fears and weaknesses, the greater their hold on us.

A great deal has been written on the subjects of loss, grief, and bereavement from the point of view of the therapist treating the patient. We, now need research and discussion on the subjects of loss and bereavement and the psychotherapist as well as loss and bereavement of the psychotherapist.

As I reflect on the illness and death of my colleague, I realize that I am not only writing about being a witness to "A's" end life journey but that I am writing about coming to terms with the transient nature of being. In the 1915 essay, *On Transience*, Sigmund Freud wrote, "…Transience value is scarcity value in time. Limitation in the possibility of an enjoyment raises the value of the enjoyment." He further pointed out, "mourning as we know, however painful it may be, comes to a spontaneous end…when it has renounced everything that has been lost, then it has consumed itself, and our libido is once more free…to replace the lost objects by fresh ones equally or still more precious."

Do we really ever get over our losses? I don't think so. I feel that over time we manage to stop protesting against what has been taken away from us, and that we begin a slow process of rebuilding and reclaiming our lives. Our mourning is our rebellion against transience. Our resiliency is our, "YES!" to life.

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Terrorism and Shared Death Anxiety

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The Shitrit family arrived in Sderot from Morocco. Shlomo, the father, found a job on a kibbutz. He would harness a donkey and go to work in a tiny cart. His excuse for keeping a donkey was that it was too far to walk, but several horses and rams grazed on his large backyard because this peasant simply could not live without animals. Goats, chickens, and geese rambled freely on other people's properties too; in the 1950s and 1960s Sderot was no more than a large village.

Forty years went by, the town developed an industrial zone, three-story buildings and villas replaced barracks, and residents no longer felt like the country folk. Shlomo ignored his neighbors' pleas that a residential neighborhood was no place for livestock. They filed complaint letters. The police would come to remove the animals from town grounds, but each time the Shitrit children clutched at the horses, screaming, as if their very life were being taken away. The authorities capitulated and gave Shlomo a land spot on the outskirts of Sderot to open an animal farm.

It took a decade to build a beautiful ranch. Shlomo was now too old to handle the work, and David, the eldest of his nine children, took over the huge enterprise with hundreds of domestic animals. His two brothers, Avram and Nathan, helped him. They raised sheep and goats for meat, famous for its quality in Sderot and the surrounding communities. There were also countless chickens, geese, and pigeons. But the farm's main attraction was horses—about sixty that belonged to the owners, who rode since they had barely known how to walk, plus scores of others, boarded and trained on the property. The Shitrits invited Sderot residents to come for riding lessons, and dozens of parents and kids swarmed to the ranch on evenings and days off, enjoying rides, playing with and feeding the baby animals. New émigrés arrived from the former USSR, and some children, left on their own because adults typically worked two jobs, hung out and helped at the farm. The Shitrits enjoyed everyone's respect. They did very well financially when in 2001 Hamas-manufactured kassam rockets began to fall on Sderot and the Negev kibbutzim.

One kassam exploding every couple of months, usually hitting the isolated Mem-Shalosh neighborhood and causing moderate damage, did not in the beginning qualify as a tragedy. Then, multiplying victims of shrapnel and flying glass stirred the residents from their "it-will-pass" confidence. With few fatalities, Sderot cries for help mostly fell on deaf ears, despite sympathetic press coverage of special cases, like two Ethiopian children killed outside their home on Rehov HaGai or another boy, whose legs were blown off.

At least 6,913 kassams exploded in residential Sderot; some sources say nearly 10,000, to include rockets that were never found. Since the 2005 Israel evacuation from the Gaza Strip, kassams fell almost daily, dozens on some days. The authorities introduced the "Red Alert" official public warning of every launched missile. A recorded voice would cut into the racket of the day or the stillness of the night abruptly to announce that everyone has fifteen seconds to get to a shelter. I've never heard a more repulsive female voice; it is very upsetting, especially when the message repeats itself, interrupted each time by a falling rocket.

After one kassam landed on the Shitrit farm, several visiting children had to be treated for hysteria. Another blast sent David's deaf-mute son to the hospital for shock treatment. A nine-year-old girl named Michele was riding when her horse flew into a wild cantor triggered by the "Red Alert;" this was the last time the child's father brought her to the ranch. Soon there were no more visitors: the Sderot residents have been keeping away from open areas, where most casualties have occurred; they feel safer inside. So, the Shitrits sold their horses.

Several farm animals died in the explosions, and the goats and sheep began to have miscarriages. In their fleece the Shitrits found shrap-