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The Development and Implementation of a Grief Support Group Program for the Toronto East Seventh-day Adventist Church Community

Whitford A. Shaw
Andrews University
This research is a product of the graduate program in Doctor of Ministry DMin at Andrews University. Find out more about the program.

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The development and implementation of a grief support group program for the Toronto East Seventh-day Adventist Church community

Shaw, Whitford Aibert, D.Min.
Andrews University, 1994

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Andrews University
Seventh-day Adventist Theological Seminary

THE DEVELOPMENT AND IMPLEMENTATION OF A GRIEF SUPPORT GROUP PROGRAM FOR THE TORONTO EAST SEVENTH-DAY ADVENTIST CHURCH COMMUNITY

A Project Report
Presented in Partial Fulfillment
of the Requirements for the Degree
Doctor of Ministry

by
Whitford A. Shaw
June 1994
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ABSTRACT

THE DEVELOPMENT AND IMPLEMENTATION OF A GRIEF SUPPORT GROUP PROGRAM FOR THE TORONTO EAST SEVENTH-DAY ADVENTIST CHURCH COMMUNITY

by

Whitford A. Shaw

Adviser: James J. North, Jr.
Title: THE DEVELOPMENT AND IMPLEMENTATION OF A GRIEF SUPPORT GROUP PROGRAM FOR THE TORONTO EAST SEVENTH-DAY ADVENTIST CHURCH COMMUNITY

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Date completed: June 1994

This project attempts to develop and implement a grief support group for the Toronto East Seventh-day Adventist Church. Several theories of grief, both within and outside of the SDA Church, are briefly explored. The intent is to derive an understanding of the dynamics of the grief encounter.

The research shows that in the context of grief, one of the best methods for resolving the pain and trauma of grief is to attend a grief support group.

Our contemporary society shuns openness of expression with regard to grief. Society also imposes on the bereaved
a limited time period to get over one's grief. However, grievers learn from experience that one does not get over grief; rather with God's help, they go through the encounter.

From a theological perspective, the Bible is replete with model mourners. In the Old Testament, Job demonstrates that the experience of suffering or grief is not the result of one's wickedness.

In the New Testament, Jesus Himself models that it is acceptable to weep. In John 11:35 the Bible records: "Jesus wept." The best news of the New Testament is that the second coming of Christ and the resurrection is the ultimate source of permanent comfort for today's grievers.

Ten grieving individuals of the Toronto East SDA Church founded and formed a grief support group. For six consecutive weeks they met and (1) processed their grief pains, and (2) acquired insights on being caregivers to other grievers.

The evaluation by the support group members revealed that they received much benefit in being able to look back at their losses and realistically come to terms "with the finality and reality of death," as one griever put it.

The findings of this project suggest that the church and the pastors must become proactive in seeking creative ways of providing support groups for hurting grievers within their communities.
It is anticipated that the Seventh-day Adventist Church in particular will become motivated in providing ministry to the bereaved by (1) offering more support to the bereaved, (2) seeking to establish support groups for those who are having difficulty in accepting the reality of their loss, and (3) offering help to re-invest in new relationships, new dreams, new activities, and new aspirations.
This project is dedicated to the one I love, my faithful wife, Gloris. Together we have said goodbye to our mothers, together we will support each other until we exchange this life for eternal life.
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<td><em>International Journal of Group Psychotherapy</em></td>
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I wish to express special thanks to the following individuals:

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The inspiration for this project came as a result of the death of Martin Nelson. Special thanks to the Nelsons and the Toronto East SDA Church support group, who in sharing their grief pains have taught me much about coping with grief.

Finally, thanks be to God for His help in the completion of this project. May the end results mean comfort for those who mourn.
CHAPTER I

INTRODUCTION

Purpose of the Project

The first purpose of this project was the development of a grief support program for members of the Toronto East Seventh-day Adventist Church community. To accomplish this, a group of members who have experienced the pain of loss were asked to volunteer to provide support to a group of those in active grief.

The second purpose of the project is to equip the grievers of today to become the caregivers of tomorrow. He or she who has experienced the pain of grief needs skills to identify with the grief of others. With such an understanding they can provide valuable support. Mary Hannaford and Michael Popkin are insightful when they write, "It is not a sign of weakness to have a personal or professional support person or group. It is a sign of intelligence."1 The results are that "people with similar

losses can find great energy by sharing their experiences with each other."

The third purpose is to provide a support program which can serve as a model for other Seventh-day Adventist (SDA) churches to develop their own grief support ministry.

Justification for the Project

"Youth Fatally Stabbed." For the news media, this was just another news item, but for Jane, this was the death of her nineteen-year-old son. In the painful months that followed, many hours of support to the family were required, but there was no support group within the church to meet this need.

Some of the most acute grief is experienced from the death of a spouse or a close relative. The trauma and emotional needs of those left to grieve vary from individual to individual. Our society, and the funeral industry in general, does not place much emphasis on grieving. The church can and should be a supportive community in which burden bearing is shared. It is imperative therefore that churches, in particular, have in place grief-recovery support groups to assist individuals in the processing of their grief.

During the past six years of my pastorate, the Toronto East Seventh-day Adventist Church has experienced forty-five

\[1\]Ibid.
deaths. The consequence for those who have experienced such losses has been painful. Support has been sporadic and short-term. As part of the church's ministry, there is need for intentional support to those in grief. This kind of ministry becomes a practical laboratory in which caring church members can learn and model meaningful support.

The supportive group presence provides an even greater sense of security as grievers realize that the support group is always there whenever it is needed, whether on a short-term or a long-term basis. This effective "Ministry of Presence" is essential to grievers.

When individuals have experienced loss, some begin their search for answers. Some of the questions are: Why is life so unfair? Where is God when I need Him? For grievers, the answers may be illusive. A support group could provide an outlet to vent feelings of frustration, anxiety and pain, and a sense that God is present in the group members.

Current literature on the subject of grief gives a strong emphasis on the need to provide adequate support systems for grievers. Dr. Alan D. Wolfelt, a clinical thanatologist, offers an excellent justification for support groups when he says:

There is a growing realization among those who care for the bereaved that support groups are an appropriate and effective way to help bereaved people heal because they offer a safe place for people to do the work of mourning. Support groups encourage members to reconcile
their losses and go on to find continued meaning in life and living.¹

Recovery support groups provide listening ears, helping hands, shared feelings and, in the words of Dr. Norman Miles, assurance that "you don’t get over the grief experience but you get through it." Doug Manning further reminds us that even though one goes through the grief experience, a scar remains.

A cut finger is numb before it bleeds, it bleeds before it hurts, it hurts until it begins to heal, it forms a scab and itches until finally, the scab is gone and a small scar is left where once there was a wound. Grief is the deepest wound you have ever had. Like a cut finger, it goes through stages and leaves a scar.²

Significantly the Bible records that "Jesus wept" (John 11:35). This fact highlights the way Jesus identifies with those in grief. John records that one of Jesus' primary concerns in death was for His mother. Mary would certainly experience grief, and Jesus made provision for both the short-term and the long-term grieving process by asking John, His disciple, to be a "son" to her (John 19:26-27).

Description of the Project

In my investigation of the current literature on grief, I found that the pain caused by grief is very complex and


complicated. For example, the bereaved suffer not only the emotional pain of a broken heart, but have to face the challenge of living without that special person. A primary concern among grief authors is to discover practical ways in which support groups have been helpful to griever. The literature reviewed includes books, dissertations, and periodicals.

A questionnaire was developed and administered to the members of the Toronto East SDA Church. The purpose of the questionnaire was to ascertain:

1. The number of members who experienced grief over the death of a family member in the last ten years
2. The ways in which support was helpful during their grief experience
3. The ways in which support was lacking during their grief experience.

Along with these findings, information gathered from literature, my five years' experience as an "on-call chaplain" at the Centenary Hospital of Toronto, and my twenty-five years of church pastoral experience all provided the basis for the support group.

The in-ministry component of the project presentations included visual aids and handouts. I served as the facilitator of the group, along with my wife as the co-facilitator. Members committed themselves to participate in the group for a period of six weeks. During this period,
the members were trained to become group support members. Each week, presentations were made providing emphasis on the dynamics of grief, steps to recovery, and other relevant subjects that showed grievers that the way out of grief is through it.

Group support members were asked to give an evaluation of the presentation at the end of the sessions. The purpose of the evaluation was to ascertain what the grievers found beneficial or unhelpful in terms of providing support.

Limitations of the Project

The project was limited to ten grieving members of the Toronto East SDA Church community. Each of these members has lost at least one member of his or her family in the last ten years. In one case, a griever in the group lost both her mother and sister within a space of six weeks.

These members agreed to meet for the support group training on a weekly basis for six weeks, and once per month follow-up for six months. Due to circumstances, which are explained below, all were not able to meet for the entire training.

The subject of grief is so wide that includes any significant loss. This could be the loss of a job or the death of a pet, relocation, divorce, separation, death of an infant, death of adults, and death of spouse. For the purposes of this project, grief is confined to loss caused by the death of loved ones.
Types of Losses

The hard fact is that in our world, in general, and our society in particular, loss has become synonymous with life. Like it or not sooner or later everyone in the arena of life will have to cope with some type of loss.

Kenneth R. Mitchell and Herbert Anderson in their book *All Our Losses, All Our Griefs* have identified six major types of loss:

1. Material Loss is the loss of a physical object or of familiar surroundings to which one has important attachments. This could mean one’s treasured car, house, or other personal effects.

2. Systemic Loss—the most common—is when a young adult departs from the family of origin and both the family and the individual must adapt to that loss.

3. Intraphysic Loss is the experience of losing an emotionally important image of oneself, losing the possibilities of what might have been, abandonment of plans for a particular future, or the dying of a dream.

4. Functional Loss is the experience of losing some of the muscular or neurological functions of the body, e.g., blindness, deafness, and aging.

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5. Role Loss is the loss of a specific social role or of one’s occupational place in a social network, e.g., an active worker is given a reluctant retirement.

6. Relationship Loss is the loss of opportunities to relate oneself to talk with, share responsibilities with, make love to, touch, settle issues with, fight with and otherwise be in the emotional and/or physical presence of a particular other human being.

This type of loss is an unavoidable component of human life. Sooner or later we all experience this type of loss. Relationship loss may be temporary as in moving from your old neighborhood, but still keeping in touch or even returning to the community of friends. Permanent loss is the most intense of all losses as in the death of a loved one with whom one had a meaningful relationship. Death may require that a person sort through numerous memories, address remarks to the departed person, and acknowledge the pain, anger, guilt and other feelings.

This whole concept of loss must be viewed in the context of what is valuable to our experiences. In the arena of life the sacredness of human life must occupy a priority position over things and ideologies.

Day by day in the journey of life, situations arise which result in serious consequences both for the individual
and the community. Sometimes the only conclusion we can come to is "life is not fair, but God is good."

The sad truth is that healthy religion does not exclude one from the pain of grief caused by the loss of one's loved one. Edgar N. Jackson in his supportive book *The Many Faces of Grief*, the chapter on "Grief and Religion," observes:

Healthy religion does not support people's concepts of weakness nor their dependance upon what is not dependable; rather it seeks to help people develop the inner courage that makes them strong enough to face reality and cope with it honestly. It is this strength within that is the ultimate resource of those who would live with an inner fortress that makes their souls secure. Wise and healthy religion, therefore works to affirm the resources of life. It provides perspective for those times when life events may distort our view of things. It strengthens faith and courage and makes grace available. Then the promised blessedness is discovered in the very process of wise mourning.

**Definition of Terms**

For the purposes of this study, the following terms are defined:

Acceptance is the point in grief at which one is able to accept the reality of one's loss and to decide to carry on with life despite the void caused by death.

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1Robert Schuller, quotation from *Prayer Palace* television program, 1992.

Anger refers to the hostile feeling directed towards the possible cause of death (e.g., a griever blames God, the doctor and/or some other person or object).

Anticipatory grief refers to responding to the news of pending loss and experiencing grief before the loss comes (e.g., when a wife is told that her husband has one month to live).

Bereavement refers to the multilayered array of emotions, changes, experiences, and conditions that take place as a result of loss because of the death of loved ones.

Denial is refusal to admit the loss of a loved one.

Depression is a period of crying and sadness caused by grieving the death of a loved one. In a non-clinical sense, many of the signs of clinical depression are common during normal grief. William R. Miller and Kathleen A. Jackson point out that "studies have found that sleeping problems, restlessness, low mood, crying and fatigue are all fairly common among bereaved people one year after the loss." However this caution must be observed: "Suicidal thoughts, 

The key signs of depression are as follows: (1) depressed mood, (2) loss of interest or pleasure in usual activities, (3) change in appetite, (4) change in sleep pattern, (5) change in movement, (6) fatigue, (7) feelings of worthlessness, self-reproach or guilt, (8) suicidal thoughts or acts.

Disenfranchised grief refers to grief which cannot be expressed/shared because of societal disapproval (e.g., when a husband's mistress dies, he cannot share this loss with his family and therefore goes through the loss alone).

Grief represents the particular reactions one experiences while in the state of bereavement. Reactions or symptoms experienced as grief might include anger, guilt, physical complaints, illness, despair, and sadness. Edgar N. Jackson adds:

Grief is the emotion that is involved in the work of mourning, whereby a person seeks to disengage himself from the demanding relationship that has existed and to reinvest his emotional capital in new and productive directions for the health and welfare of his future life in society.

Support is appropriately defined by Richard Peace, when he says that "the support group is where persons can share their grief experiences, learn together, pray together, laugh together, cry together and attempt to help grievers through their pain and loss."
CHAPTER II

PERSPECTIVES OF GRIEF

The Nature of Grief

Among those who write on the subject of grief, one element of commonality is that "grief is very difficult to understand and difficult to treat." The difficulty arises because each individual griever uniquely processes grief.

There are several theories used to explain grief, and I am including a selected number in this discussion. The consensus of writers such as Edgar N. Jackson,1 John D. Spangler,2 and John Bowlby3 is that Sigmund Freud's paper, "Mourning and Melancholia,"4 did much to inspire studies in the area of grief.

In order to establish a historical base and a practical rationale for this study, I have randomly selected material from the following: Sigmund Freud, Erich Lindemann, John

1Jackson, Understanding Grief, 18.


Bowlby, Colin Parkes, Larry Yeagley, and Ellen White. In their own way these writers have made significant contributions to the whole concept of the grief experience. Their insights will assist us in the understanding of grief.

Sigmund Freud

The tragedies of World War I caused widespread grief in Western Europe and this influenced Sigmund Freud to focus his attention on grief. For Freud "mourning is . . . the reaction to the loss of a loved one." In 1917, Freud wrote "Mourning and Melancholia" and in that paper his position was that mourning was normal because we all grieve our losses and we all survive. Perhaps the most valuable contribution that Freud gave in his theory of grief is the distinction he made between depression (melancholia) and the grief process (mourning).

Freud’s special interest was in the area of depression, and it never occurred to him that grief should require medical treatment. Rather, what was required was time—time to focus on the work of mourning and time to disengage from the relationship with the loved person. The end results of the grief process is the freedom to attach or reinvest one’s love in someone else.

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1Ibid., 153.
2Ibid., 152-170.
3Ibid.
Little did Freud realize that his treatise, "Mourning and Melancholia," would be established as a precedent for influencing the investigation and treatment of depression and grief even in contemporary times. Many serious major works on grief use Freud's work as a reference point.

Today when we speak of "Grief Work," credit must be given to Freud who introduced the term when he wrote about "The Work of Mourning."

Freud who advocated the withdrawal of emotional capital from the deceased and the need to reinvest in another relationship (or relationships) said:

Mourning originates under the influence of reality testing, which demands categorically that one must part from the object because the object no longer exists. Now it is the task of mourning to carry out this retreat from the object in all the situations in which the object was the recipient of intense catharsis, (emotional capital).  


2Erich Lindemann first used the term "grief work" whereas Freud's actual term was "work of mourning."

3Freud, 167.

This withdrawal of emotional energy and reinvesting it in another relationship is what J. William Worden\(^1\) calls the fourth and final task in the grieving process. Worden further points out that the concept of withdrawing emotional attachment is often misunderstood, especially in the case of the death of a spouse:

> They think that if they withdraw their emotional attachment, they are somehow dishonoring the memory of the deceased. In some cases they are frightened by the prospect of reinvesting their emotions in another relationship because it too might end with loss and be taken from them.\(^1\)

While Freud and Worden advocated emotional detachment from the deceased, this does not mean that the memory of the deceased one must be forgotten. Reinvesting in another relationship does not mean that the deceased was loved any less. We can say goodbye to the relationship that once existed with the deceased without sacrificing the memories of the loved one.

Freud, through his "work of mourning" as he labels the grief process, is concerned that the bereaved confront the pain of grief, let go of the lost person, face the reality

\(^1\)J. William Worden, *Grief Counseling and Grief Therapy* (New York: Springer Publishing Company, 1982), 11-16. The four tasks of mourning are (1) to accept reality of the loss, (2) to experience the pain of grief, (3) to adjust to an environment in which the deceased is missing, (4) to withdraw emotional energy and reinvest it in another relationship.

\(^2\)Ibid., 15-16.
of living without their love one, and ultimately form a new identity along with new relationships.

Erich Lindemann

In his article "Symptomatology and Management of Acute Grief," Erich Lindemann, of Harvard Medical School, shared his findings based on his study of 101 acute grief sufferers. The 101 patients included,

(1) psychoneurotic patients who lost a relative during the course of treatment, (2) relatives of patients who died in the hospital, (3) bereaved disaster victims (Coconut Grove Fire) and close relatives, (4) relatives and members of the armed forces.1

This paper was written after Lindemann and his colleagues worked with the family members of those who lost their relatives in the Coconut Grove Night Club fire. This happened back in 1942 when on a Saturday night the Holy Cross College football team went to the Coconut Grove Night Club to celebrate their victory over the Boston College football team. A busboy accidentally set a decorative palm tree on fire. The tragic result was that nearly 500 people lost their lives.

The major findings of Lindemann's observations include the following facts:

1Erich Lindemann, "The Symptomatology and Management of Acute Grief," American Journal of Psychiatry 101 (1944): 141-148. When Lindemann did this study on normal grief reactions, he was Chief of Psychiatry at the Massachusetts General Hospital.

2Ibid., 19.
1. Acute Grief is a definite syndrome with psychological and somatic symptomatology.
2. The syndrome may appear immediately after a crisis, it may be delayed; it may be exaggerated or apparently absent.
3. In place of the typical syndrome there may appear distorted pictures, each of which represents one special aspect of the grief syndrome.
4. By appropriate techniques these distorted pictures can be successfully transformed into a normal grief reaction with resolution.

Lindemann is best remembered for the detailed insights he gave on the symptoms of normal grief, including anticipatory grief. From his observations, Lindemann found the following syndrome to be common to all normal or acute grief suffers:

Sensations of somatic distress occurring in waves lasting 20 minutes to an hour at a time, a feeling of tightness in the throat, choking with shortness of breath, need for sighing, and an empty feeling in the abdomen, lack of muscular power, and an intense subjective distress described as tension or mental pain. The patient soon learns that these waves of discomfort can be precipitated by visits, by mention of the deceased, and by receiving sympathy. There is a tendency to avoid the syndrome at any cost, to refuse visits lest they should precipitate the reactions, and to keep deliberately from the thought of all references to the deceased.

Lindemann’s monumental monograph work on grief in this one study (1944) became a milestone in understanding grief and suggestions for intervention.

Colin Murray Parkes and Robert S. Weiss provided an excellent evaluation of Lindemann’s work when they wrote:

\[\text{Ibid.}\]

\[\text{Ibid., 20.}\]
Lindemann's work was a milestone in the development of our ideas about bereavement. In this one paper he provided us with a clear description of the syndrome of normal grief, an account of the atypical forms which it may take, and some eminently practical guidelines for intervention which would help to prevent these pathological forms from persisting. It is no exaggeration to say that his work has colored all subsequent thinking about reaction to loss and has pointed the way to prevention of mental illness by intervention services for people who have undergone loss.¹

Eugene W. Beutel, who completed his Doctorate of Ministry at Princeton Theological Seminary, did an analysis of bereavement and shared some insights from Lindemann. In reflecting on Lindemann's work, Beutel points out:

It is decidedly advantageous for the grieving process to begin as soon as possible and this process to fully encourage the open expression of the emotions and feelings of the bereaved, in order that the acute grief stage may be worked through expeditiously. Then the individual will be able to establish new relationships and to celebrate other relationships.²

Beutel's comments on the need for open expression of the emotions and feelings of the bereaved is helpful. However, according to contemporary grief practice, the griever must be allowed to set the agenda as to his or her own timetable in the processing of grief. According to Beutel, this process cannot be rushed.


For Lindemann, grief can be anticipated. He was one of the first to identify the use of the term "anticipatory grief." According to his study, he found that patients and relatives experience genuine grief reactions when a physical separation from a loved one occurred, as well as when "threat of death" was imminent. Both patient and relatives go through all phases of grief. Rando calls this discovery "one of Lindemann's most profound observations."

Contemporary grief research is made richer by Lindemann's contributions on the nature of grief. The more fully we understand the nature of grief, the better able we are to facilitate its process.

---

1Lindemann, 148. There is some controversy about anticipatory grief. Therese Rando calls the term a misnomer because anticipatory suggests that one is grieving solely for anticipated as opposed to past and current losses (Therese A. Rando, "Anticipatory Grief: The Term Is a Misnomer But the Phenomenon Exists" in Living With Grief: Personally and Professionally (Washington, DC: Eisenberg Associates, 1994), 12. Rando argues that "inherent in the term 'anticipatory' which suggests that it is solely a future loss that is being grieved, there are in fact three foci toward which anticipatory grief directs itself: past, present and future. In the experience of grief undertaken between the receipt of knowledge of fatal diagnosis and the actual death, that period traditionally seen as encompassing the time of anticipatory grief, the grief that is experienced is actually stimulated by losses that have already occurred in the past and those currently occurring, as well as those that are yet to come" (Rando, 13). The issue therefore according to Rando is that even in the shadow of death, there are other losses that have already occurred that necessitate grief (ibid.).

2Rando, 47.
John Bowlby

British psychiatrist John Bowlby's contribution to the grief experience is the 'Attachment Theory' approach. It focuses on the strong affectional bonds created with others and the strong emotional reaction that happens when those bonds are threatened or broken. From his theory, Bowlby names four phases of mourning.

1. Phase of numbing that usually lasts from a few hours to a week and may be interrupted by outbursts of extremely intense distress and or anger.
2. Phase of yearning and searching for the lost figure, lasting some months and sometimes for years.
3. Phase of disorganization and despair.
4. Phase of greater or lesser degree of re-organization.¹

Bowlby's concept of attachment works well in the context of human relationships that existed before the death of loved ones. However, at death there is the experience of 'detachment', during which the characteristics of the four phases of mourning are evident. For example, in phases of disorganization and reorganization, Bowlby feels that this is the time to discard old patterns of thinking, feeling and acting before new ones can be salvaged and as a result, fall into depression and apathy. Nevertheless, if all goes well this phase may soon begin to alternate with the phase during which he starts to examine the new situation in which he finds himself and to consider ways of meeting it. This entails a redefinition of himself as well as of his situation. No longer is he one of a pair with complementary roles but a singleton. This redefinition of self and situation is as painful as it is crucial, if only because it means relinquishing finally all hope that the last person can

¹Bowlby, 85.
be recovered and the old situation re-established. Yet until redefinition is achieved no plans for the future can be made.¹

Bowlby’s theory recognizes that people need each other, and when they die the challenge is to redefine one’s self. His theory is helpful to grievers as they reorganize their lives in order to live without their deceased loved one.

Colin Murray Parkes

From his study of twenty-two London widows, Colin Murray Parkes² concluded that grief is similar to a physical injury. This loss could be likened to a blow. A blow usually heals; however, when complications arise, the outcome may be fatal. Parkes feels that just as broken bones may end up stronger than unbroken ones, so the experience of grieving can strengthen and bring maturity to those who have been protected from misfortune.³

For Parkes, grief is not a state, rather it is a process, and in this process there are three major factors, namely:

1. There is preoccupation with thoughts of the lost person.
2. There is painful repetitious recollection of the loss experience, which is the equivalent of worry work

¹Ibid., 94.

²Dr. Colin Murray Parkes is a psychiatrist who furthered our scientific understanding of grief with his published articles in scientific journals and studies he has conducted in the United Kingdom from the Tavistock Institute of Human Relations and also from Harvard Medical School.

³Parkes, 5, 6.
and which must occur if the loss is not fully accepted as irrevocable.

3. There is the attempt to make sense of the loss, to fit it into one's set of assumptions about the world or to modify those assumptions if need be.¹

Parkes' suggestion that the bereaved need to know the expectations of their society is an insightful suggestion as it relates to a timetable for grief and should be given careful thought.

When there is a prescribed period for mourning, a time is prescribed for its ending. (The term quarantine comes from quarantina, the Italian for 'forty,' which was the number of days of sequestration expected of the widow.) Thus an accepted mourning period provides social sanction for beginning and ending grief, and it is clearly likely to have psychological value for the bereaved. While it is true that social expectations concerning the duration of mourning cannot correspond closely to all individual psychological needs to express grief, which vary considerably, the absence of any social expectations, as is common in Western cultures today, leaves the bereaved person confused and insecure in his grief.²

As a follow-up to the question of a timetable for grief, Parkes suggested that the churches should take a clear lead and provide help for the bereaved.³ What a golden opportunity for the church to take this cue and include grief support groups for grievers to receive help in the accommodation of their individual timetable for processing the pain of their loss, without societal

¹Ibid., 76, 77.
²Ibid., 160, 161.
³Ibid., 161.
pressures. The church needs to validate the individual's grief timetable.

Elizabeth Kubler-Ross

Elizabeth Kubler-Ross is famous for her major work of careful studies of terminally ill patients. Her research was on the emotional response to impending death rather than on bereavement. However the five stages\(^1\) of response she identified are helpful not only for the terminally ill, but also for the relatives who experience anticipatory grief. When death occurs, the bereaved shared similar responses that the deceased had prior to death in this sense. Kubler-Ross' work is helpful in the understanding of the grief process.

Larry Yeagley

Larry Yeagley\(^2\) has the distinction of being the first person within the Seventh-day Adventist Church to make a significant impact on support for the bereaved. Since 1975, Larry has been involved in death and grief education programs. Larry became even more interested in grief work after the tragic death of his twenty-two-year-old son,


\(^2\)Larry Yeagley has spent thirty years in teaching parish ministry and hospital chaplaincy. He assisted in founding Good Samaritan Hospice Care in Battle Creek, Michigan. In 1975, he began "Grief Recovery" programs.
Jeffrey. On October 14, 1980, Jeffrey was killed instantly in a highway accident. He had completed a B.A. degree in Theology and English and had pastored for fifteen months. A few weeks before his death, Jeffrey had begun working on the Master of Divinity degree at Andrews University in Berrien Springs, Michigan.

How did Larry cope with this tragic loss? It was to him a "valley-of-the-shadow-of-death" experience. In Larry’s own words, he explained how talking and the expressing of feelings with his family as a support base helped him through the difficult time of loss. He says:

> From the first day of life without Jeffrey, my family and I agreed that we would talk freely about his death and reminisce about his life. We agreed to respect each person’s need to be alone and to allow the expression of feelings as well. Each of us has had different space needs. It has been very helpful to know that we do have space when we need it and closeness when we it is desired.¹

Because of this painful encounter, Larry shares this conviction, "My experience has convinced me that educating people in the dynamics of grief can certainly facilitate the grieving when they suffer loss."²

As a chaplain, Larry became involved with various aspects of grief work. He has become well known especially within in the SDA Church for the Grief Recovery Seminars he

¹Larry Yeagley, *Grief Recovery* (Keene, TX: n.p., 1984), 88.
²Ibid., 90.
has conducted across the United States, some of which were on television.

To high-school students, Larry taught a class yearly on "Death and Dying." The teacher who invited Larry to teach the class was at first hesitant, thinking that students had not really experienced loss. The hesitant teacher was surprised and shocked with the results of the survey done by Yeagley among the 250 freshmen which showed that "40% of the freshmen had lost a member of their immediate family by death or divorce in the previous six months. Many of the 40% were not grieving well."¹

Adults, youth, and children at times have the misfortune of not grieving well, and Larry feels that "given proper support, grieving people move to a state of peace."² Initially the type of support that was offered was through the Grief Recovery Seminars. On a short-term basis the above seminars can be helpful. However, because of the complexities of grief, the seminar context has some limitations. For grieving individuals who are having difficulty coping with their loss, there is need for ongoing support. So Larry not only conducts Grief Recovery Seminars but also Grief Support Groups.

¹Larry Yeagley, Syllabus for Conducting Grief Recovery Seminars (Fort Worth, TX: Adventist Health Network, 1985), 1.

²Ibid.
In 1992, he wrote a manual for "Conducting Grief Support Groups." The basic goals of the program are as follows:

1. To teach griever as to learn from their own experience of loss

2. To expose and lessen fears (i.e., griever as blaming their fear on their situation) (Yeagley further encourages griever to quit fighting fear. How? By saying

   I'm afraid because my experience of loss has brought uncertainty to my life. I'll just chalk it up to my loss. In the meantime I'll carefully think through my fears until they no longer have the power to immobilize me.}

3. To identify high-risk people (These goals include people who have lost their loved ones under tragic circumstances, e.g., accidental deaths, suicides, or those who have had multiple losses, those who lack support, and those who have a history of unresolved loss or a history of emotional crisis. Being with these people during their first year of grief is vital to their physical and emotional recovery.)

4. To prevent running, the urge to avoid the challenge of experiencing the pain of loss.

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1Larry Yeagley, "Conducting Grief Support Groups," TMs, 1992, handout for grief support group seminars.

2Ibid., 9-12.

3Ibid., 12.
Larry is convinced that grief support groups help people work through the acute pain of grief, and therefore he provides an indefinite amount of monthly follow-up sessions.

Ellen G. White

Within and without the Seventh-day Adventist Church, Ellen G. White is well respected and admired for her wisdom and counsel. In the fifty-four books she wrote, she expressed her deep concern for the bereaved. Repeatedly Ellen White noted her familiarity with intense bereavement. Here she sympathizes with sorrowing mothers: "When the youngest branch of my family was broken off and I could no longer have my infant by my side I knew better how to sympathize with the mourning mother." She could empathize with widows: "When the unexpected blow came to him who stood by my side for thirty-six years it was then that I

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1Ellen G. White was one of the first authors of the SDA church. The amount of her writing--100,000 pages of materials--represents the longest written contribution of any other SDA writer. In her lifetime, she buried two of her sons, and in 1881 she buried her husband. In the volumes of her writings the following are especially helpful and represent one of the best resources for comforting the grieving. See especially chapters "The Bereaved," "Fortitudes in Affliction," and "Assurance to Those Facing Death," in Ellen G. White, Selected Messages, book 2 (Washington, DC: Review & Herald Publishing Assoc., 1986).

2Ellen G. White, MS 46, 1886, Ellen G. White Research Center, Andrews University, Berrien Springs, Michigan, 4.
could lean on my Savior. I was not left alone for Christ is the father to the widow."¹

With regard to weeping in the context of grief, this is what Ellen has to say:

It is not right to say to the bereaved ones, 'Do not weep, it’s not right to weep'. Such words have little consolation in them. There is no sin in weeping. Although the one who passes away has been for years a sufferer because of weakness and pain, yet that does not wipe away the tears from our eyes.²

For others Ellen White saw that there was "no sin in weeping" but for herself she did have difficulty with "tears." When her husband died she said, "I have no tears to shed over his grave. But how I miss him! How I long for his words of counsel and wisdom."³ When Ellen's brother-in-law, John White,⁴ was expressing his sorrow, saying how Ellen looked too feeble in preparation for her husband’s funeral service, this was her response:

I shall give way to no outburst of grief if my heart breaks. I serve God, not impulsively, but intelligently. I have a Savior who will be to me a very present help in time of trouble. I am a Christian. I know in whom I have believed. He expects from me implicit unwavering submission. Undue grief is

¹Ibid., 259.


⁴John White, the brother of James White--a Methodist preacher.
displeasing to God. Jesus is my Savior. He lives. He will never leave nor forsake me.'

On another occasion when Ellen White was in a state of helplessness because of her illness in Australia, her comment was, "But I did not long indulge in the luxury of tears." Again Ellen expressed her anguish about her husband's death:

My husband's death was a heavy blow to me, more keenly felt because so sudden. As I saw the seal of death upon his countenance, my feelings were almost insupportable. I longed to cry out in anguish but I knew this could not save the life of my loved one and I felt it would be unchristian to give myself up to sorrow. I sought help and comfort from above and the promises of God were verified to me. The Lord's hand sustained me. It is a sin to indulge without restraint in mourning and lamentation.2

Ellen White had problems with "tears," and she admitted that fact with this confession:

The relief of tears was denied me. I could not weep readily as could my twin sister so though my heart was heavy and ached as if it were breaking, I could not shed a tear. I often felt that it would greatly relieve me to weep away my overcharged feelings.3


2White, Selected Messages, 2:267-268.

3James White, Life Sketches of James White and Ellen G. White (Battle Creek: Steam Press of the Seventh-day Adventist Publishing Association, 1888), 134. The context of this quotation provides an understanding or explanation as to why Ellen White's "tears" were denied her. In 1836 when Ellen was nine years old, she and her twin sister were returning home from school. It was then that an accident occurred, caused by one of her classmates who threw a stone and broke her nose and caused her much pain. In her own words she said she was "forced to learn the bitter lesson that one's personal appearance makes a difference in the
This confession of Ellen White allows me to understand why she did not express her grief through tears. This confession also allows me to remember my own pain when my mother died. I was only ten and a half years old when I was told I had to be strong. I was not supposed to cry. My tears were suppressed. It was not until thirty-four years later that I did my grief work and shed my tears. What a relief it was.

Though Ellen White was unable to do much crying in the context of grief, yet in other settings her fountain of tears flowed freely. For example she said,

While talking faith and presenting Jesus as our Strong helper, my heart was broken, the tears flowed freely. I seldom weep but the melting love of Christ melted my heart and opened the fountain of tears.¹

Jesus is indeed the great comforter and healer. To those who are burdened with grief and are ready to die from treatment they receive from the majority of their companions" (ibid., 133).

When Ellen's father returned from a trip, the following painful record reveals her grief. "He embraced my brother and sisters and then inquired for me (she had to be pointed out by her mother). My own father did not recognize me. This cut my feelings deeply, but I tried to appear cheerful though my heart seemed breaking" (ibid.). With the prevailing circumstances that existed Ellen said: "I did not wish to live and yet I feared to die, for I was unprepared" (ibid.). It was during this time that she desired to become a Christian. When she became a Christian Ellen was able to offer comfort and support and never discouraged others from crying, though she herself was not able to shed a tear. The following selected Scripture passages are shared by Ellen for the comfort of those who mourn: 1 Thess 4:13-18; Job 1:21; Rev 14:12,13; Rom 8:11; 2 Tim 1:12.

discouragement, Ellen White admonishes, "The Lord has special grace for the mourner. . . . His love opens a channel into the wounded and bruised soul and becomes a healing balm to those who sorrow."¹

Those who have had great sorrows in their lives can use the experience to benefit others. "Those who have borne the greatest sorrows are frequently the ones who carry the greatest comfort to others."²

Ellen White assures grievers that although their experience of grief is most painful, yet from their own experience of pain they can learn lessons that will benefit others in their pain. Thus by sympathizing with others, mutual healing can be the result.

**Grief as Defined by Some Contemporary Resource People**

Karen Martin and Saundra Elder define grief as the emotional, physical, intellectual, behavioral, and spiritual process of adjusting to the loss of someone or something of personal value.³

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²White, *Selected Messages*, 2:274.

The journey of grief is complex and complicated. Constant adjustments are required in every facet of the griever’s life. Dr. Alan D. Wolfelt defines grief as an emotional suffering caused by death or another form of bereavement. Grief involves a sequence of thoughts and feelings that follow loss and accompany mourning. Grief is a process and as a result, is not a specific emotion like fear or sadness, but indeed is a constellation of a variety of thoughts, feelings, and behaviors. Grief is the internal meaning given to the external event.¹

The range of emotional suffering caused by grief is unpredictable and can even be uncontrollable. According to Dr. Gary R. Collins, a Christian counsellor, these emotions can exhibit themselves in many unpredictable combinations of expressions. To Collins, the normal range of grief usually involves intense sorrow, pain, anger, depression, physical symptoms, and changes in interpersonal relationships. Often there is denial, fantasy, restlessness, disorganization, inefficiency, inability, a desire to talk considerably about the deceased, an unconscious adoption of the lost person’s mannerisms and a feeling that life no longer has meaning.²

No matter how one chooses to look at grief, it is hard work. Whether you lose someone or something of value, you are going to experience the pain of loss. The process is personal and varies from individual to individual. No one can tell a griever how he or she is feeling on the inside. The feelings can include anger,

guilt, despair, fear, loneliness, hope, and acceptance. Fortunately or unfortunately, there is no predictable sequence for feelings evoked by grief. If there were a predictable sequence for one's response, then those who did not experience that sequence would have an even greater struggle in their grief journey. Grievers have the freedom to grieve in their own space and time.

Doug Manning's suggestion is a good one:

Grief is the natural response to any loss, grief is not an enemy, it is a friend. It is a process that is trying to get you back to a well state. Physically and emotionally flow with it--don't fight it.¹

Herman Feifel's perspective is also helpful:

Grief is not a sign of weakness or self-indulgence, rather, it mirrors a necessary and deep human need that most of us have in reacting to the loss of a significant person in our lives, and it recognizes no age boundaries.²

**Support Groups**

Our contemporary society has changed and is continuing to change. These changes are impacting the way people grieve. At one time the family and the church were stable, integrated parts of the community. When someone in the family died, the church played a vital role in the funeral preparations. The support of the extended family was always


there along with the rest of the community. When my mother died, I was only ten and a half, yet I can remember the buzzing of activity with the funeral preparations. Some were cooking, some were building the coffin, some were designing the grave site, still others were preparing the body for burial. There was a networking spirit within the community. Today the sad reality is that a next-door neighbor could be dead and no one in the neighborhood would know for days.

Funerals that were once co-directed by church and community have been taken over by the funeral industry. Cemeteries once maintained by the church are now owned by private enterprises.

Even more disturbing was the recent revelation to me by a funeral director with whom I was driving in a funeral procession. He told me of the latest development within the funeral industry. The "Simple Alternative" is one of the latest ways of burying or cremating the deceased. With this method, the bereaved simply makes a telephone call to the funeral home and gives the necessary instructions for them to go to the hospital or wherever the body is located. After acquiring the physical remains of the deceased, the body is placed in a cardboard box costing $85 plus a $470 service charge by the funeral home. The body is then taken to the crematorium for immediate cremation. Thus there is no funeral service which would traditionally include the
viewing of the body, a practice which allows family and friends to pay their last respects and to say their final goodbyes. Further, the actual funeral services that provided acknowledgement of the life that once was, and gave closure, are absent. What a cold way to exit from this life. My question is, What impact will such burial procedures have on the processing of grief?

According to W. Stroebe and M. S. Stroebe in their 1987 research, as quoted by Catherine Sanders, three basic areas in which others can perform important functions for the bereaved were found:

1. Instrumental support: Tasks associated with the funeral, advice on financial matters, or help with household or other personal tasks are probably the first type of support needed.

2. Emotional support: This basically involves encouraging grief work, particularly as an empathetic listener who will not lose patience and disappear. The bereaved often need help in accepting the reality of the death. Being able to repeat their accounts of the deaths over and over will help to crystallize the reality.

3. Validational support: Being able to normalize grief can alleviate the fears many bereaved have that they are "going crazy." They need to know that the bereavement

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1W. Stroebe and M. S. Stroebe, quoted in Sanders, 219.
process is longer than expected and that the symptoms and experiences in grief are to be expected.

Dr. Ellen S. Zinner, who is the co-director of the Center for Loss and Grief Therapy, also serves as a consultant for the Hospice Caring Incorporated and is the facilitator for a monthly hospice volunteer support group. Dr. Zinner is very emphatic and insistent in her concern that the funeral ceremony and other formal leave-taking ceremonies be maintained. Her observation is:

The funeral ceremony is woefully undervalued as a cultural (and universal) rite that offers to the next of kin the evidence of loss, along with community and religious support which with to deal with it. The worth of the formal leave-taking ceremony is also very important for the survivor group. Members of the group (or family) need to be allowed to participate in traditional or creative leave-taking ceremonies in order to have the opportunity to pay their respects and to share in the benefits of the ceremony.1

Problems tend to keep people together especially when these people have experienced similar problems. It is out of this environment that support groups develop. Fred Sklar and Kathleen D. Huneke provide a broad outline of the program when they say: "A support group typically is

composed of persons who have experienced or are experiencing the same or similar problems."

This concept of "support" through groups has been used effectively by various people who had similar problems. Examples of such groups include people suffering from alcohol abuse, cancer, and drug addiction. In this project the particular interest is grief support for those who have experienced bereavement.

The research of grief literature shows that support groups serve a positive function of assisting grievers in their journey. Ronald T. Knapp, in his book "Beyond Endurance," points out the responses of those who have benefitted from the help that support groups offer:

Don't know what I would have done without them. . . . I was in the pits of depression for weeks. . . . Thought seriously of suicide. . . . They literally saved my life, you can only pretend for so long. . . . You act if can you can deal with it when you really can't. . . . They were there when I really needed them. . . . They made me face the reality of it. It's a wonderful experience to be around those you know can truly understand how you feel because they feel the same. It seems as though no one could really understand what was happening to me until I became involved with the group. . . . They know because they've been through it."

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Since the early 1980s support groups or self-help
groups have vastly increased according to Morton Lieberman,
a grief specialist.¹

Lieberman has done some research on the theory behind
the self-help group and the contributing factors for its
success. This is what he found:

Foremost is the capacity to generate a sense of
belongingness, a shared sense of similar sufferers that
creates high levels of cohesiveness. It provides the
motivation to remain in and work with the groups. . . .
These group conditions provide for the individual a
sense of support, acceptance and normalization of their
perceived afflictions.*

Sandi Caplan and Gordon Lang in their recent book,
Grief the Courageous Journey, gently take the hand of
grievers and assure them that "support groups bring
together people who share a common experience or problem and
provide a safe place where members can talk about their
loss, share their story and express their grief."

In such a supportive setting, grievers are able to form
a network system with other grievers to comfort and build
new relationships. In our society there is the myth that
'support groups are for weaklings'. This myth has come

¹Morton A. Leiberman, "Bereavement Self-Help Groups: A
Review of Conceptual and Methodical Issues," in Handbook of
Bereavement, ed. Margaret S. Stroebe, Wolfgang Stroebe and
Robert O. Hansson (London: Cambridge University Press,
1993), 411.

²Ibid., 417.

³Sandi Caplan and Gordon Lang, Grief: The Courageous
about because 'support groups' are relatively new. Some people therefore have the misguided impression that the group serves as a means of prolonging grief and self-pity.

Erin Linn\(^1\) perceptively points out that the family unit has suffered due to an ever-increasing transient society. Therefore self-help or support groups are now necessary for grieving people to reach out for needed support that normally was provided by close family units in years past.

Krapp further adds this caution and his own insight as to their success:

Self-help groups should not be thought of as cure-alls for what ails you. They are not designed as 'therapy' groups for the purpose of getting at the root cause of problems. However, their informality and warmth seem to compensate for their lack of a 'professional' attitude towards the 'clinical' aspects of the problem. By doing whatever they can do for others in a warm friendly sort of way, individuals derive great personal benefit from the experience. This is what makes the groups work. The mutual sharing of insights and information which reduces isolation and builds an espirit de corps among the members.\(^2\)

There was a time when grief was the concern of churches. In 1967, for instance, Stanley Cornils wrote at a time when the church was more involved with death and grief: "Our religion gives us the power and strength to meet grief head-on, to pass through it, to rise above it, and to be


\(^2\)Krapp, 230.
strengthened by it." Today, the sad truth is that churches are doing very little, if anything, for the bereaved.

A recent survey of ministers in the Northern California Conference of the United Church of Christ documents the absence of church-sponsored bereavement support groups. The survey findings revealed that the churches in their sample were familiar with death but appear to become strangers to the survivors of these deaths. Increasingly grievers are looking elsewhere for aid and comfort when death is involved. Many grievers look to secular support groups for help. This trend sends a serious message: "These groups clearly represent a major trend in patient and survivor care. Their existence also implies that religious bodies may be out of step with contemporary bereavement needs."

Support groups have become voluntary, secular organizations built on the basis of "small group structures for mutual aid and the accomplishment of a special purpose." In the world of bereavement, Colin Parkes observes that "the person best qualified to understand and help with the problems of a bereaved person is another

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1Stanley P. Cornils, Managing Grief Wisely (Grand Rapids, MI: Baker Book House, 1967), 44.

2Sklar and Huneke, 91.

3Ibid., 89.

bereaved person. The interaction that takes place between individuals who have experienced similar losses has proven beneficial to the healing process.

Spiegel and Yalom indicate that self-help groups have the additional advantages of (1) providing concrete guidance for an indefinite period of time; (2) recruiting their members from those who share a specific and often stigmatized attribute (e.g., specific loss); (3) encouraging public confession of the stigma through specific or ritualized discussion (e.g., discussing the deceased), often an important criterion for membership; and (4) being in a position to effect real changes in the outside lives of its members, with many moving in the direction of public and political involvement and thereby enhancing their self-esteem and assertiveness.

In visiting many self-help groups, I have observed that the interaction between group members was based on experiential knowledge and not professional knowledge. One group in particular, "The Scarborough Support Group for the Widowed," was directed by a lay couple who had no professional training.

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1Parkes, 5.

In Canada and the United States, self-help or mutual support groups have become widespread. The effectiveness of these groups is reflected in their areas of specialization. Individuals with unique losses are able to seek out self-help group members who are experiencing similar losses.

The timing for grief work needs careful processing, and therefore when a support group is available, then a griever can schedule his or her own timetable for doing grief work.

During the first weeks or months of bereavement, it may not be advisable for griever to join support groups. In the one support group that I developed, one widowed young lady was able to attend only one session, because she was not yet ready to process her loss. She was still in a state of denial and numbness.

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1For some people mourning never ends. Bowlby quotes one woman who said, "Mourning never ends, only as time goes on, it erupts less frequently" (Bowlby, 101). The Grief Experience Inventory (GEI) developed by Saunders, Manger, and Strong indicates that grief in mothers is more intense after two years than it was at the beginning (C. M. Saunders, P. A. Manger, and P. N. Strong, "The Grief Experience Inventory," 1979, quoted in William C. Fish, "Differences of Grief Intensity in Bereaved Parents," Parental Loss of a Child, ed. Therese A. Rando [Champaign, IL: Research Press Company, 1986], 417, 418. J. William Worden suggests that he would be suspicious of any full resolution (of grief) that takes under a year and for many two years is not too long (Worden, 16). The Grief Education Institute program suggests that not every bereaved person can optimally use the kind of help provided by the support group. Experience has shown that persons can best use the group a few months after the death; that is, they have moved through the shock, numbing stage and are in either the protest or disorganization stages. The stages-of-grief discussion comes later (Spangler, 35).
Although there are many approaches to deal with the problems of the bereaved, a number of organizations are finding the group-support approach to be most effective.

Colin Murray Parkes, one of the respected authorities in the field of bereavement counselling, writes about the "Cruse" organization in the United Kingdom. This is an organization for widowed people and their families. Its primary aim is to provide individual and group counselling as well as social support to all bereaved people who seek help. "Cruse" also provides training in bereavement counselling for members of the caring professions and its own volunteer counsellors. As follow-up, the Cruse organization publishes two journals: "The Cruse Chronicle" for bereaved people, and "Bereavement Care" for all who care for the bereaved.

A support group called "Compassionate Friends" is for bereaved parents who have to face the challenge of coping, following the death of their children. These parents find that participation in "Compassionate Friends" provides the opportunity to shift coping styles from preoccupation with the deceased children to reinvestment in other interests. Catherine M. Sanders, in her book Grief: The Mourning After, offers this caution against using reinvestment as a replacement for the lost children. Sanders said:

Mutual support groups can act as a monitor for the bereaved in providing a reality check against premature attempts to form replacements without reaching the healing and renewal phases of bereavements.¹

Whatever loss individuals experience, it is comforting to know that a support group is available to help them get through the loss experience. One support organization called Widow-to-Widow groups was developed by Dr. Phyllis R. Silverman. This was one of the earliest groups established through Harvard Medical School. This is a type of support group for widows in which volunteers are trained and supported by professionals. The project was carried out from Harvard from 1967 to 1973. In the first two and a half years, the program reached out to 430 widows.² When they celebrated their tenth anniversary, they had over 1000 members.³ The philosophy of these widows who are helping each other through their pain of grief is: "If I can ease one person's pain by sharing mine, then mine will not have been in vain. In helping others, I help myself."⁴

Another support group is THEOS (They Help Each Other Spiritually). This was started by Bea Decker in Pittsburg and has now become a national organization like

¹Sanders, 220.
³Ibid., 208.
⁴Ibid., 211.
Widow-to-Widow. Her struggle "just to exist"\(^1\) is what challenged Bea Decker to start THEOS. Decker further said:

The real friend who comes again and again, simply reassuring the griever that he is available when he needs encouragement, a note of cheer and repeated assurance that the victim is loved and needed can make the difference between a disastrous despair or a courageous comeback into the stream of life.\(^2\)

Support groups like Widow-to-Widow, THEOS, and others give grievers a second chance to get on with life.

In 1983 a year after his wife died, James Gillmore attended a THEOS support group. After twelve years, Gillmore is still with the group, and has become the Regional Coordinator for the THEOS Foundation, and is supervising THEOS chapters in four states. Over the years he has learned some valuable lessons. His insights are helpful in revealing how beneficial support groups can be to the bereaved.

* After a spouse dies, most of us are lost and fail to understand what is happening to us. I was not prepared for the emotional or psychological effects of widowhood.

* To understand our grief is in no way a small task. It requires understanding of how we grieve, how we react to change and how physical and emotional functioning may become erratic. And, it requires this understanding at a time when usual perceptions, reasoning abilities and ways of interpreting reality are distorted.

\(^1\)Beatrice Becker, *After the Flowers Have Gone* (Grand Rapids, MI: Zondervan, 1973), 65.

\(^2\)Ibid., 65-66.
* Grief is a journey from where you were before loss to where you will be as you struggle to adapt to the changes in your life.

* Each individual experiences loss in intensely personal ways. One of the most painful consequences of death is severed personal relationships. We have to learn to accept death as a reality, find a purpose to go on living and create a new life for ourselves—and these things take time.

* Our society quite often looks on grief as a weakness—nothing but self pity. They fail to realize that the death of a spouse is utter terror to us, and that we have lost someone who was our whole life, our purpose for living. Half of ourselves died with them.

* In order for so many of us to even begin to rebuild our lives, we need help, and often the professional people we turn to are of very little or no help.

* In my case, it was not until I attended a widows and widowers support group that things began to turn around. In this group, I found people like myself who are bereaved; and because they are like me, they understand my pain.

  I believe God is working through groups like these—people helping people, people who understand and care, people who will reach out to someone in need. God does work through people to help people. He helped me. Their purpose is to help others to accept death, cope with immediate grief, adjust to changed circumstances, set new goals and act on renewal of personal identity to create new lifestyles.

  Today, I still hurt but not like I hurt then. The support group helped me understand the stages of grief. They allowed me either to express my innermost feelings or to be silent while I listened to others. They helped me reestablish my personal identity as a bereaved person. Certainly, I am thankful.¹

Support groups like "THEOS" and "Compassionate Friends" are meeting a felt-need in assisting grievers in providing meaningful support to grievers. A very positive sign is to

see churches forming support groups for people with unique needs. For example, the "Whittier Area Baptist Fellowship" in Whitter, California, has many support groups for victims of sexual abuse, people with cancer, those who are bereaved, etc. The Whittier Baptist Church has found its support ministries to be very fulfilling and offers the following benefits:

1. People begin their Christian life knowing God's family could help in the most difficult of life's struggles.
2. People often will come to support groups who will not accept care extended in any other way. Because care is offered by people who share the particular struggle, people see support groups as safe places to receive care.
3. Support groups are usually outreach oriented. As their existence becomes known in the community, support groups provide easy access to care for the unchurched, who are introduced to Christian fellowship at the point of felt need.

The ultimate impact of all these grief challenges is that there is an urgent need for support groups to be in place to assist grievers on their painful journey.

In providing support for the bereaved, it is important to know that there are various levels of support that are needed by the bereaved. Each griever's support need is unique, and therefore support groups need to be flexible enough to relate to and to accommodate those various complex needs as they develop.

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CHAPTER III

THE THEOLOGICAL PERSPECTIVE OF GRIEF

"Why do I have to suffer the loss of my son, why did God make this happen to him?" This is the question the distraught mother of a murdered nineteen-year-old son asked me. Unavoidably, the question of suffering confronts the griever.

Loss in our world is inevitable; however, how we respond to it becomes optional. Some, though painfully, have chosen to accept the reality of the loss and to resume their lives by making the necessary adjustment. On the question of God's intervention in the arena of human suffering, Dr. Richard Rice, professor of theology at Loma Linda University, provides a theological alternative to the traditional view of God's omniscience. He suggests that "God maintains ultimate sovereignty over history, but he does not exercise absolute control." Ultimately, God does control the final outcome of history.

The question of suffering and grief has become synonymous with the questions of life on this earth. In the

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1Richard Rice, God's Foreknowledge and Man's Free Will (Minneapolis, MN: Bethany House Publishers, 1985), 76.
Bible, the subject of grief occupies a prominent place. For instance, throughout the Old and New Testaments, there are 122 verses that deal with grief. According to H. Haarbeck, there are several verbs in the Greek language that are used to express the range of grief emotions. The following four words represent a sampling of that range:

1. **Klaio**: Weep; cry out; expresses one's immediate and outward reaction to suffering.

2. **Kopto**: Stresses the aspect of public grief, which can manifest itself in various customs such as beating the breast and loud wailing. This type of mourning was originally carried out on behalf of the dead, then later became increasingly a general expression of grief at death.

3. **Lvpeo**: Denotes physical pain, sorrow, sadness. This verb covers the widest range, from physical pain to inward grief. Generally it means, in the active voice, to give pain, and in the passive voice, to be grieved.¹

¹H. Haarbeck, "Klaio, Kopto, Lvpeo," NIDNTT (1986), 2:416-422. Haarbeck shares the following examples to assist in the understanding of how the words are used:

"Klaio" expresses profound grief (1 Sam 1:7; Lam 1:16) or deep sorrow in mourning for the dead (Gen 50:1). The word may also express supreme joy, as at the meeting of Jacob and Joseph (Gen 46:29) or express violent emotion such as at parting (Acts 21:13) and when facing dying and death (Mark 5:38; Luke 7:13,32; John 11:31,33; Acts 9:39).

"Kopto": Abraham's mourning for Sarah (e.g., Gen 23:2); David's mourning for Abner (2 Sam 3:31-34); the story of Jairus's daughter (Matt 9:23). Luke 8:52 NKJV "Now all wept and mourned for her, but he said, 'Do not weep; she is not dead, but sleeping.'"

"Lvpeo": the sorrow and pain caused as a result of the fall of man (Gen 3:16-19); the fear and dread that Jesus experienced before his death (Matt 26:37-38). Revelation
4. **Pentheo**: T. McComiskey describes this verb as meaning to lament or mourn. Frequently this verb is used with the connotation of mourning for someone. The noun "penthos" is used in secular Greek in the perception of "mourning or sorrow."¹

The biblical context of grief suggests that there is a close relationship between grieving and mourning. It is interesting to note that during their period of mourning, the Greeks and the Romans wore "black clothes" not only as a sign of death, but also as "symbols of mourners who would soil their clothes by rolling on the ground and pouring dirt upon themselves."² For others, the "shorn head was a symbol of the way grieving people would sometimes pull out their hair in clumps as an expression of anguish."³

Like the Greeks and the Romans, the early Christians saw the need to appropriate some symbol of grief, and they took upon themselves visible symbols of their anguish. They focuses on a new heaven and a new earth from which pain and sorrow will be banished (Rev 21:4).

¹T. McComiskey, "Pentheo," *NIDNTT* (1986), 2:421-423. McComiskey gives these examples of the word "Pentheo": Ephraim mourning over the death of his sons (1 Chr 7:22). In Matt 9:15 the verb is used to describe the sorrow over the absence of a loved one.


³Ibid.
continued the practice of wearing mourning clothes, but wore "white" instead of "black."¹

Although efforts were made to abolish the practice of wearing mourning clothes, by the middle of the fourteenth century, black again became the recognized symbol of mourning: "Mourners would wear a black garment over their clothes, and women (particularly widows) would often wear special head coverings to signify their bereaved status."²

Today, in the absence of some universal sign of grief, there is urgent need for grievers to be exposed to caregivers who are sensitive to their unique needs in the grief journey. Dr. Glen W. Davidson makes a significant observation when he says:

The idea of mourning is extremely old and has been preserved in two of humanity's most ancient languages. The root meaning in Sanskrit is 'to remember' and in Greek is 'to care'. Mourning is an emotion that results from the universal experience of loss, . . . to grieve (to be burdened by sorrow) and to be bereaved (to be robbed of someone or something precious) are part of--but only part of--the mourning process.³

In the Hebrew culture, there are many words with similar meanings for grief. One of the main words is "Sapad" which means "to mourn, lament, or wail."⁴ This

¹Ibid.
²Ibid., 14.
particular word appears twenty-nine times in the Old Testament, and to a large extent deals primarily with the mourning rites acknowledging a person’s death. A case in point is when Jacob died, Joseph and his brothers observed a period of mourning for their father. Of this event the Bible records:

Then they came to the threshing flood of Atad, which is beyond Jordan, and there they mourned with a great and very solemn lamentation. He observed seven days of mourning for his father (Gen 50:10 NKJV).

It is at times like these, that all those who have experienced "the loss of the departed ones would come to share their grief with members of the family."¹ Throughout Bible times "the most common occasion for mourning is the death of a closely related person."²

In the Old Testament, David grieved over the loss of his infant son and of the death of one of his older sons, Absalom, who was killed in battle (2 Sam 12:15-18). In addition, Jeremiah lamented the death of King Josiah (Jer 16:6-8). In the Psalms, David tells of God’s presence and of the comfort which He bestows upon us as we walk through the valley of the shadow of death (Ps 23:4).

Of all the examples of those who grieved in Old Testament times, there are none comparable to Job. His experience represents the epitome of suffering. He is one

¹Frogge, 13.
²Ibid.
of the paradoxes of the Old Testament. It is difficult for the average person to perceive how a person "blameless and upright" (Job 1:1), who is the "ideal example of patience and righteousness" (Job 1:13-21), could suffer the way he did. R. A. Beltz, a clergyman, identifies Job's suffering experience as going through seven great tests:

1. Prosperity
2. Property loss
3. Bereavement
4. Physical affliction
5. Domestic trouble
6. Falsely accused by friends
7. Seemingly forsaken of God.¹

Job was a family man with seven sons and three daughters. His assets included seven thousand sheep, three thousand camels, five hundred yoke of oxen, five hundred she-asses, and a very large household. He was the greatest of all the people of the East (Job 1:2).

Then Job suddenly lost everything. He went from a millionaire to a pauper. Losing one's material assets the way Job did is a probable cause for grieving. However, for Job to bury ten coffins with the physical remains of his seven sons and three daughters is a grief experience of the highest magnitude.

¹R. A. Beltz, Job: A Patient Sufferer (Des Moines, IA: Boone Publishing Co., 1944), 12.
From a human perspective, there was no reason why such an upright man like Job should have had to suffer the seven great calamities. After this historical catalog of suffering, the biblical record says:

Then Job arose and tore his robe and shaved his head and fell to the ground and worshipped. . . . Naked I came from my mother's womb, and naked shall I return there. The Lord gave, and the Lord has taken away: blessed be the name of the Lord (Job 1:21-22).

Job did not understand why tragedy had come, yet he still maintained confidence in God. Job's friends reasoned that it was because of his sins that Job was punished. However, Job's perspicacity refutes the argument that one suffers because of his/her sins.

Although there are no easy answers to the question, "Why do the righteous suffer?" one answer is:

Satan is the author of suffering, as he is of the theory that makes suffering out to be divine punishment for sin. Suffering is the result of an evil genius at work in the universe, and not necessarily of particular acts of wrongdoing on the sufferer's part. God's role in human suffering is permissive.¹

In this world of anguish, grief, and misery, the painful fact is that the righteous ones like Job suffer along with the wicked.

Job's friends did not support him, yet he prayed for them. The comforting news is: "The Lord restored Job's losses when he prayed for his friends. Indeed the Lord gave Job twice as much as he had before" (Job 42:10 NKJV).

¹SDA Bible Dictionary (1960), s.v. "Job."
Grieving became a way of life. It did not matter whether one was king or peasant, saint or sinner. However, from the mourning practices of ancient Israel, modern grievers can learn the nature of the support rituals that were in place to help throughout the grieving process.

**The Jewish Way of Mourning**

As a nation, the Jews have a unique way of mourning. From the rituals, customs, and ceremonies can be seen elements of support to assist their bereaved in grief work. Dr. Emmanuel Feldman, who did extensive studies in the Talmudic and Midrashic texts, provides comprehensive insights into the mourning practices of the times. The mourning period is divided into five major categories:

1. The period between death and burial
2. The first day of post-burial mourning
3. The first seven days of mourning
4. The first thirty days of mourning
5. The first year of mourning.

**The Period Between Death and Burial**

"The mourner is not subject to the laws of mourning until after the burial. On the day on which death occurs, but prior to the actual burial, he is known as an onen."¹

During this initial period, when grief is at its deepest and most intense, the "onen" laments according to the root of "onen" found in Num 11:1 or "to grieve, mourn" as Baruch A. Levine puts it.  

"An onen is one who has lost a close relative for whom he is required to mourn." Of the onen experience, Feldman says:

The onen, experiencing as he does, the immediate moment of death, represents the concept of mourning in microcosm: he has felt the pangs of death in their sharpest and most acute form. At this moment death is a most real and tangible fact for him. And it is precisely while he is an onen and is existentially experiencing death at first hand that the habakhah exempts him from performing the precepts—as if to say, when death enters, man's relationship with God is temporarily suspended.

It is at this point that the mourner begins a process of gradual return. This change is even more evident at the funeral. The emphasis changes from honoring of the dead to comforting the survivors. To act out this transition, those present form parallel lines, facing one another. The grievers somberly pass through as they come away from the sight of their bereavement, while the following words of

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2Maurice Lamm, *The Jewish Way in Death and Mourning* (New York: Jonathan David Publishers, 1969), 22. Lamm further points out those who are obligated to mourn and to be mourned for are: (1) father, (2) mother, (3) brother, (4) sister, (5) son, (6) daughter, (7) spouse.

3Feldman, 82.
comfort are recited: "May the Lord comfort you among the other mourners of Zion and Jerusalem."\(^1\)

The First Day of Post-Burial Mourning

In Jewish practice, during the first day of mourning, the mourner is forbidden to eat his/her own food. Others prepared what was called a mourner's meal.\(^2\) Feldman said: "This meal is not eaten at the grave, but upon returning to one's dwelling."\(^3\) The apparent reason for the mourning meal was to comfort the mourners and to help ease their sorrow. However, if the mourner prefers, one could fast and relieve mourners of their meal-preparation responsibility. An example of this was when David and his men fasted until nightfall when they heard of the death of Saul and Jonathan (2 Sam 1:12).

The initial three days after the death of mourning is quite intense. Maurice Lamm says:

During this time, the mourner does not even respond to greeting, and remains in his home (except under certain

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\(^1\)Lamm, 67.

\(^2\)This meal is also called "meal of condolence." It should include bread or rolls—the staff of life, hard-boiled eggs, symbolic of the cyclical or continuous nature of life, plus other foods. This is the first full meal that the mourners eat upon returning from the interment. Traditionally, this meal is provided by the neighbors and if a neighbor caused his bereaved to eat of his own prepared meal, a curse was pronounced upon them for displaying such callousness and indifference to the plight of the bereaved. Lamm, 79.

\(^3\)Feldman, 83.
special circumstances). It is a time when even visiting the mourner is usually somewhat discouraged, for it is too early to comfort the mourners when the wound is so fresh.

The First Week of Post-Burial Mourning

The initial period of seven days following the death and burial is called the "Shiva." During this time, despair is most intense. Lamm describes this period as the time "when the mourner emerges from the stage of intense grief to a new state of mind, in which he is prepared to talk about his loss and to accept comfort from friends and neighbors."

During this period of "Shiva," there are rabbinic traditions that are imposed on the mourner. For example, in Columbus, Ohio, there is the account of how one Jewish family observes Shiva, the traditional week of mourning after the death of a relative. When Ben Golden, the father, has died, his sons have to cut their neck-ties to symbolize the tearing away of the dead from the living. They will not shave for a week or cut their hair for a month. Observing a custom handed down from the Middle Ages, they have to cover all of the mirrors in the house to avoid the normal vanity of life. Each day a minyan, or

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1Lamm. 79.

2During Shiva, the following practices are observed: (1) sitting on a low stool, (2) remaining in-doors, (3) wearing of non-leather shoes, (4) abstention from marital relations, (5) prohibition of work, (6) and prohibition of studying the Torah. Lamm, 146.

3Lamm, 78.
group of at least ten adult men, comes to the home to recite prayers. Friends bring food for the family, and candles remain lit throughout the week.¹

At the close of Shiva, what was the response of the grievers? This is the response given by the thirty-five-year-old son of Ben Golden, which shows some positive benefits of support:

It was unbelievable. There was so much support and devotion towards us. Alongside the traditions of mourning, they let you know that there really is a loss, not just a burial and a forgetting. It brought me closer to God, closer to my religion, and closer to my people.²

Although support is interwoven into the traditional practices, yet the end result is translated into caring support for the bereaved.

The First Month of Post-Burial Mourning

The secondary period of mourning continues until thirty days after death. The sources for this rabbinic law are: "The children of Israel wept for Moses in the plains of Moab for thirty days" (Deut 34:8) and "She shall spend a month's time lamenting her father and mother" (Deut 21:13). During this period only some of the seven-day restrictions continue. For example: The mourner may not shave or cut his hair. The requirement for hair to grow for thirty days is derived from the restrictions on the Nazarite, whose


²Ibid., 250.
requirement is expressly stated to be for thirty days. During this thirty-day period, the mourner may not press his clothes or attend any social gatherings or marry, and he may not sit in his usual place in the synagogue.¹

In Jewish background, this interval is called the 'Sheloshim' (i.e., thirty days following burial). During this season

the mourner is encouraged to leave the house, . . . and slowly rejoin society, always recognizing that enough time has not elapsed to assume full normal social relations. The rent clothing will customarily still be worn, for deceased parents, and hair-cutting for male mourners is still generally prohibited.²

For ancient Israel this process of gradual return includes not only a return to normal life as a member of a family and of the community, but "to a normal relationship with God, which has been severed by the presence of death."³

The First Year of Mourning

A twelve-month span formally concludes the full mourning term for those who are bereaved of their parents. For other relatives, the period allotted is thirty days. Ideally, most grievers would welcome the idea that between thirty days to a year their grief work would be completed. The sad fact is that there is no timetable for grief. Some people can do their grief work within a year; however, it is

¹Feldman, 87.
²Lamm, 79.
³Feldman, 83.
impossible to set a decisive date for grief work to be completed. Worden points out that "in the loss of a close relationship I would be suspicious of any full resolution that takes under a year and, for many, two years is not too long."  

During the year of mourning, only a few observations are practiced, e.g., the recital of Kaddish (a spiritually moving prayer in the Jewish liturgy), and the avoidance of joyous occasions.

From the biblical records, indications are that believers are not exempt from grief. In fact, it has been proven that to grieve is a normal, healthy action, because it provides an excellent opportunity to demonstrate the caring attributes of committed followers of Christ.

**New Testament Mourning**

The presence and influence of Jesus changed the whole concept of grief in New Testament times. Basically, there are two vital lessons that can be learned from New Testament theology.

**Lesson 1**

Lesson 1 is that it is all right to mourn but one must not mourn as though all hope is gone.

In Pauline theology, the admonition is very strong: "That ye sorrow or not, even as others which have no hope"

Worden, 16.
(1 Thess 4:13). The context of this admonition also provides the condition for not grieving hopelessly. "For if we believe Jesus died and rose again, we also must believe that those who died in Jesus will rise also and go up to live with him" (1 Thess 4:14). The Thessalonians had been grieving over fellow Thessalonians who had died since accepting the gospel. Their concern was what would happen to them at Christ's return and the resurrection. In 1 Thess 4:13-18, Paul addresses their concern:

He explains that there is no need for the living Christian to be sorrowful over his dead brother, for the hope of the resurrection removes the cause for sorrow. Paul is not frowning on natural grief. He is teaching the believers not to be immersed in hopeless human sorrow but to lift up their heads in expectation of reunion with their departed loved ones at the time of their Lord's return and resurrection.¹

R. C. H. Lenski points out that "they were grieving over these deaths like those who have no hope, they thought that these dead were lost."² Lenski further states:

These believers had come mostly from paganism and constantly looked for the Son of God from heaven and the deliverance from the wrath to come. They applied this deliverance only to the believer whom Christ would find alive at his coming. They failed to see that it is applicable to the dead believers also, hence their grieving was without hope for those that were already dead.³


³Ibid.
To pagans and believers alike, death is likened to a sleep. For many pagans, the body sleeps, but not the soul. However, for the believer, man does not have a soul, rather the complete man is a soul. "And the Lord formed man from the dust of the ground, and breathed into his nostrils the breath of life and man became a living soul" (Gen 2:7).

Note that God did not put a "soul" in man; rather, man became a living soul. When the believer sleeps, his/her whole being sleeps. For the Thessalonians, Paul's prayer was "I pray to God, that your whole spirit, soul and body be preserved blameless unto the coming of the Lord Jesus Christ" (1 Thess 5:23). The option is to "destroy both soul and body in hell" (Matt 10:28).

The believers therefore can comfort one another in the grieving process knowing that in the future the dead will be raised imperishable, and will be changed, . . . when the perishable has been clothed with the imperishable and that mortals with immortality, then the saying that is written will come true. Death has been swallowed up in victory (1 Cor 15:52-54).

Lesson 2

Lesson 2 is that Jesus both experienced grief and is the remedy for grief.

Jesus in His Sermon on the Mount assures those who mourn that they will be comforted (Matt 5:4). At the death of Lazarus, Jesus did two outstanding things that provided support and hope for grievers then and now:
1. "Jesus wept" (John 11:35). This was most noticeable at the death of Lazarus when Jesus openly showed signs of grief as He "wept." His act of weeping allows today's griever to understand that Jesus not only can relate to mourning, but also identifies with the grieving process.

2. Jesus performed a miracle by raising Lazarus from the dead. Regarding its significance, Ellen White says:

The miracle which Christ was about to perform, in raising Lazarus from the dead, would represent the resurrection of all the righteous dead. By His word and His works He declared Himself the author of the resurrection. He who Himself was soon to die upon the cross stood with the keys of death, a conqueror of the grave, and asserted His right and power to give eternal life.¹

One of the purposes for which Jesus came to the world is: "I have come that they may have life, and that they may have it more abundantly" (John 10:10).

This life that Jesus gives is eternal life which is free from grief and suffering. The price He paid so that we could have eternal life was enormous. He became the Good Shepherd who gave up His life for His sheep (John 10:14,15).

Christ's death on the cross for the sins of the world and His victorious resurrection affirm eternal life to all committed Christians. To Christian grievers, the happy news of Christ's resurrection is the symbol of their greatest hope. For grievers Paul gives comfort when he says: "I do not want you to be ignorant brethren concerning those who

have fallen asleep, lest you sorrow as others who have no hope" (1 Thess 4:13 NKJV).

The basis of the griever's hope is found in Christ Himself. Paul exclaims:

For the Lord Himself will descend from heaven with a shout, with the voice of an archangel, and with the trumpet of God. And the dead in Christ shall rise first. Then we who are alive and remain shall be caught up together with them in the clouds to meet the Lord in the air. And thus we shall always be with the Lord" (1 Thess 4:16-17 NKJV).

White calls this whole experience a pledge from Jesus with far-reaching consequences.

There is a pledge from Him who is the resurrection and the life, that those who sleep in Jesus will Christ bring with Him from the grave. The trump will sound and the dead will awaken to life to die no more. The eternal morning has come to them, for there will be no night in the city of God.'

In the holy city of God, the New Jerusalem, John says:

God himself shall be with them, and be their God. And God shall wipe away all tears from their eyes; and there shall be no more death, neither sorrow, nor crying (Rev 21:3-4).

Jacques Doukhan, in writing about the problem with pain, points out that

the new city is not the result of people's progress. Instead, it is created by God. So that suffering and death will be no more, humans and the universe must go through the miracle of creation. The only solution to suffering is the hope of that new city created by God.'

'White, Selected Messages, 2:250.

CHAPTER IV

DESIGNING THE GRIEF SUPPORT GROUP

For five years I have been preparing the Toronto East SDA Church to form a grief support group. The preparation has been done gradually. As a part of the church's conditioning process and my own preparation, I made it a practice to inform the church family of my one night per month volunteer chaplaincy experience of working with the bereaved at the Centenary Health Center. Further preparation was initiated through sermons, prayer meeting discussions, and one-to-one interaction with known grievers.

Six weeks before the start of the support group, a questionnaire was given to the church family. The purpose of the questionnaire¹ was to seek volunteers for various in-reach and out-reach ministries. One of the questions asked if the grievers would be willing to form a support group. The response was tremendous. Twenty-four individuals indicated their commitment to form the support group. The

¹This questionnaire form was given to the Toronto East SDA Church. It was a follow-up exercise for in-reach and out-reach ministries. Grief became part of both the church's inreach and outreach ministries. See Appendix 1 for sample form.
above methods were the primary methods used for securing group members.

After interviewing these individuals and outlining to them the objectives of the group, nine individuals were selected to form a group. These nine grievers were then given the Intake Questionnaire along with an application form. This initial group consisted of grieving individuals whose losses included children, spouse, parents, and siblings.

The Intake Questionnaire and Application Form were based on the following resources:

1. Research of current available literature on the subject of grief

2. My twenty-four years of pastoral ministry in dealing with the bereaved

3. My five years of volunteer chaplaincy experience at the Centenary Health Center, Scarborough, Ontario, Canada

4. The experience of taking a unit of Clinical Pastoral Education, which gave me indepth insights into the grieving process

'Sample copies of the Intake Questionnaire and Application Forms are found in Appendices 2 and 3.'
5. The consultation of my advisers, Drs. James North\textsuperscript{1} and Norman Miles\textsuperscript{2}

6. The approval of Dr. Roger Dudley, Director of the Institute of Church Ministry of Andrews University Theological Seminary.

The primary reason for the questionnaire and application form is to assist in the selection of suitable candidates to join the group. For example, those who have not completed their grief work will still be hurting intensely because of their grief. It would not be possible for these individuals to become caregivers to hurting grievers.

\textbf{Role of the Facilitators}

The key factor for the success or failure of a support group program rests primarily on the group facilitators. Dr. Ralph S. Leonard, who wrote the dissertation "A Support Group Ministry for Those in Grief," has identified the group facilitator as a "Moderator/Enabler."\textsuperscript{3} Ideally, according to Leonard, "that person must be one who is able to tolerate

\textsuperscript{1}Dr. James J. North, Jr., is Associate Professor of Pastoral Care and Counseling at Andrews University SDA Theological Seminary. He is also the chief adviser for my project.

\textsuperscript{2}Dr. Norman K. Miles is Professor of Urban Ministry at Andrews University SDA Theological Seminary.

\textsuperscript{3}Ralph S. Leonard, "A Support Group Ministry for Those in Grief" (D.Min. dissertation, University of Dubuque Theological Seminary, 1987), 97.
the expressions of pain and hurt being felt by those attending the sessions."\(^1\)

Traditionally, in any church-related community, the expectation is for the clergy to fill the role of facilitator to the grievers.

Loss and grief traditionally have been the domain of the pastor. He or she is called when death is feared or has occurred. The pastor is called when major illness 'takes away' the sense of security, stability, and/or confidence of a person and family. When loneliness, the loss of a sense of belonging, becomes overwhelming, the pastor is called by the person or those who know of the person's loneliness. Loss and grief seem to call for presence. The pastor represents the presence of the community of faith and of God.\(^2\)

In our contemporary society the emphasis is to train facilitators because not everyone, professionals or lay individuals, can be a good group facilitator. The Grief Education Institute\(^3\) has prepared a program of facilitator training in which the following qualities are accentuated: to be (1) a sturdy 'emotional crutch,' (2) an ever-available

\(^1\)Ibid., 97, 98.


\(^3\)Spangler, written in the preface to the 3d edition, 5, 6. "Since the inception of the Grief Education Institute in 1976, it has conducted more than 95 support groups for upwards of 800 persons. Speakers and leaders from G.E.I. have presented more than 550 education programs for over 8,000 persons. During this period the organization has provided a 'grief-line' (phone) which has been used by a minimum of 60 persons per month. There have been more than 20 editions of the grief newsletter issued. Nearly 350 persons have been helped through individual counseling. Indirect services to the bereaved include preparing more than 200 lay and professional persons to work with grievers through some 23 facilitator training groups" (ibid.).
consultant, (3) a challenger, (4) an evaluator, (5) able to
deal with persons' raw edges of feeling, (6) sensitive to
others' feelings and thoughts, (7) skilled in making oneself
available to others, (8) skills in group leadership, (9)
concerned for others, and (10) self-aware and to have
successfully resolved a fairly recent grief.'

Since the support group functions in the context of a
small group, it is essential for the facilitator to be
knowledgeable about the dynamics of small groups.

To assist facilitators with the dynamics of small
groups, Daniel L. Brunner of Fuller Theological Seminary
shares ten valuable points for facilitators:

1. Make the necessary arrangements to bring about the
group's first meeting and direct that meeting.

2. Pray for the individuals in the group and for the
group as a whole.

3. Be an example of care and service in the group.

4. Notice uninvolved, passive, or hurting members and
make an effort to minister to them.

5. Check up on members who miss a meeting for whatever
reason.

6. Make sure there is a leader present each week.

7. Make sure conflicts and problems are worked through
and resolved, not repressed.

8. Ibid., 49.
8. Make sure the contracting process is not slighted and that there is general agreement towards the contract.

9. Check out room arrangements, etc.

10. Make sure the group starts and ends on time.¹

Both my wife, Gloris, and I have been prepared to lead the grief support group by completion of a CPE unit, by our pastoral experience with grieving parishioners, our academic training, and our personal grief over our deceased mothers.

The Setting

1. Location

It was not difficult to decide the place for the grief support group. Since all the support group members, except one, are from the Toronto East SDA Church, the group decision was to have the sessions at the church. The pastor’s office became the venue because it is equipped with blackboard, and video equipment and is sufficiently large to comfortably house the group.

2. Seating Arrangement

The group sat in a circle so that we could access each other easily. This arrangement was also helpful when there was need to divide into smaller groups. Such activities as praying and sharing require meeting by twos. Being in a circle smoothly facilitates the process.

3. Length of Sessions
The agreed time was 1:00 to 3:00 P.M. on Sundays for six consecutive weeks. The six-week session started on the 7th of November 1993 and ended on the 12th of December.

Format of the Group Sessions

Goals
The goals of the grief support group are as follows:
1. To provide support to the bereaved
2. To provide education on grief for today's grievers so that they can be the caregivers and supporters of tomorrow
3. To assure grievers that the second coming of Christ is the ultimate solution to the grief experience.

For grievers, the support group can become a healing community. As Henri J. M. Nouwen puts it: "A Christian community is therefore a healing community not because wounds are cured and pains are alleviated, but because wounds and pains become openings or occasions for a new vision."

Ground Rules
The ground rules of a grief support group are:
1. What is said within the group session remains within the group.

2. Although members are encouraged to participate, they must not be pressured. The wishes of the griever must be respected.

3. All information shared is volunteered; no probing is allowed.

4. Griever are allowed time and space to voluntarily express their pain.

5. The meetings start on time and end on time.

6. Members should make every effort to be present for the six meetings.

7. One must voluntarily choose to become a member of the Toronto East Grief Support Group.

Presentation Format

The weekly group sessions followed this procedure:

1. Welcome

This period is used to informally prepare each member for a meaningful and healing experience of sharing the pain of one’s grief. It is a time for reconnection with the group and for relieving frustrations or anxieties brought to the session.

2. Remarks

The remarks served as a bridge between the previous meeting and the current one. The goals of the current session give focus to each of the scheduled meetings.
3. Brief devotional thought and prayer

This consists of the sharing of a Bible text relevant to the grieving process. As the facilitator of the group, my usual practice is to ask group members what the text meant to them in the light of their grieving situation.

Handouts distributed

4. Group members are given handouts which they keep in their folders given to them at the first meeting of the program. Because that the group members are being trained to become caregivers, at each meeting they are given relevant handouts for their resource files. These handouts are usually discussed for as long as the twenty minutes of allotted time.

5. Collective sharing on the topic of discussion for each particular evening

The centralized emphasis is on the assigned topic for that particular day. However, there is flexibility. At times individual members are so overwhelmed with grief that it becomes necessary to allow each person time and space to express him/herself fully.

6. Participation exercise

The intent of these practical exercises is to facilitate the expression or relief of pain. In essence, the support group becomes a healing community. The caregivers of the support group can be likened to the help that a minister can offer. In a significant sense the
support group acts as a minister. A minister is not a doctor whose primary task is to take away pain. The minister facilitates getting in touch with pain so that it can be shared and the emotions fully expressed. This is also called deepening the pain. When someone comes to the minister with his loneliness, he/she can only expect that the loneliness will be understood and felt. He/she no longer has to run away from it, but can accept it as an expression of his/her basic human condition. When a woman suffers the loss of her child, the minister is not called upon to comfort her by telling her that she still has two beautiful children at home. He is challenged to help her to realize that the death of her child reveals her own mortal condition.

7. Reflection

A time for reflection allows the grievers to evaluate their particular progress along their grief journey. As caregivers observe other caregivers in their reflective encounters, there is the challenge to listen with their heart and not with their heads, to listen to feelings and not to words. Listening skills are an integral component in the resolution of the pain of grief.

8. Closing remarks

This final section helps to bring closure to all the dynamics that took place during the grief group encounter. As each group member moves toward the close of the session,
the closing prayer gives a fitting closure as the members hold hands in affirming each other.

As the grief support group works together by uniting its resources, there is a strong message that keeps coming through, that is, grievers must be willing to talk, work, laugh, sing, and pray their way through grief together. Grief work is hard work, but with God's help grievers can get through the experience.

**Group Sessions Overview**

**Week 1**

The highlights of Week 1 were as follows:

1. The members were formally welcomed to the program.
2. The devotional, which was Isa 41:10 (NKJV): "Fear not, for I am with you; Be not dismayed, for I am your God. I will strengthen you, yes I will keep you, I will uphold you with my righteous right hand."

I then asked the group members what the text meant to them in light of their grieving situations. To this specific text some of the responses were as follows: (1) "God is there for me in my painful moments of grief," (2) "No matter how I feel, God has promised to be with me and to see me through this difficult journey."¹

¹Responses of grief support members to devotional text. Another example that was meaningful was Ps 30, with the following 4 exercises: (1) Reflect and share recovery insights. (2) Identify as many recovery words as you can in the above Psalm. (3) What does "weeping may endure for a night, but joy cometh in the morning," mean to you in the
Here the prayer session is purposeful in that each griever requests prayer for pressing personal concerns.

3. The goals for the grief support group were discussed.

4. The grievers' vulnerability to stress and disease becomes a cause for concern. While it is impossible to predict how any particular individual is going to grieve, we do know that there are factors that contribute to intense stress in certain individuals. This awareness guards against abusing their vulnerability. This scale was developed by Drs. T. H. Holmes and R. H. Rahe, and the results showed that the death of a spouse is one of the most intense stresses experienced in a lifetime. This is the result of a study of the life histories of 5,000 people.

The questionnaire consists of forty-three life crises. Each of the forty-three crises is assigned a numerical value from 11 to 100. By adding the points of one's crises over a two-year period one can predict vulnerability to illness. For example, if a person's total score of life crisis units reaches 150, there is a 25% chance for the person to have a serious negative health change within the next two years. When the score is between 150 and 300, there is a 50% chance

context of grief? (4) Discuss God's intervention when He turns "mourning into dancing," and replaces mourning clothes for clothes of joy.

for illness. If the total score is over 300, the chance of illness is increased to 80%. This study shows that a griever with intense life crisis events in the past six months to a year will have more difficulty with grief.

5. Two handouts, "Do's" and "Don'ts," were distributed and discussed briefly.²

6. For Week 1 the spotlight was on "Dealing With the Reality of Life and Death." I shared my own experience of difficulty with my mother's death. The therapeutic value of group support in Clinical Pastoral Education helped me to get in touch with my feelings and to process my grief work.

As there is life, so there is death. These are the inevitable realities in our world. The value of the support group ministry of presence is offered as healing medicine to the bereaved.

**Week 2**

The highlights of Week 2 were:

1. The welcome and the devotional were followed by intense sharing of grief pain. Tears saturated the sharing process.

2. The emphasis of Week 2 was the dynamics of grief. Here the understanding was shared that grief is a painful

1See sample in Appendix 4.

²Hannaford and Popkin, 104, 105. See sample in Appendices 5 and 6.
ordeal both to experience and to witness. Bowlby expands on this aspect of grief when he says:

The loss of a loved person is one of the most intensely painful experiences any human being can suffer, and not only is it painful to experience, but also it is painful to witness, if only because we are so impotent to help.¹

The dynamics of grief call for helpers to be there for those experiencing pain. In being there, one must become aware of a dilemma that is created. Parks clarifies this dilemma when he says:

Pain is inevitable in such a case and cannot be avoided. It stems from the awareness of both parties that neither can give the other what he wants. The helper cannot bring back the person who is dead and the bereaved person cannot gratify the helper by seeming helped. . . . [Therefore] helpers must be prepared to share the pain, to accept it as their contribution to friendship.²

Regardless of the response of grievers to caregiving from the support group, the support must continue to be unconditional.

3. Two handouts were shared revealing more insights into the dynamics of the grief encounter. The handouts were:

a. "The Grief Wheel," which incorporates concepts from many theorists and provides recovery guidelines³

¹Bowlby, Attachment and Loss, 3:7.
²Parkes, Bereavement, 163.
³See Appendix 7.
b. "Pathways Through Grief" challenges the griever to either choose an inward journey of protest and despair or to choose an outward journey of exploration and hope.

4. The "Show and Tell" exercise was introduced. For the following week the grievers were requested to bring an item that belonged to their deceased. Their assignment was to show the item and share its significance.

Week 3

The highlights of Week 3 were:

1. The "Show and Tell" exercise was the focus of the session. Five members brought items, and shared precious and tender memories. These items that belonged to their loved ones now became tools for healing. This exercise was designed to assist grievers to get in touch with their pain and then to provide expression for it. For example, one group member took a musical trophy that belonged to her deceased son and as she was sharing its significance, she became overwhelmed with intense grief. Her grief became so agonizing that she requested to leave. However, with the support of the group she stayed and completed her "Show and Tell" exercise. Indeed, the pain was deepened but the relief was profitable.

\[\text{See Appendix 8.}\]
2. The handout "It Helps to Have Friends Who Will Listen" was shared with the group members and discussed.¹

3. Instructions were given on the exercise of "Journaling" for the following week's homework.²

Week 4

The highlights of Week 4 were:

1. It was emphasized that there is no timetable for grief. Each griever processes his or her own grief within an individual time and space. For some this could take weeks or up to two years. In my case, because of the lack of competent grief help, it took thirty-four years to do my grief work. According to Worden, mourning is finished when the tasks of mourning are accomplished. "I would be suspicious of any full resolution that takes under a year and for many two years is not too long."³

2. The fourth week participation activity was journaling. Journaling differs from keeping a diary. It deals with what is happening internally. The Grief Education Institute suggests that journaling is a technique that can be useful in sorting and venting feelings, identifying issues that can or are creating stress, and providing insights for problem-solving and relational issue resolution. . . . Those keeping journals record feelings, thoughts, anxieties, fears, joys, concerns, etc. They may also record what

¹See Appendix 9.

²See Appendix 10.

³Worden, 11-15.
they sense to be outside sources of these internal experiences (e.g., a quarrel or a loss), but more important is recording how they process the experience internally.'

**Week 5**

The highlights of Week 5:

1. The "Steps of Recovery" were presented. I presented the concept of grief as a "detour" in one's life experience. When one starts a journey, the route is usually planned for timely arrival at the destination. Suddenly there is a sign, "Road Work Ahead--Detour 1 Mile." This experience changes everything. The route has to be changed. Adjustments have to be made in order to continue the journey. So it is when death takes our loved ones away. Recovery means taking a detour from one's normal life journey and going through the steps or processes of recovery. Wayne Oates, a grief counselor, reveals that grief healing goes through a series of stages:
   a. The stage of shock when you get the news
   b. The stage of numbness as you try to absorb the shock
   c. The stage of mixed belief and disbelief that this can really be so
   d. The stage of depression and deep mourning when you can sob without control or shame

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'Spangler, 57.'
e. The stage of selective memory when you get along quite well until a fresh reminder of your loss represents the whole issue.

f. The stage of commitment to start "living again" and rebuilding your life.

It has been that the recovery process is not a predictable sequence. For some grievers, the grief detour experience is quicker than others. The road to recovery is more painful and difficult when there was a quality relationship with the deceased.

2. Week 5's activity focused on "humor." Grievers need to realize that though their grief experience is painful, they still need to enjoy some humor. In this activity the group member shares with the rest of the group a humorous incident involving the deceased while he or she was still alive. This generates laughter and even provides an insight of the time to come when the griever's "mourning" will be turned into "joy."

Week 6

In Week 6, the emphasis was on saying goodbye in three stages:

1. To the relationship
2. To the physical remains

3. To the existence
4. To keeping the selected memories.¹

**Questionnaire**

The questionnaire survey was directed to the grieving members of the Toronto East SDA Church. The purpose was threefold:

1. To indicate losses experienced by death of family in the last five years
2. To share ways in which support was helpful during the grief experience
3. To share the negative experiences due to the lack of support.

The questions which constituted the questionnaire² are reflected in the threefold purpose above. The following are the responses to the above three questions.

1. All ten members experienced the death of close family members—fathers, mothers, brothers, sisters and children.

2. The findings indicated that the majority of grieving members received helpful support during their grief experience. The support received is listed as follows:

"Benefitted greatly from being able to share feelings with others who shared similar experiences."

¹See Appendix 11.
²See Appendix 12.
"Nine siblings and other close relatives pressed close together and supported one another during and after my brother's death."

"My workmates were very supportive."

"The support I had was basically prior to my son's death."

"A good listener was helpful."

"Some people felt that in order to overcome grief you should not talk about it."

"You should get over your grief by now."

"You should stop crying now and get on with your life."

Results of Post-Support Group Session Questionnaire

A questionnaire\(^1\) was given at the end of the six support group sessions. The questions were divided into two sections. Questions 1-9 required a numerical response to indicate what benefits were derived. Questions 10-13 required a written verbal response. The purpose of the questionnaire was to ascertain how helpful the support group was to these bereaved.

The results of the first section of questions 1-9 are shown in Table 1.

\(^1\)See Appendix 12.
TABLE 1
RESPONSES TO THE TORONTO EAST SUPPORT GROUP EVALUATION
1 = Extremely beneficial; 2 = Moderately beneficial;
3 = Neither helpful or unhelpful; 4 = Moderately unhelpful;
5 = Extremely unhelpful; N/A = No Answer.

<table>
<thead>
<tr>
<th>Item</th>
<th>RESPONSE</th>
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<tbody>
<tr>
<td>1. Gaining insights about the process of grief</td>
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<td></td>
<td>8</td>
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<tr>
<td>2. Being able talk about my departed loved one</td>
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<tr>
<td></td>
<td>8</td>
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<td></td>
<td>1</td>
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<tr>
<td>3. Sharing my feelings with others</td>
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<tr>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>1</td>
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<tr>
<td>4. Participating in the &quot;Show and Tell&quot; exercises in the sharing of my grief story</td>
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</tr>
<tr>
<td></td>
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<td>5</td>
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<td>2</td>
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<tr>
<td>5. Making entries in my journal</td>
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<tr>
<td></td>
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<td></td>
<td>6</td>
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<tr>
<td>6. The support of other group member</td>
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<td></td>
<td>5</td>
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<td></td>
<td>2</td>
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<tr>
<td>7. The experience of &quot;humor&quot; exercise in the grief process</td>
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<tr>
<td></td>
<td>4</td>
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<tr>
<td></td>
<td>2</td>
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<tr>
<td>8. The expertise of the group facilitators</td>
<td></td>
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<td></td>
<td>8</td>
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<tr>
<td>9. The relevancy of the presentation topics</td>
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</table>
Of the ten support group members, nine answered the questionnaire. One member was not given the questionnaire because she was only able to attend one meeting. According to her, she is not yet ready to attend a support group. She seems to be stuck in her grief and requires professional help.

Another factor that influenced the results of the questionnaire is that, during the session, three of the group members had a death in their family and had to leave Canada and go to the West Indies to bury their loved ones.

The results were very positive as it relates to gaining insights about the process of grief: (1) being able to talk about departed loved ones, (2) sharing grief feelings with others, (3) the experience of the group facilitators, and (4) the relevancy of the topics presented. I was particularly impressed with the week's activity exercises in that these activities dealt directly with painful grief experiences. Five out of eight grievers found the "Show and Tell" exercise moderately helpful, whereas one found it extremely helpful. Of the mix of individuals who participated in the "humor" exercise, four found the experience extremely beneficial and two moderately beneficial. Knowing that "humor" can be so valuable in the resolution of grief is very exciting to me.

The only disappointing revelation was the Journaling. Only two members found the experience even moderately
beneficial. The reason for this is that these members are not accustomed to keeping a written account of their experiences and basically they do not like to write. However, they are not hesitant to express themselves verbally.

Participants' Written Responses

On the evaluation, support group survey questions 10 to 13 required written responses. Included below is an outline of the various responses.

Question 10: Respond to grief as a "detour" in one’s experience.

Participant #1: "The grieving individual finds herself/himself displaced at the loss of a loved one. It is extremely difficult to continue the same pattern of living. He/she is transported from the normal everyday activities to a different kind of existence. This phase or detour is usually temporary. After a period of acceptance and adjustment the individual eventually resumes normal activities and is equipped by God’s help to re-invest in new relationships, new dreams, new activities, and new aspirations."

Participant #2: "Grief takes one off the track of life’s routine for a period."

Participant #3: "It helped me to see a different side of grief."

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Participant #4: "My relationship with my mother ended when she died, it was the end of the road for her; but for me, I had to take a different direction without her. This new road is a little rough at times, with some pain and hurt. However, as I think of the blessed hope and meeting her again on the other side of the road, the journey does not seem as rough."

Participant #5: "I agree with this statement because I see grief as a way of addressing a loss—facing it—spending time dealing with the grief and then moving on."

Participant #6: "The challenge to adjust to present situation."

Participant #7: "I did not have a close relationship with my father, so when he died I did not feel a great sense of grief."

Participant #8: "Some take longer to get back on track."

Question 11: What was most beneficial about the group?

Participant #1: "The support group proved very beneficial to me. It enabled me to look back at my losses and to view things more realistically and to come to terms with the finality and reality of death. Everyone had a chance to write, talk, and even weep, thus purging themselves of all the pent-up emotions which still needed to be vented."

Participant #2: "An attitude of caring."
Participant #3: "Felt like a family. . . . the group sympathized with each other in their own way. . . . the group felt like the sister I never had."

Participant #4: "I benefitted very much from this group as I was able to share my grief with others who understood what it is like to lose a loved one."

Participant #5: "The togetherness shared and the motivation to share the deepest feelings of grief."

Participant #6: "(1) The sharing aspect, (2) Being able to open up my feelings, (3) There was much empathy, (4) The coping skills that I acquired."

Participant #7: "I was benefitted very much from this group, as I was able to share my thoughts and feelings with others who understood how I felt."

Participant #8: "Experience, sharing."

**Question 12:** What was least beneficial about the group?

Participant #1: "After being given so many insights on how to best deal with loss, there might have been at least one individual who seemed not to be able to come to terms with her loss. I still think that she benefitted tremendously as I am sure she gained new insights and ideas regarding the matter of loss and grieving."

Participant #2: "Can’t think of anything."

Participant #3: "Nothing."
Participant #4: "In my estimation there was nothing unbefitting about this support group."

Participants #5, 6, 7, 8: "Nothing."

Question 13: What suggestions can you share for improving the support group?

Participant #1: "We could improve the support group by bringing to the attention of the group those individuals who have had recent losses. We can also share our expertise with others so that they can become a group facilitator."

Participant #2: "A group hotline to inform members when there is a loss and an organized system to be there for individuals in need of support."

Participant #3: "Give attention to children and their grief because they, too, need help to get over their grief."

Participant #4: "We have to let others know that there is such a group for everyone, keeping our eyes and ears open for anyone who needs our help, sending sympathy cards and flowers to grieving relatives."

Participant #5: "Developing facilities and programs for dealing with anticipatory grief as well as direct loss, i.e. conducting seminars."

Participant #6: "Some people should open more."

Participant #7: "We have to make an effort to let others know about this group."

Participant #8: "Expand the group to do seminars, perhaps bringing other experts occasionally."
Six-Month Follow-Up Program

One of the most rewarding and satisfying aspects of this whole project was the follow-up program. The grief support members became excited and proudly owned the program. During the six consecutive weekly sessions, I followed Larry Yeagley's idea regarding refreshment.

I do not provide refreshments of any kind because a cup or bottle in the hand is often something to hide behind. There is no smoking allowed. Nothing is provided to avoid facing reality. ¹

The idea was not to allow refreshments to interfere with the group dynamics. At each session a box of tissues was always clearly visible to be used as needed.

During the final session of the six-week meetings we deviated from the tradition by having refreshments. We had a celebration dinner. It was then that the collective group made the commitment to be part of an ongoing grief support program for the Toronto East SDA Church.

The highlights of the monthly follow-up group sessions were:

1. The group was formally organized into the "Toronto East SDA Church Grief Support Group" on March 28, 1994.

2. Persons were voted into the following positions: Facilitator, Secretary-Treasurer, and Co-facilitator.

3. The agreed format is for open discussion during the first hour of the program, with emphasis on support to each

¹Yeagley, 60.
other. The second hour’s emphasis is on assigned topics, e.g., anticipatory grief, loneliness, and depression.

4. On Sabbath, April 30, 1994, we had a "Grief Day" at the church. The emphasis of the morning service was grief. The entire grief support group was introduced to the church family. During the service two of the support group members testified of the benefits they derived from the support meetings.¹

5. On May 14, 1994, a memorial service was organized in memory of the son of one of the support group participants. The memorial service took the format of an afternoon "sacred concert."

6. By action of the group, "Tokens of care" are sent to the known bereaved both within and without the church family. These tokens² are sent during the crucial times when the pains of grief are heightened; such times as (a) anniversary of death, (b) the deceased’s birthday, (c) holidays like Easter and especially Christmas, and (d) wedding anniversaries. These tokens take the form of a

¹One of the participants agreed that I could share her testimony. See Appendix 14.

²According to the co-founders of the Grief Recovery Institute, they suggested to grievers: Once a month make a list of the up-coming dates that have potential for being sad, and these dates are the birthday of the deceased, the date of death, the wedding anniversary, and holidays are all potential anniversary dates. On these days, especially, it is vital that contacts be made and tokens of care shared. John W. Jackson and Frank Cherry, The Grief Recovery Handbook (New York: Harper and Row, Publishers, 1989), 165.
card, a poem, or even a dinner invitation. One lady who received a card from the group expressed genuine warm appreciation.

In evaluating the benefits of the grief support follow-up program which is now organized as an ongoing program of the church, the following comments from the group members become a fitting summary for the benefits of group support.

"A forum where I feel safe to process the pain of my loss."

"Here we can identify with the hurt and the pain each one feels because of the death of our loved one."

"The freedom to cry without fear of being rejected."

"I like to talk about my son. Here I have that freedom to talk."

"The griever of today must be the caregiver of tomorrow."1

1The above comments were made during a group session as members were sharing what the group meant to them.
CHAPTER V

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary of Project Report

The reality is that no one can get through life without experiencing grief. The grief encounter may include shock, denial, crying, depression, numbness of any other unpredictable emotional feeling. Response to bereavement is likewise unpredictable and each person reacts in a unique way.

Chapter 1 of this project points out that the ideal way to process grief is through the avenue of a grief support program. The rationale is that those who have experienced loss are better able to relate and understand and therefore provide support for the bereaved. The first chapter is basically a foundation base for the project. The concern is to describe the scope and parameters of the project.

Chapter 2 deals with the substance of the project. To better understand the framework of grief as to its nature, perspectives from selected individuals are briefly discussed. The support required by the bereaved may differ. For some the need is "instrumental," i.e., tasks associated with the funeral. Others may feel the necessity for
"emotional support" in order to begin significant "grief work." The chapter goes on to explore the many benefits grievres receive through self-help support groups.

Chapter 3 focuses on the theological groundwork that is needed as one grapples with the question of mourning.

The examples of Job and Jesus reflect the notion that not only the wicked suffer. Mourning is only temporary, however. The morning of Christ's resurrection brought an end to the mourners' long, long night of grieving. The chapter ends with the news that the second coming of Christ is the ultimate solution to the pain inflicted by the death of loved ones.

Chapter 4 is, in practical terms, the most satisfying aspect of the project. It deals with the real pain of the grief experience. The chapter describes the meaningful mutual encounter of the facilitators and the grief support members in the process of grief resolution.

Conclusions

The development of the Toronto East SDA Church Grief Support Group came as a result of pressing grieving needs within the church community. One hurting griever who became a group participant said, "I commend you as a Seventh-day Adventist minister for seeing the need to have a support group for hurting individuals like me."
The following represents the conclusions I have drawn as a result of my experience with the Toronto East SDA Grief Support Group:

1. Grief Support Groups are one of the best methods of dealing with grief caused by bereavement.
2. The response of our grieving SDA members reveals deep pains that can be healed with support.
3. Without the type of support offered by the group, grievers can become "stuck" in their grief.
4. No one is immune to loss and grief.
5. One of the best supports for grievers is the ministry of presence, i.e., caring presence of the group members.
6. For hurting people, kind and caring acts are more appreciated than mere clichés.
7. The pain of loss is felt more intensely after the funeral, when the griever is left alone. That is when the group support is needed.
8. Each individual responds to grief uniquely.
9. Feelings of loneliness were strong among those who lost loved ones with whom they had very close relationships.

Recommendations

This project has had a positive impact on me, my ministry, and my church. It is my hope that the following recommendations will allow fellow Christians to become
actively involved with the grieving needs of our brothers and sisters in the human family.

**Pastors**

1. Pastors should become proactive with the concerns of the bereaved. Ministering to the bereaved should not stop at the funeral, but rather should extend months beyond.

2. Pastors should attend grief seminars to acquire skills in order to minister to those in need.

3. Pastors should hold or provide for periodic grief recovery seminars after appropriate training.

4. Pastors should subscribe to at least one magazine or journal on grief (see bibliography).

5. Pastors should include in their library some current books on grief (see bibliography).

6. Pastors should motivate their church members to actively minister to the bereaved.

7. Pastors should seek out the bereaved in their communities and provide follow-up support.

8. Pastors should learn to listen and be comfortable with silence.

**Seminary**

1. A core course on grief is recommended strongly for all seminarians. This course on grief could include other factors apart from death which cause grief, such as divorce, separation, job loss, relocation, acute sickness, etc.
2. Sponsor a monthly grief support group for the seminarians and faculty.

3. Inspire active research in this study.

Churches

1. Each large church should consider starting a grief support group not only for SDA members but also for the community.

2. Larger churches, especially, should include grief resource books, videos and cassettes in their libraries.

3. When someone dies within the church family, the church should provide the "mourning meal," i.e., the meal that is served immediately after the funeral.

4. Churches with or without support groups can remember the bereaved on days when grief is most intense: the birthday of the deceased, anniversaries, holidays such as Christmas and Easter.

5. Initiate an annual general memorial service to assure the bereaved that their loved ones are not forgotten. Further, the church family should continue to offer support in the grief journey.

6. Cooperate with funeral homes as a resource help to grieving people.
APPENDIX 1

VOLUNTEER FORM—TORONTO EAST
SDA CHURCH
STATEMENT:
The church, as a volunteer organization, depends on the individual
effort of each member for the cooperate success of the entire
church. Please indicate your commitment by checking the appropriate
spaces below.

COMMITMENT:
"In appreciation for God's love and goodness towards me, I am
willing to volunteer in one or more of the following areas, subject
to approval and training."

AREAS:
1. Serve in any of the following church departments:
   [ ] Deacon   [ ] Deaconess   [ ] Elder
   [ ] Sabbath School Department   [ ] Youth Department
   [ ] Health Department   [ ] Family Life Department
   [ ] Social Department   [ ] Catering Department
   [ ] Pathfinders (Ages 9-16)   [ ] Ushering
   [ ] Adventurers (Ages 6-8)   [ ] Personal Ministry
   [ ] Communication Department
2. [ ] Children's Ministries Department
3. [ ] Couple's Group Program
4. [ ] Single's Group Program
5. [ ] Senior Citizen's Group Program
6. [ ] Missing Member Visitation Program
7. [ ] Assist in a Youth Outreach Program
8. [ ] Assist in the Food Bank Program
9. [ ] Assist in giving Bible Studies
10. Sing in a choir:
    [ ] Children's Choir   [ ] Youth Choir   [ ] Adult Choir
11. [ ] Assist in a Grief Support Group Program

NAME................................................. Phone #..........................
ADDRESS.................................................................
CHURCH MEMBERSHIP.........................................................
APPENDIX 2

A QUESTIONNAIRE FOR THE TORONTO EAST SDA CHURCH
A QUESTIONNAIRE FOR THE TORONTO EAST SEVENTH-DAY-ADVENTIST CHURCH COMMUNITY

1. Please indicate losses experienced by death of family members in the last five years

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Kindly share the ways in which support was helpful during your grief experience

3. Please share the negative experiences you have had because of the lack of support
SUPPORT GROUP APPLICATION

Name ___________________________ Date ________________________

Address ___________________________ Home Phone ________________________

Postal Code ___________________________ Work Phone ________________________

Occupation ___________________________ Religion ___________________________

Family Physician ___________________________ Phone ___________________________

People now living at home with you:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

List those who have been most supportive:

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>RELATIONSHIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Kindly provide the following information about the person who died:

Name ___________________________ Relationship ___________________________

Birthdate ______________________ Date of death ______________________

Occupation ______________________ Cause of death ______________________

If the deceased was your spouse, please state the number of years married ____________

Anniversary date ________________

Please use overleaf for additional information.
APPENDIX 4

SOCIAL READJUSTMENT RATING SCALE
### SOCIAL READJUSTMENT RATING SCALE

<table>
<thead>
<tr>
<th>RATE</th>
<th>LIFE EVENT</th>
<th>LIFE CRISIS UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Death of spouse</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Divorce</td>
<td>73</td>
</tr>
<tr>
<td>3</td>
<td>Marital separation</td>
<td>65</td>
</tr>
<tr>
<td>4</td>
<td>Jail term</td>
<td>63</td>
</tr>
<tr>
<td>5</td>
<td>Death of close family member</td>
<td>63</td>
</tr>
<tr>
<td>6</td>
<td>Personal injury or illness</td>
<td>53</td>
</tr>
<tr>
<td>7</td>
<td>Marriage</td>
<td>50</td>
</tr>
<tr>
<td>8</td>
<td>Fired at work</td>
<td>47</td>
</tr>
<tr>
<td>9</td>
<td>Marital reconciliation</td>
<td>45</td>
</tr>
<tr>
<td>10</td>
<td>Retirement</td>
<td>45</td>
</tr>
<tr>
<td>11</td>
<td>Change in health of family member</td>
<td>44</td>
</tr>
<tr>
<td>12</td>
<td>Pregnancy</td>
<td>40</td>
</tr>
<tr>
<td>13</td>
<td>Sex difficulties</td>
<td>39</td>
</tr>
<tr>
<td>14</td>
<td>Gain of new family member</td>
<td>39</td>
</tr>
<tr>
<td>15</td>
<td>Business readjustment</td>
<td>39</td>
</tr>
<tr>
<td>16</td>
<td>Change in financial state</td>
<td>38</td>
</tr>
<tr>
<td>17</td>
<td>Death of close friend</td>
<td>37</td>
</tr>
<tr>
<td>18</td>
<td>Change to different line of work</td>
<td>36</td>
</tr>
<tr>
<td>19</td>
<td>Change in number of arguments with spouse</td>
<td>35</td>
</tr>
<tr>
<td>20</td>
<td>Mortgage over $10,000</td>
<td>31</td>
</tr>
<tr>
<td>21</td>
<td>Foreclosure of mortgage or loan</td>
<td>30</td>
</tr>
<tr>
<td>22</td>
<td>Changes in responsibilities at work</td>
<td>29</td>
</tr>
<tr>
<td>23</td>
<td>Son or daughter leaving home</td>
<td>29</td>
</tr>
<tr>
<td>24</td>
<td>Trouble with in-laws</td>
<td>29</td>
</tr>
<tr>
<td>25</td>
<td>Outstanding personal achievement</td>
<td>28</td>
</tr>
<tr>
<td>26</td>
<td>Wife begins or stops work</td>
<td>26</td>
</tr>
<tr>
<td>27</td>
<td>Begin or end school</td>
<td>26</td>
</tr>
<tr>
<td>28</td>
<td>Change in living conditions</td>
<td>25</td>
</tr>
<tr>
<td>29</td>
<td>Revision of personal habits</td>
<td>24</td>
</tr>
<tr>
<td>30</td>
<td>Trouble with boss</td>
<td>23</td>
</tr>
<tr>
<td>31</td>
<td>Change in work hours or conditions</td>
<td>20</td>
</tr>
<tr>
<td>32</td>
<td>Change in residence</td>
<td>20</td>
</tr>
<tr>
<td>33</td>
<td>Change in school</td>
<td>20</td>
</tr>
<tr>
<td>34</td>
<td>Change in recreation</td>
<td>19</td>
</tr>
<tr>
<td>35</td>
<td>Change in church activities</td>
<td>19</td>
</tr>
<tr>
<td>36</td>
<td>Change in social activities</td>
<td>18</td>
</tr>
<tr>
<td>37</td>
<td>Mortgage or loan less than $10,000</td>
<td>17</td>
</tr>
<tr>
<td>38</td>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>39</td>
<td>Change in number of family get-togethers</td>
<td>15</td>
</tr>
<tr>
<td>40</td>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>41</td>
<td>Vacation</td>
<td>13</td>
</tr>
<tr>
<td>42</td>
<td>Christmas</td>
<td>12</td>
</tr>
<tr>
<td>43</td>
<td>Minor violations of the law</td>
<td>11</td>
</tr>
</tbody>
</table>

HOW TO USE THE SCALE

Add the total value of life crisis events which occurred six months and/or a year prior to the death.

AT - 150 25% chance of serious health change within two years.

150 - 300 50% chance of serious health change within two years.

300 + 80% chance of serious health change within two years.

Example

<table>
<thead>
<tr>
<th>Life Event</th>
<th>Life Crisis Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death of spouse</td>
<td>100</td>
</tr>
<tr>
<td>Personal injury</td>
<td>53</td>
</tr>
<tr>
<td>Change in financial state</td>
<td>38</td>
</tr>
<tr>
<td>Trouble with in-laws</td>
<td>29</td>
</tr>
<tr>
<td>Change in living conditions</td>
<td>25</td>
</tr>
<tr>
<td>Revision of personal habits</td>
<td>24</td>
</tr>
<tr>
<td>Change in sleeping habits</td>
<td>16</td>
</tr>
<tr>
<td>Change in eating habits</td>
<td>15</td>
</tr>
<tr>
<td>Change in social activities</td>
<td>18</td>
</tr>
<tr>
<td>Change in health of family member</td>
<td>44</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>362</strong></td>
</tr>
</tbody>
</table>
APPENDIX 5

DO’S FOR HELPERS
Consider these dos and don’ts when you want to express your feelings or reach out to a loved one or friend who has experienced a loss.

DOs:

**DO** communicate genuine caring. This will be done through your body language, tone of voice, and the words you say. By just being present, you will strongly express your concern.

**DO** be available to listen and to help in whatever way seems needed at the time—running an errand, making a necessary telephone call, accompanying the griever to a place where he needs to go. Be careful, however, not to do those activities that the griever can or wants to do on his own. Feeling helpless can be depressing.

**DO** express your concern about what has happened and acknowledge the griever’s pain. Saying that you recognize the hurt can be very comforting.

**DO** remember the children involved. Somehow adults tend to get caught up in their own grief and forget that children also hurt. Children may not only hurt but they may also be confused and in need of attention. It is hard for children to comprehend loss and recovery.

**DO** reassure the griever that he is not responsible for the loss. Even if some responsibility is his, remind him that he did the best he could at the moment.

**DO** encourage the griever to express her feelings in her own way—when she needs and wants to. A good cry while you stand by can be healing for some people. Shared tears seem to be more healing than tears cried alone. Sometimes holding a person’s hand, or even holding her while she cries, is both appropriate and comforting.

**DO** encourage the use of survival skills. Reinforce the use of activities that provide the person the greatest comfort.

**DO** tune in to the feelings. “You must find this very painful, frustrating, upsetting, embarrassing, tough, difficult.” (Select one response)

**DO** acknowledge the other person’s immediate need

“You are having a difficult time right now.”
“Are you hurting where you are now.”
“It’s tough, isn’t it?”
“Could we get together for dinner and just talk?”

---

1Hannaford and Popkin, 104.
APPENDIX 6

DON’TS FOR HELPERS
DON'T let your own sense of helplessness keep you from reaching out to a grieving person. You may wonder what you can do. One of the most important things to do is to be present, both physically and emotionally.

DON'T avoid the griever because you are uncomfortable. Many times you may be unsure about what to say. Again, remember that being present may be more important than saying anything. It is lonely to experience loss when everyone seems to be ignoring your pain. You may also avoid communication because you think that mentioning the loss will make the person cry. Remember that tears are healing and the person is already sad. Opening that door may be helpful.

DON'T give the griever a time line about the termination of his grief. "You ought to feel better by now" will make the person feel worse. Remember that the period of grieving is dependent on the significance of the loss to the griever. You cannot rank the significance of that loss.

DON'T tell the person how she should feel or what she should do. It is important that you communicate acceptance of the place where the griever is and that you give her space to make decisions.

DON'T try to find something positive such as a moral lesson, or remind the person of the good things that are left or what he has to be thankful for. Don't remind the griever that at least he has other people or that he can always "get another one." Moralizing will break communication and produce feelings of guilt.

DON'T mention in any way that the griever might have been negligent or that the care of other people (doctors, hospital, teachers, friends) might have been misdirected. Even though this may be true, this is not the time for the hurting person to have to deal with these thoughts.

DON'T say that this is God's will. You may be tampering with the person's faith in God, which can sustain.

DON'T say that you know how he feels. It is difficult to know how another person feels even when you have had a similar loss. However, it is appropriate to compare losses. It may be comforting to the person to know that you have had a similar experience.

---

1Hannaford and Popkin, 105.
APPENDIX 7

THE "GRIEF WHEEL"
The "Grief Wheel" 1

1Spangler, Bereavement Support Groups, 68

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Figure 1. Pathways through Grief Model.

1Martin and Elder, 78.
APPENDIX 9

IT HELPS TO HAVE FRIENDS WHO WILL LISTEN
"When I ask you to listen to me and you start giving me advice, you have not done what I asked.
When I ask you to listen to me and you begin to tell me why I shouldn't feel that way, you are trampling on my feelings.
When I ask you to listen to me and you feel you have to do something to solve my problems, you have failed me, strange as that may seem.
Listen! All I asked was that you listen, not talk or do - just hear me.
Advice is cheap; twenty cents will get you both Dear Abby and Billy Graham in the same newspaper.
And I can do for myself. I'm not helpless. Maybe discouraged and faltering, but not helpless.
When you do something for me that I can and need to do for myself, you contribute to my fear and inadequacy.
But when you accept as a simple fact that I do feel what I feel, no matter how irrational, then I can quit trying to convince you and can get about this business of understanding what's behind this irrational feeling.
And when that's clear, the answers are obvious and I don't need advice. Irrational feelings make sense when we understand what's behind them.
Perhaps that's why prayer works, sometimes, for some people - because God is mute and doesn't give advice or try to fix things.
He just listens and lets you work it out for yourself.
So please listen and just hear me.
And if you want to talk, wait a minute for your turn - and I'll listen to you".

- Author Unknown
APPENDIX 10

JOURNALING
JOURNALING

1. Previous experience with losses:
   a) In Childhood
   b) In Adolescence
   c) In Adulthood

2. Response to losses
   a) Hurt
   b) Pain
   c) Sickness
   d) Other

   How did/can you handle the above and use the insight as a doorway to recovery?

3. Support & Recovery
   a) What have you found helpful in your journey of grief?
   b) What have you found most difficult in the processing of your grief?
   c) What does healing mean to you?
   b) List ways in which you have identified growth in your journey.

4. The Future
   a) God has a purpose for each life. What visions can you visualize for your life?
   b) What are your short term goals?
   c) What are your long term goals?

Note: Your journal is PRIVATE.
APPENDIX 11

SAYING GOODBYE
Saying Goodbye

During the past six years since I have developed an interest in the subject of grief, my experience both as a pastor having had forty-eight deaths and as an on-call Chaplain at the 840-bed Centenary Health Center, has matured this "grief interest." At the Health Center my primary task was to comfort the bereaved. My intense observation has led me to believe that grievers have to say three goodbyes to their loved ones when they die.

1st Goodbye. This is said to the relationship while the person is alive. For a married couple, though one spouse is sick, may be dying, in the hospital, yet the person is there. One could communicate his/her feeling and be able to process them; ideas can be exchanged; hugs can be given; various aspects of interaction can take place within the marital relationship. But at death everything stops and one is forced to say goodbye to that type of functional relationship. A spouse can no longer interact with the departed dead spouse. The relationship dies and therefore the challenge to say goodbye to that particular relationship which has ended forever and at no point in time will ever be re-established. Painful though it may be, goodbye has to be said to the relationship that once existed.

2nd Goodbye. This goodbye refers to the physical remains of the deceased, most notable at the funeral. The deceased body that lies in the casket is not the person that once lived. Rather, he/she is merely the physical remains, devoid of life and a living relationship. What remains represents what once was a living functional person.
There is a myth that at the funeral, one should not look at the remains, but rather to remember the person when he/she was alive. It has been my practice to encourage griever to say goodbye to the physical remains, especially on the day of the funeral. Many have found the experience of saying their last goodbye to the loved one's physical remains, to be very beneficial in coping with their journey of grief. However, there was one exception. This was a young lady whose husband had suddenly died as a result of a tragic automobile accident. At the funeral, her sister encouraged her not to view the physical remains. I had viewed the body earlier and found that the preparations made to the dead body were acceptable for viewing. Her sister said that she should remember her husband as he was in life. The advice was followed and the invitation to view was rejected. Later she confessed to me that she regretted the choice for not viewing the dead physical remains of her husband. Though she had the coffin exhumed, in order to rebury the remains in an area of the cemetery where her request to have a tombstone was allowed, though she had months of sessions with a psychiatric counselor, yet she is still in "denial" about her husband's death. According to her counselor, she is "stuck" in denial. She claimed that had she seen the body it would make it easier for her to accept the reality of his death. Thus her journey of grief would not be as painful.

Yes, it is a painful experience to say goodbye to the physical remains of one's loved one, but the experience makes it easier to cope in the grief recovery process.

3rd Goodbye. This final phase has no timetable and deals directly with saying goodbye to the existence. The consensus among some authors is that the whole process of the grief experience usually takes at least two to three years to process.
However, for some people, after five, ten, twenty or thirty years, they are still processing their loss and are experiencing much difficulty in dealing with the reality and the finality of death.

The other two goodbyes are painful but this that deals with the existence is most painful. This is the challenge: A wife to accept the fact that her husband no longer exists. One lady I interviewed said that the biggest problem she had was that of loneliness because her husband no longer existed. Meet Sharon Brown, a young wife, whose dream during the first four years of her marriage was to have a baby. During this early period of Sharon’s life, she had two miscarriages, then she became pregnant and before she reached full term, a premature baby girl was born. Hopes ran high, a dream had become a reality for both Sharon and her husband. Great plans were in place for this long-expected and wanted baby. After all the patience of waiting, the unexpected occurred, nine days after the baby was born, a virus attacked the premature baby and caused her untimely death. Now the painful experience to say goodbye to the existence of such a brief life.
Toronto East Support Group Evaluation

As you reflect on the past 6 support group sessions, please circle the number that best indicate your appropriate response.

1 = Extremely beneficial
2 = Moderately beneficial
3 = Neither helpful or un-helpful
4 = Moderately un-helpful
5 = Extremely un-helpful

1. Gaining insights about the process of grief. 1 2 3 4 5
2. Being able to talk about my departed loved one. 1 2 3 4 5
3. Sharing my feelings with others. 1 2 3 4 5
4. Participating in the "show and tell" exercise in the sharing of my grief story. 1 2 3 4 5
5. Making entries in my journal. 1 2 3 4 5
6. The support of other group members. 1 2 3 4 5
7. The experience of the "humor" exercise in the grief process. 1 2 3 4 5
8. The expertise of the group facilitators. 1 2 3 4 5
9. The relevancy of the presentation topics. 1 2 3 4 5

Please give a written response to the following sentences.

10. Respond to grief as a "detour" in one's experience.
11. What was most beneficial about the group?
12. What was least beneficial about the group?
13. What suggestions can you share for improving the support group?
PARTICIPANT'S TESTIMONY

I am very grateful to Pastor Shaw for the opportunity to speak with you for a few moments on the subject of grief. Most, if not all of you, are aware of the strenuous period that I have experienced as a result of this subject. Grief is a personal thing, a very personal thing.

The Lord blessed us with six children. After burying three of them, I really thought this was the end of the world. However, after burying the fourth child, as a result of stress my body started falling apart. Through it all, God has been there for me.

With the support of my husband and my church family and various others, I am now able to speak with you in this fashion.

The grief support group that has been established in our church I'm sure will be a blessing to others as it has been to many of us.

I found solace and friendship each Sunday that we met. It's easy to think we will be able to cope with death when it's on our doorstep, but when it actually happens it's a different ball game. Let's all try to be supportive to each other, death is not partial. Sometimes just listen to a grieving heart, rather than commenting and with all good intentions sometimes saying the wrong thing. For example:

"You are still young; you can remarry."
"He/she has been gone for so long, it's time you forget and move on."
"Be grateful you have other children."
"You must be so glad he died, you didn't even cry at the funeral, etc., etc."

REMEMBER the grace of God and happy memories keep us going. Believe me, we never want our loved ones to be forgotten. I must say thank you, Jesus, for the gift of God, which is eternal life.
BIBLIOGRAPHY


131


_______. Letter 9, 1881, quoted in *This Day With God*, 302.


_______. MS 46, 1886. Ellen G. White Research Center, Andrews University, Berrien Springs, MI.


